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PROGRAMME COORDINATING BOARD

***Ad hoc* thematic meeting**
Nairobi, 16-18 November 1997

Provisional agenda item 1

ACCESS TO DRUGS FOR HIV/AIDS AND RELATED ILLNESS:

Towards the creation of strategic partnerships to improve access
to care for people living with HIV/AIDS

Executive summary

Care and support for people living with HIV/AIDS (PLWH) require far more than drugs, but drugs are an essential component of care.

Efforts to expand access to HIV-related drugs must realistically take into account the technical, financial and social capacities of individuals and the health care system in individual countries. Experience confirms that these efforts are most effective if the various stakeholders (including governments, producers, suppliers, non-governmental organizations (NGOs), UN agencies, and of course PLWH themselves through their representative organizations) agree to work as partners.

UNAIDS has therefore made the promotion of such partnerships the cornerstone of its efforts in the area of access to drugs. These partnerships can be divided into the following broad categories:

- partnerships with the UN family
- partnerships between governments and the pharmaceutical industry
- partnerships with major suppliers and bilateral donors
- partnerships at country level between communities and health systems
- partnerships with NGOs at global and country level
- partnerships with governments
- partnerships in the identification of best practice
- partnerships in investigating the role of traditional medicine where it demonstrates potential for improving the care of PLWH.

In addition, the UNAIDS secretariat continues to play its role as catalyst and coordinator in support of the many activities undertaken by its Cosponsors in the area of access to HIV-related drugs.

Action required at this meeting

The PCB is asked to endorse the main lines of UNAIDS' strategy-promotion of partnerships and support for Cosponsors' access-related activities – for enhancing access to drugs as part of the overall goal of improving care for PLWH.



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I. The current situation

1. In the expanded response to HIV/AIDS, providing care and support to people living with HIV (PLWH) is assuming an increasing importance. This is not only for relief of suffering, or to mitigate the devastating social and economic impact threatened (and in some places already imposed) by the epidemic, but also because care and support are essential for credible HIV prevention.

2. HIV causes a variety of medical conditions during the life of an infected person. Many of these conditions can be treated or their symptoms alleviated in a cost-effective way through the use of drugs. Yet, the majority of the 23 million children, women and men currently estimated to be infected with HIV and AIDS around the world have limited or no access to even the most essential drugs they need.

Which drugs, for which conditions?

3. The majority of the drugs in question are those required to treat opportunistic infections and relieve their symptoms. A large number of these products – examples are pain killers, palliatives, tranquilizers, anti-pyretic and anti-cancer drugs – can be found within the category of *generics*, and are therefore available at relatively low cost.

4. On the other hand, all the drugs that are meant to deal with HIV itself and several newly developed drugs to treat opportunistic infections are still *proprietary* drugs, which place much heavier demands on budgets as compared to generics. This basic fact has important implications for recommended approaches for improving access to drugs for HIV/AIDS.

5. Evidence continues to mount that successful antiretroviral therapy requires that the drugs be given as combination therapy (bi- or triple), but problems related to these therapies are also being noted. These include both the difficulties that patients have in adhering to and tolerating therapy regimes, antiviral resistance, increasing treatment failure over time, and the high cost of the drugs. To these costs, which are now estimated at US\$ 10,000-15,000 per annum per patient, must be added the costs of diagnosis, counselling, HIV testing and follow-up of patients – all of which are part of recommended treatment. For example, the recent guide for antiretroviral therapy published by the International AIDS Society (USA panel), recommends early aggressive therapy based on careful selection of regimen, and advises that monitoring of plasma viral load is a crucial element in clinical management for assessing prognosis and the effectiveness of therapy for HIV/AIDS. The difficulties of ARV therapy have been further explored by a WHO/UNAIDS Informal Consultation held in Geneva in April 1997.¹

6. Understanding drug costs is of utmost importance in the current debate on access to drugs for HIV/AIDS. In industrialized countries, this debate is mainly focused on ensuring access to triple antiretroviral therapy. This is understandable given that many individuals in these countries already have reasonably good access to care for opportunistic infection and

¹ For detailed information, see *The implications of antiretroviral treatments*, the report resulting from the Informal Consultation.

other palliative treatments. Although it remains a challenge to ensure that all who need these medicines receive them, the strong voice of the PLWH community ensures that governments do not lose sight of the urgency of providing drugs that cover all the needs of people living with HIV/AIDS.

