

# Global Manifesto: Treatment for all . . . Now !

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Durban South Africa,

We are united with a single purpose, to ensure that everyone with HIV and AIDS has access to fundamental rights of healthcare and access to life-sustaining medicines. AIDS has become a catastrophe that threatens the very future of this planet. Terribly high levels of HIV infection and death due to AIDS are now a reality (rather than merely a projection) in poor communities worldwide. More than half of all these infections occur among women. AIDS is causing widespread devastation in Africa and Asia especially. THIS WAS AVOIDABLE. It is the consequence of negligence, particularly on the part of 'first world' governments whose resources could have been mobilized to come to the practical assistance of poor nations many years ago. Political authorities have preferred to neglect public health, taking for granted the exorbitant cost of treatment, refusing to implement measures necessary for the strengthening of health systems, and prohibiting countries from setting up local medication production or from importing treatments essential for the survival of their populations.

For more than fifteen years, millions of people have died of AIDS and tens of millions have been infected with HIV with the epidemic progressing exponentially. The wagers of financial institutions, led by the World Bank and the European Union and corporate interests, assumed that they would manage to control the situation with the lowest effort, but it is a failure for which they bear responsibility. The drop in life expectancy, dramatic economic repercussions, and the threat of certain particularly virulent strains of virus has ended up by arousing this cynicism. The announcement on May 11, 2000, that consideration would be given to reducing the prices of medications, meant that for the first time, the family of United Nations agencies as well as certain pharmaceutical companies acknowledged both the prohibitive cost of medications and the need to make antiretroviral drugs available world wide.

During the World Health Assembly last May, the countries hardest hit by the epidemic made their position clear: access to treatments, including antiretrovirals, is indispensable for their populations and must be established on a permanent basis. That means that pharmaceutical companies must yield to public health priorities and adapt their prices to the countries' payment capacities or allow these countries to produce and import treatments at lower cost in accordance with legal stipulations included in international agreements. Northern countries, particularly the United States and the European Union, must stop subjecting poor countries to pressure and blackmail and must help to finance the development of access to treatments. All access to treatment issues confront the same obstacles: lack of political will and unaffordable prices of medications staged by the pharmaceutical industry. \_This situation is intolerable. We want affordable treatment for all, now !

## **TO THE SOUTH AFRICAN GOVERNMENT**

The South African Government has a unique potential to right the wrongs and inequalities that exist around AIDS. Not only is South Africa the worst affected country in the world, but you have the moral legitimacy that has accrued to a nation that has risen peacefully from apartheid, under the leadership of former President Nelson Mandela. In your own words, AIDS is a “new struggle”. In the words of the Organisation of African Unity’s recently signed Ouagadougou Commitment (May 2000) “health constitutes a right and a foundation for socio-economic development,” whereas the AIDS epidemic is a major “public health, development and security problem for Africa.”

We call on the South African Government to:

- Immediately implement a country-wide program to reduce the risk of mother-to-child transmission of HIV using AZT or nevirapine.
- Immediately accept and implement currently offered drug donation programs provided there are no strings attached.
- Immediately issue a compulsory license for fluconazole. This drug could be immediately imported from the lowest-priced producers to extend the lives and improve the quality of life of people with HIV.
- Call on other developing countries to do likewise.
- Demonstrate leadership and integrity in the governance of its HIV/AIDS programs as a model for developing countries.
- Campaign for the appropriate and transparent use of public funds for public need, and especially for the development of health infrastructure.

## **TO THE GOVERNMENTS OF THE USA AND EUROPEAN UNION**

People from poor countries cannot help but believe that whilst your governments will draw massively from public funds when your own security is threatened, the lives of poor and black people in the emerging ‘global village’ are considered dispensable and unworthy of protection.

The policies of trade liberalization that you endorse and have pursued through bodies such as the World Bank, IMF and World Trade Organization have had a devastating impact on social services, and particularly health services.

We demand that you:

- Immediately and publicly renounce all trade sanctions or other punitive measures against governments exercising their right to protect the health and well-being of their populations through mechanisms such as compulsory licensing and parallel importing.
- Renounce all threats of bilateral trade sanctions against any country and adhere to the multilateral procedures for dispute resolution to which you are committed by treaty and international law. Least-developed countries should not be pressured to develop intellectual property laws until the established deadline of 2006.
- Immediately offer financing to developing countries, to improve and expand the health infrastructure, both human and capital, needed to treat HIV, AIDS and many other causes of illness and disease. This will benefit all people, not just those affected by HIV/AIDS

We call on the US government to extend the scope of the recently issued US Executive Order acknowledging countries’ rights to employ compulsory licensing and parallel importing to protect

public health to all developing countries, not just Africa.

We call on the European Union to adopt similar measures. All these measures should be represented not as charitable “exceptions,” but as recognition of countries’ legitimate rights under international law.

We also demand that you provide substantial public funding for independent scientific research to develop new therapies and find a cure. This research should be freed from the grip of pharmaceutical companies who will exploit it for private interest. Resulting products should remain a public trust, and be made available to the international community. In addition to relevant vaccine research, we consider particularly important the urgent development of effective spermicidal and non-spermicidal microbicides. These will reduce gender inequalities and increase women’s ability to protect themselves. In addition we call for anti-retroviral therapies that are easier to use by children and adults in countries where there is a shortage of food, water and electricity.