Africa

7. In contrast, many people in developing countries do not have access even to basic treatment for opportunistic infections or to palliative care. For example, just under two-thirds of HIV/AIDS cases are concentrated in sub-Saharan Africa. All but five countries are low income countries where GDP per capita is on average US\$ 490 (range US\$ 80 to US\$ 730)² and health systems are struggling to provide the most basic services. Some countries like Malawi, Uganda, Zambia and Zimbabwe have been able to access World Bank loans to purchase essential drugs for opportunistic infections, tuberculosis and STDs.

8. Despite the health and economic conditions in these countries, many antiretroviral drugs are already available in the private sector. In most cases, this trade is un-regulated and therefore the quality of drugs is not assured. While antiretrovirals have not been studied per se, recent quality control surveys in Guinea and Zimbabwe (among other countries) found that, respectively, some 22% and 10% of drugs/batches in these countries failed to meet all quality specifications.³

9. To respond to these problems, countries such as Zambia and Zimbabwe propose to manage access to drugs for HIV/AIDS within the broader framework of the health sector. At the Informal Consultation mentioned in paragraph 4, representatives of these two countries described a phased and systematic approach that might be used for the implementation of antiretroviral therapy in low income countries. The argument that the availability of essential drugs must be improved before proceeding to antiretroviral therapy was, in their view, retrogressive and should have no place in current public health thinking. They argued that the time to prepare for introduction of antiretroviral therapy is now, so that the phasing-in can start.⁴

Asia

10. In many countries of Asia, the lack of resources is for the most part not as serious as in sub-Saharan Africa, but resources are largely insufficient to ensure generalized access to the more expensive therapies. Many countries are focusing on improving the quality of management of opportunistic infections as a way of reducing mortality and morbidity among those infected. However, the debate on access to antiretrovirals has given rise to a number of different approaches. For instance, Thailand has introduced free antiretroviral

² World Development Report 1997, *The state in a changing world*. Published for the World Bank, Oxford University Press, New York, 1997.

³ WHO/Action Programme on Essential Drugs (DAP), *Comparative analysis of national drug policies*, 1996. The Guinean figure is an average of tests in private (19%), public (23%) and market (24% settings.)

⁴ If this phasing-in is allowed, it will raise an issue that has thus far not been tackled: the issue of AIDS referral clinics in centres of excellence. This approach is already being carried out by clinics such as the famous tumour clinic of the University Teaching Hospital (Lusaka) and TASO clinics in Uganda.

therapy for individuals presenting in designated centres who are likely to comply with the treatment. In this way, the Thai health system hopes to avoid the emergence of resistance in patients while at the same time improving cost-effectiveness of drug programmes.

Latin America

11. PLWHs in Latin America have had considerable success in raising access to drugs as legal or constitutional issues. In Brazil, for example, triple therapy was introduced in response to a presidential decree which followed strong advocacy by activists and the media. In the last two years, the Brazilian National AIDS/STD Programme has been involved in a complex set of negotiations and the creation of public and private sector alliances to raise additional resources for the new HIV/AIDS treatment. The Programme has also evolved mechanisms for consensus building on treatment modalities which include PLWH as well as health workers, and is currently trying to work out mechanisms to monitor and constantly evaluate the use of antiretroviral therapy. In Colombia, PLWHs have used the courts to obtain access to triple therapy, obliging the Government to develop institutional capacities to provide this new form of treatment. In Costa Rica, the Rica Supreme Court has begun to hear arguments in the case of a gravely ill PLWH who has appealed to the government-funded health care service (CCSS) to provide him with antiretroviral treatment. The CCSS has so far refused to provide any of these medications to AIDS patients in Costa Rica, with the exception of AZT for pregnant women.

12. The speed at which these changes have taken place in Latin America gives very little opportunity for systematic analysis of the longer term implications of such measures. In the case of Brazil, the municipality of Sao Paulo is already showing evidence of reduced bed occupancy, fewer opportunistic infections and declining mortality after the introduction of triple therapy. Even countries at the lower end of GDP in Latin America are demanding assistance in the introduction of antiretroviral therapy.

The Newly Independent States (NIS) and Eastern Europe

13. In this part of the world, health systems have gone through dramatic changes due to the political change from highly centralized socialist systems to systems which have to adapt to market-oriented decentralized economies. In some countries, there are substantially less resources available for public health. In addition, the region has experienced recent negative developments in terms of many health indicators, for instance a reduction in life expectancy. The HIV epidemic is still in its early phases in this region and predominantly affects intravenous drug users. However, recent data on incidence rates for sexually transmitted diseases indicate that the HIV epidemic in the coming years might develop explosively in terms of numbers and types of people infected and affected. There is an urgent need to address the issues of prevention and care. However, in most of these countries, the capacity to do so is already present. The NIS and countries of Eastern Europe have rich human and systemic resources that can be used against the HIV epidemic. In addition, the Russian Federation has the capability of producing antiretrovirals, which opens possibilities to strengthen the response to the HIV challenge in the region.

II. The need for a multi-pronged partnership approach

Current approaches

14. To date, country and regional responses to HIV/AIDS have included activities such as the development of national drug policies, introduction of essential drug lists, price reductions through subsidy, liberalization and bulk purchases, promotion of rational use of drugs, community mechanisms for raising additional resources, and loans and grants from international lenders. These strategies have met with varying levels of success in improving access to drugs in general and HIV/AIDS in particular. Their usefulness also depends on whether the drugs in question are generic drugs or proprietary drugs and the political will of those in government.

15. HIV/AIDS adds new challenges to the already potentially volatile drug situation in the world. These challenges range from the need to develop more cost-effective drugs for treatment and ensuring an equitable distribution of drugs without bankrupting governments and social security systems. In trying to ensure that these drugs reach the individual in the community, one is confronted with complex political, economic, social/cultural and technological obstacles which vary from country to country.

The need for strategic partnerships

16. In such a complex environment new ways of interacting both at global and country level are required to respond to these challenges. UNAIDS' Secretariat suggests that a process that builds on social negotiations among the various stakeholders, and which results in the creation of strategic partnerships, is the way forward on this issue.⁵ Strategic partnerships that build on the comparative advantage of each stakeholder are even more important given the diversity of actors and interests on the issue of access to drugs for HIV/AIDS.

17. An increasing number of NGOs, community-based organizations (CBOs) and PLWHs are already working together on the issue of access to drugs for HIV/AIDS. Having a large constituency of HIV-infected people who are asymptomatic and healthy for many years has opened new avenues for improving access to care in general and drugs in particular. HIV-infected people have joined forces all over the world to demand better access to care and to put pressure on the decision-makers. HIV/AIDS has brought new dimensions to the issue of community involvement in health policy development.

18. The issue of access to drugs for HIV/AIDS raises legal, economic, social, ethical and political challenges which cannot be resolved purely through "technocratic approaches" alone. It requires simultaneous movement in the political, legal, technological, economic,

social and ethical arenas of society:

⁵ Strategic partnerships are characterized by a state of shared vision resulting in concrete action based on mutual understanding and respect. These partnerships are context-specific and dynamic.

- *In the political arena* because the decision to spend or not to spend is usually a political one.
- *In the legal arena* because PLWH will continue to use the courts to demand from governments care including drugs for HIV/AIDS.
- *In the technological arena* because new guidelines and drugs for HIV/AIDS will continue to emerge.
- *In the economic arena* because the cost of introducing these technologies might mean making hard choices which should not be left to a few individuals.
- *In the social arena* because new ways of caring for and providing social support to those who are HIV positive may be the solution to dealing with current problems of compliance with treatment.
- *In the ethical arena* because each society needs to resolve what constitutes equitable access to care and drugs for its members.

19. There is a better chance of moving the agenda if consideration is given to the political and social agenda for any given community, if all the important voices are heard and if negotiations are carried out within the framework of partnerships.

III. The role of the Cosponsors and the UNAIDS Secretariat

20. The issue of access to drugs for HIV/AIDS requires both a short-term and long-term perspective. In the short-term, the UNAIDS Secretariat sees its role as that of advocacy and promotion of shared understanding and shared vision. It will support the Cosponsors in their implementation of access to drugs-related activities, based on their comparative advantages to do so. In this unique role, the Secretariat will support pilot and demonstration projects which because of their very nature are not taken up by any of the UN system organizations. The Secretariat will also identify and disseminate best practice on access to drugs for HIV/AIDS.

21. It is part of the role of the UNAIDS Secretariat to ensure that strategic partnerships are built on the following principles:

- shared vision
- shared understanding on what are appropriate responses
- shared responsibility for the implementation of the strategy

22. UNAIDS will facilitate the creation of such strategic partnerships at various levels, taking into account the changing environment within which these alliances are maintained.

IV. Summary of Cosponsor activities in access to drugs

23. The level of involvement of the United Nations family in access to drugs in general and in access to drugs for HIV/AIDS and related illnesses in particular varies from agency to agency.

24. Currently, neither UNDP nor UNFPA have activities concerned specifically with access to drugs for HIV/AIDS and related illnesses at global level. However, UNDP has in the past assisted selected countries in capacity-building for logistics and drug management. UNFPA has experience in the area of condom procurement and distribution, both of which are essential HIV/AIDS interventions.

25. The principal activities of the Cosponsors with specific activities related to drug access for HIV/AIDS are as follows:

- UNESCO is involved in several activities directly or indirectly related to improving access to drugs. For instance, in selected countries, UNESCO has funded university chairs in the rational use of drugs, ethical committees, coupons for educational materials for developing countries, and the World Foundation for AIDS Research and Prevention.
- UNICEF has traditionally been involved in the procurement and distribution of vaccines and drugs for selected countries and has experience of working with the private sector. In addition, UNICEF and WHO have jointly gained extensive experience of community management schemes (the Bamako Initiative) which include improving access to drugs at country level by means of revolving funds. At global level, UNICEF has through the UNIPAC system been able to obtain drugs and vaccines at reasonable prices using an international tender system. UNIPAC has its own drugs list which is developed on lines similar to WHO's Essential Drugs List. Countries can order drugs directly from UNIPAC. UNIPAC still does not have on its list some of the drugs specified by UNAIDS as important for PLWH/AIDS. Considering that countries order drugs from UNIPAC on the basis of this list, UNAIDS has begun to negotiate with UNIPAC for the inclusion of these drugs.
- WHO, through its Action Programme on Essential Drugs (DAP), has been in the forefront of assisting countries to develop national drug policies which include the Essential Drugs List. WHO/DAP has employed a consultant to develop a prioritized drugs list for conditions related to HIV/AIDS, as well as a model for estimating the needs for drugs for HIV/AIDS and related illnesses using the morbidity approach. The current global Essential Drugs List from WHO does not yet include some of the drugs required for treating opportunistic infections in HIV/AIDS patients, but UNAIDS has requested the Division of Drug Management and Policies of the WHO that they be included. The WHO Regional Office for Africa (WHO/AFRO) is currently conducting a

survey to assess laboratory capacity for monitoring patients on anti-retrovirals before embarking on a strategy to improve access to drugs. In the short-term WHO/AFRO will focus on improving access to drugs for opportunistic infections.

- The World Bank currently provides a significant amount of money in loans and grants for the purchase of drugs in a number of countries, though it still does not have a drugs

policy as such. As part of the health sector review, the World Bank has carried out studies in selected countries on issues related to improving access to drugs. It is in the process of employing an expert in pharmaceuticals to strengthen its activities in this area.

V. Summary of UNAIDS Secretariat's partnership activities

26. The following brief summary of activities describes activities in which the UNAIDS Secretariat has been directly involved to enhance the concept of partnerships at global, regional and country level. The tables which conclude this document provide more details on each category of partnership, and include existing, planned and potential projects.

Partnerships with the UN family

27. Activities taken with other members of the UN family include the following:

- Upon recommendations of a UN consultative meeting, the Secretariat has worked extensively with WHO (DAP & Office of HIV/AIDS and Sexually Transmitted Diseases (ASD)) on revising earlier draft of an access to drugs strategy. The working group has agreed to view this paper as an initial step towards a joint UN system strategy on access to HIV/AIDS drugs.
- The UNAIDS Secretariat and WHO have developed an HIV/AIDS drugs list, using current morbidity data and taking into account cost considerations. This list has already been used to review the WHO Essential Drugs List and major generic suppliers' catalogues with a view to incorporating the missing drugs in these lists. Details of the major findings of this review are presented as part of the Technical update: "access to drugs". While the focus for this partnership is the integration of drugs for HIV/AIDS on the WHO Essential Drugs List and the major generic suppliers' catalogues, the UNAIDS Secretariat in liaison with the Cosponsors will continue to advocate and negotiate for these changes at global level, so as to facilitate similar changes at country level.
- Through satellite meetings on access to HIV/AIDS drugs held at the 11th International Conference on AIDS (Vancouver, 1996), and the 3rd International Conference on Home and Community Care for Persons living with HIV/AIDS (Amsterdam, 1997), and to be held at the 10th International Conference on AIDS, STD and Tuberculosis in Africa (Abidjan, 1997) and the 5th Pan American Conference on AIDS (Lima, 1997), UNAIDS has worked with NGOs and other Cosponsors to maintain the issue of access to drugs for HIV/AIDS on the international agenda. At the same time, such meetings facilitate the development of shared understanding and vision on the issues of access to drugs for HIV/AIDS as part of the process of creating partnerships.
- An inter-agency working group on access to drugs for HIV/AIDS was created, and a consultative meeting was held in June 1997 with the major stakeholders at country and global level to review the UNAIDS strategy on access to drugs for HIV/AIDS. This was based on ongoing review of experiences and policies of the UN system, including the World Bank, in assisting countries to improve access to drugs. Following the meeting's

recommendations, a joint UNAIDS-WHO working group is currently developing a shared strategic vision on the issue of access to drugs for HIV/AIDS as a follow-up to the recommendations of the consultative meeting.

Partnerships between governments and the pharmaceutical industry

28. UNAIDS is currently working with governmental pharmaceutical industry to develop innovative mechanisms for costs reductions at country level. A pilot phase is currently under way to create long-term collaboration between pharmaceutical companies and health care providers in four countries: Chile, Côte d'Ivoire, Uganda and Vietnam. In each country, an advisory board, a non-profit organization are being set up which will simultaneously:

- provide a corporate entity which will attract participation by pharmaceutical companies, enabling them to offer HIV/AIDS and STD drugs at prices appropriate to their affordability in the country;
- provide a financial mechanism to subsidize the purchase of these drugs by the participating countries according to optimal standards of care and rational prescription; and
- strengthen infrastructure and provide training to ensure that the drugs can be used in the most effective way.

29. Côte d'Ivoire is the first country to have hosted a setup meeting, the initial stage of one of these pilot projects. The initial research focus will be on testing the feasibility, effectiveness and sustainability of the model.

Partnerships with major suppliers and bilateral donors

30. Older medications are commonly available in generic form, and are often found on the WHO's or national essential drugs lists. They can be obtained at relatively low prices from suppliers of generic drugs. However, even with generic drugs there are important challenges to access, including the non-availability of some essential drugs in some or all suppliers' catalogues and lack of galenic forms of drugs (which often makes intravenous treatment and the treatment of children difficult). As for new drugs, most are not usually included on the WHO's or national essential drugs lists because of their high cost, and therefore cannot be obtained through public and non-profit-making distributors.

31. The UNAIDS Secretariat is currently working with partners like Equipment Charity Hospital Overseas (ECHO), International Dispensary Association (IDA) and UNICEF to review current procurement policies, drugs lists and product availability. This

will eventually permit negotiation with major suppliers in order to change selection, procurement and distribution in ways that better meet the needs.

32. In the same way, the UNAIDS Secretariat is reviewing the current mechanisms used by major bilateral agencies to improve access to drugs at global level. Discussions have been initiated with CIDA (Canada), Coopération Française (France), DANIDA (Denmark), DGIS (The Netherlands), DIFID (United Kingdom), the Commission of the

Partnerships at country level between communities and health systems

33. Although a great deal of information exists on the importance of community involvement in the maintenance of health, attempts in the past to mobilize communities have tended to be limited in size. Building on efforts such as the Bamako Initiative, and in liaison with WHO and the Cosponsors resident in-country, access to drugs for HIV/AIDS is being used as an entry point to enhance community participation in caring for PLWH. Participatory planning and evaluation tools have been developed to assist in the creation of partnership between the communities and the health system.

The process is divided into five phases:

- Consensus building on the conceptual basis and approach
- Adaptation of the protocol to a given context
- Situation assessment and interventions development
- Implementation
- Monitoring and evaluation.

34. At the same time, WHO/DAP has developed and tested a health system tool which complements the work of the community side in providing care, including drugs. Two joint UNAIDS-WHO missions have so far been carried out in Malawi, while Zambia is being considered as a second pilot site for this initiative.

Partnerships with NGOs at global and country level

35. NGOs have in the past developed innovative partnerships between the partner organizations in industrialized and developed countries to improve care in the developing countries. These initiatives are another potential avenue to improve access to drugs for HIV/AIDS at country level. UNAIDS is currently in the process of documenting NGO partnership mechanisms that are being used to improve access to drugs for HIV/AIDS in Latin America, Africa and Asia. This will form the basis for developing various models for collaborative efforts in improving access to HIV/AIDS drugs at community level. This exercise will also provide information on the constraints and the opportunities that exist within the context of NGOs supplying HIV/AIDS drugs.

36. Training workshops on the use of antiretrovirals have been organized, like that in Abidjan, organized by the French NGO AIDES in collaboration with the local NGO Action Lumière and the National AIDS Programme, with support from UNAIDS. The Secretariat has also contributed to a participatory evaluation of daycare centres for PLWH in Côte d'Ivoire and in Brazzaville (Congo) by the NGO Organisation PanAfricaine de Lutte contre le SIDA (OPALS).

Partnerships with governments

37. One of UNAIDS' major priorities is to strengthen and support country capability to coordinate, plan, resource, implement, monitor and evaluate an expanded response to HIV/AIDS. (As the Programme's mission statement puts it, an expanded response aims at "... preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.")

38. At country level, the UNAIDS Secretariat is currently working with various programmes (e.g., the Horizontal Technical Cooperation Group of Latin American and Caribbean national AIDS programme) to develop tools for informed decision-making for policy-makers on access to HIV/AIDS-related drugs.

39. Another activity currently being developed in collaboration with Brazil is the development of generic protocols for assessing provider and user compliance for therapy.

Partnerships in the identification of best practice for improving access to drugs for HIV/AIDS

40. One of UNAIDS' programme priorities is to develop, advocate and implement "best practice" — the principles, policies, strategies and activities that, according to collective international experience, are known to be the most effective in responding to HIV/AIDS. The products of this activity are the UNAIDS' Best Practice Collection, which includes among other documents a series of UNAIDS' best practice case studies.

41. In collaboration with national AIDS programmes in Argentina, Brazil and Colombia, the UNAIDS Secretariat is currently in the process of documenting, in case study form, the experience of several antiretroviral therapy programmes. These case studies are taking a historical perspective focusing on the political, economic, and technological issues involved in the implementation of antiretroviral therapy. The focus of these case studies is to provide lessons for other countries in the region. These case studies will form part of a satellite meeting on access to drugs for HIV/AIDS at the Vth Pan American Conference on AIDS, to be held in Lima in December 1997.

42. The Secretariat is also discussing with UNDP and the ethical and legal networks sponsored by UNDP methodological approaches to deal with legal and ethical issues of access to drugs for HIV/AIDS in sub-Saharan Africa.

Partnerships in alternative medicine for improving access to care and medicines

43. All societies have their own traditions in healing and care, which co-exist, to a greater or lesser extent depending on the country, with internationally accepted mainstream medical practices. Some have centuries of documentation while others are passed on through oral tradition. Among the strongest aspects of traditional medicine are their psycho-social benefits, which are culture-specific, and the influence of traditional healers in community awareness and mobilization.

44. Many medical traditions include preparations using ingredients from animals, plants or minerals for which there is scientific proof of pharmacological efficacy. Such preparations have a number of advantages if properly and appropriately used, since they are usually locally available, relatively cheap, and trusted by the people who need them. Also, a variety of alternative medicines and care providers exist (“alternative” is often used to distinguish these medicines and providers from the mainstream or “biomedical” approach), many of which have strong links to traditional medical practices.

45. The UNAIDS Secretariat has begun working with a variety of partners to investigate opportunities for incorporating alternative and traditional medicine in the expanded response to HIV/AIDS. One activity is the creation of case studies of HIV-related care by alternative/traditional providers. This is being carried out with the Uganda-based NGO called THETA (Traditional and Modern Health Practitioners Together Against AIDS). The case studies will be included in the UNAIDS Best Practice Collection.

Existing, planned and potential partnerships

Partnerships with the UN family

Goal	Potential activities	Partners	Output
Develop a joint United Nations strategy for improving access to drugs for HIV/AIDS related illnesses at global level, in liaison with Cosponsors.	<ol style="list-style-type: none"> 1. Consensus building on: <ol style="list-style-type: none"> (a) the conceptual framework for access to drugs for HIV/AIDS. (b) Issues on access to drugs for HIV/AIDS. (c) Approaches to improving access to drugs for HIV/AIDS. 2. Analysis on the current response to improving access to drugs for HIV/AIDS within the UN. 3. Develop a joint UN strategy for improving access to drugs for HIV/AIDS. 4. Monitor implementation of UN strategy. 	UNICEF, World Bank, UNESCO, UNFPA, UNDP	<ol style="list-style-type: none"> 1. Consensus in the UN on access to drugs for HIV/AIDS. 2. Report on the current UN response to access to drugs for HIV/AIDS. 3. Joint UN strategy on access to drugs for HIV/AIDS. 4. Develop indicators to monitor progress.

Facilitating partnerships between governments and the pharmaceutical industry

Goal	Potential activities	Partners	Outputs
Develop price reduction mechanisms for proprietary drugs.	<ol style="list-style-type: none"> A. Identify mechanisms to make drugs for HIV/AIDS available in developing countries at substantially reduced prices. B. Initiate discussions with major pharmaceutical companies and identify their willingness to adhere to the mechanism(s). C. Hold a meeting with the pharmaceutical companies to crystallize their partnership in this initiative. D. Establish pilot projects in selected countries to test the mechanism(s) agreed upon . E. Monitor the implementation process. 	Pharmaceutical companies, participating countries and WHO.	<p>Selection of models which are acceptable to companies and countries.</p> <p>Agreement on one or more mechanism(s) of collaboration.</p> <p>Drugs available at significantly reduced prices at country level.</p>

Partnerships with governments

Goal	Potential activities	Partners	Outputs
Develop tools for informed decision-making for policy-makers.	Review and adapt current cost effective analysis models for application in access to drugs. (1) Review existing CEA models on access to drugs for HIV/AIDS. (2) Develop through a process of consensus building various scenarios for access to drugs (3) Pre-test the model and revise it. (4) Distribute it upon request.	Participating countries, regional organizations.	- CEA model for HIV/AIDS developed.
Develop in liaison with countries generic protocols for assessing provider and user compliance for therapy.	A. Select 5 countries B. Develop protocol C. Pre-test protocol D. Revise protocol E. Data-collection F. Data-analysis and report writing G. Generic protocol developed and distributed.	Participating countries and regional organizations	- Generic protocol for assessing provider and user compliance.
Develop, in liaison with countries, method-ological approaches to deal with legal and ethical issues of access to drugs for HIV/AIDS.	A. Select 5 countries B. Develop action-research protocol on legal and ethical issues. C. Pre-test protocol D. Revise protocol E. Data-collection F. Data-analysis and report writing G. Generic protocol developed and distributed	Participating countries.	- Participatory action research protocol developed. - 5 Cases-studies on legal and ethical issues on access to drugs for HIV/AIDS. - Distribute research tool on request.

On an annual basis, a budget and action plan will be developed in consultation with the major partners for each of the activities.

Partnerships with major suppliers and bilateral donors

Goal	Potential activities	Partners	Outputs
<p>Major suppliers: Integrate drugs for HIV/AIDS into the international suppliers catalogues</p>	<p>A. Review the current policies on drug selection, procurement and distribution in international suppliers(ECHO, IDA, UNICEF logistic and supply store etc).</p> <p>B. Compare the current (ECHO, IDA and UNICEF logistic and supply) drug list with the essential drug list for HIV/AIDS and related illnesses.</p> <p>C. Advocate/negotiate for the required changes in drug selection, procurement and distribution to meet increased demands and needs due to HIV/AIDS.</p> <p>D. Monitor implementation process by the suppliers.</p>	<p>IDA, ECHO, UNICEF and other generic suppliers.</p>	<p>Review carried out.</p> <p>Comparison carried out.</p> <p>Continuous negotiation</p>
<p>Bilateral donors: Integrate drugs for HIV/AIDS into the major bilateral donors procurement practices.</p>	<p>A. Review the current mechanisms used by major bilateral agencies to improve access to drugs at global level:</p> <p>(1) Identify existing policies on drug selection, procurement, distribution.</p> <p>(2) Identify policies on financial support for importation of drugs for country operations.</p> <p>(3) Identify existing financial, human and material resources available in major bilateral donor agencies for improving access to drugs.</p> <p>(4) Identify and document lessons learned by Cosponsors in improving access to drugs.</p> <p>(5) Integrate drugs for HIV/AIDS into the various procurement arrangements of the major bilateral donors</p> <p>B. Donor meeting on access to drugs for HIV/AIDS.</p>	<p>CIDA, Coopération Française, DANIDA, DGIS, DIFID, GTZ, JICA, NORAD, SIDA, and USAID</p>	<p>- Report on current practices.</p> <p>- integration of drugs for HIV/AIDS in the major donor procurement practices.</p>

Partnerships at country level between communities and health systems

Goal	Potential activities	Partners	Outputs
Develop tools to improve management, availability and rational use of drugs for HIV/AIDS in the health sector (public and private).	<p>A. Review and adapt current tools for rational use:</p> <p>(1) Review training curricula for pharmacists, nurses, doctors and others involved in drug distribution and prescription.</p> <p>(2) Continuous education (ongoing training).</p> <p>B. Develop tools/methods for the development and validation of country-specific clinical guidelines.</p>	WHO, UNESCO, INRUD, Maternal & Newborn Health/ Safe Motherhood (WHO/MSM)	<p>Review report.</p> <p>Recommendations.</p> <p>Publication of AIDS essential drugs list.</p> <p>Methods/tools developed.</p>
Develop partnership mechanisms between the health system and communities aiming at improving access to drugs for HIV/AIDS.	<p>A. Develop and pilot-test participatory research projects, including:</p> <p>(1) Study on drug needs and expectations of PLWHs, caregivers, communities, health workers/planners.</p> <p>(2) Using priorities identified during the participatory research, develop feasible and cost-effective interventions.</p> <p>(3) Implement priority interventions.</p> <p>B. Assess process, outcomes and sustainability at country level and report lessons learned for replication in other countries</p>	WHO, UNICEF, UNDP	<p>- Generic protocols developed for assessing issues of access to drugs for HIV/AIDS.</p> <p>- Case studies developed for improving access to drugs in low income countries.</p>

Partnerships with NGOs at global and country level

Goal	Potential activities	Partners	Outputs
Identify models for North-South, South-South partnerships for replication in the area of access to drugs	<p>A. Review the existing partnership mechanisms for North-South and South-South organizations.</p> <p>B. Document and disseminate best practices on access to drugs in general and to specific HIV/AIDS-related experiences.</p> <p>C. Advocate for the expansion of successful partnerships.</p> <p>D. Support/facilitate linkages and initiatives aimed at improving access to drugs for HIV/AIDS</p>	SAFAID, ACTIONAID AFRICA, YCUI (Indonesia)	<p>Reports on current practices relating NGO collaboration</p> <p>Develop various models for NGO collaboration</p> <p>Disseminate models to various countries on request.</p>

Partnerships in the identification of best practice for improving access to drugs for HIV/AIDS

Goal	Potential activities	Partners	Outputs
To document lessons learned in implementation of antiretroviral therapy in Latin America as potential best practice case studies.	<p>A. Develop a framework for case study documentation on access to drugs for HIV/AIDS.</p> <p>B. Document best practice case study in selected countries in Latin America.</p>	Participating countries, regional organizations (SIDALAC)	<p>- Framework for best practice case study developed.</p> <p>- Best practice case study documented and distributed.</p>

Partnerships in alternative medicine for improving access to care and medicines

Goal	Potential activities	Partners	Output
To document lessons learned in alternative medicine with regard to care for PLWH	Review and document cases of HIV-related care carried out by alternative providers	THETA, associations of alternative/ traditional healers, WHO/TRM, universities	<ul style="list-style-type: none"> - Best practice case studies of alternative medicine care of PLWH (including the THETA evaluation) - Identification of factors contributing to good quality care for PLWH
To develop a framework for partnerships between alternative and biomedical providers for HIV prevention and care for PLWH	Advocate and expand successful partnerships between alternative and biomedical providers for care for PLWH	Associations of alternative/traditional healers, Ministries of Health	<ul style="list-style-type: none"> - A methodological framework for initiation and expansion of partnerships between alternative and biomedical providers with regard to care for PLWH - Disseminate framework to interested countries