Immediately grant licenses to international agencies to produce all HIV medications for which governments maintain licensing rights, and provide funding to produce these medications in quantity for developing nations.

## **TO THE INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS’ ASSOCIATION**

The pricing policy defended by the International Federation of Pharmaceutical Manufacturers’ Association (IFPMA), where patent monopolies allow your members to place essential drugs beyond the influence of market competition, has become the cause of an unprecedented burden of illness and death. We do not dispute your need to recover investments in research and development, or to profit from these investments. But, in your hands, the profit motive has led to the development of new medicines that are far out of reach of the people who need them.

We call on all members of the IFPMA to:

- Immediately reduce the price of essential anti-HIV/AIDS medications to a level affordable to the populations of developing countries.
- Publish on a drug-by-drug basis the actual costs of research and development, active ingredients, manufacturing costs, and all other relevant information necessary for an objective evaluation of the pricing structure for all essential HIV/AIDS medications.
- Direct the South African Pharmaceutical Manufacturers’ Association to withdraw its Court action against the South African Government aimed at preventing health service transformation.
- Cease all actions, whether through litigation or through pressure exerted by other governments, aimed at preventing states from exercising their rights to use compulsory licensing and parallel importing to protect the health of their populations.
- Negotiate with governments of developing countries in good faith, toward serious action aimed at addressing a global health-care crisis — not with the media, in public statements aimed at confusing cosmetic gestures with real solutions.

In March 2000, a group of people with AIDS from South Africa leading an international campaign, submitted the following alternative to Pfizer: sell Triflucan at the price offered by a generic drug company in Thailand (15 times less expensive than that of Pfizer) or authorize the government to set up its own production. The laboratory tried to gain time and in April announced a donation of Triflucan to South African people with AIDS who were both unable to pay for treatment and suffering from cryptococcal meningitis. Proposing free treatment to people who are dying without

the access to drugs, Pfizer minimizes the likelihood of its offer being refused. In other words, it's a successful publicity stunt. Achieving this offer (which is not yet the case) the drug company would place a whole country under transfusion (figuratively speaking), and make it dependent on its own good will. Donations of medicines allow laboratories to play lord of the manor while economizing (tax exemptions and other fiscal advantages) without having to lower prices. In any case it is not a long-term solution for nations or for people with HIV/AIDS.

We specifically demand that Pfizer, Inc.:

- Reduce the price of fluconazole internationally to the lowest currently available price per 200 mg tablet by 1 October 2000, e.g. US \$0.29.
- Eliminate all conditions from your drug donations. Donations should apply to all developing countries and to all relevant medical conditions, without restriction; should be implemented without delay; and should entail no arbitrary time limitations.
- Not require any conditions that would adversely affect governments' efforts to employ compulsory licensing, parallel importing, or other legal mechanisms to protect public health.

We specifically demand that Boehringer Ingelheim, Inc.:

- Expand your proposed donation of nevirapine for pregnant women to all developing countries and relevant medical conditions; implement the program without delay without arbitrary time limitations. All Boehringer Ingelheim's available resources should be devoted to making this donation a meaningful act, not a publicity stunt.
- Not require any conditions that would adversely affect governments' efforts to employ compulsory licensing, parallel importing, or other legal mechanisms to protect public health.
- Include countries manufacturing generic versions of nevirapine in the offer.
- Reduce the price of nevirapine for users other than pregnant women.

## **TO THE INTERNATIONAL BUREAUCRACIES OF UNAIDS AND THE W.H.O.**

Activists will pressure UNAIDS and World Health Organization to step beyond compiling statistics and collaboration of showy but ineffective drug company price reduction programs. The global statistics paint a grim picture, but the numbers presume no access to treatment at all. Rather than serving merely as bean-counters and naysayers, we demand W.H.O. and UNAIDS to proceed rapidly with viable programs to increase medication access.

Up to now, Cotrimoxazole (Bactrim), a well known bactericidal and fungicidal product has been massively prescribed in the Third World for numerous infections, but it is only in rich countries that, with the advent of AIDS, it has been used to prevent opportunistic infections. At a time when antiretrovirals still remain prohibitively expensive, preventive treatment is the most beneficial treatment option available for HIV-infected people who live in developing countries. The experts brought together for the African zone by UNAIDS last February made unambiguous recommendations calling upon African countries to offer this prophylaxis immediately to all people with HIV/AIDS. Nevertheless, despite the fifteen years of waiting by the HIV-infected people of Africa and the 2.6 million deaths from AIDS in the region in 1999, UNAIDS wants more time to determine whether or not this treatment should be offered to the sick people of Africa as well. People with HIV/AIDS will not allow criminal international bureaucracies to deprive them of the only therapeutic option currently accessible to them.

An open letter from over 25 African PWA organizations is demanding that W.H.O. and UNAIDS quickly implement joint recommendations for urgent and widespread access to Cotrimoxazole

(Bactrim) to prevent a range of opportunistic infections killing thousands of people every week in Africa.

We condemn the public relations hype from UNAIDS when five wealthy AIDS drug producers announced that they were going to think about a possible price reduction policy for poor countries. The international organizations UNAIDS and WHO let themselves be courted by the pharmaceutical industry, forgetting to defend the health of sick people. Several months later, no tangible measures have been taken. Announcements follow announcements and each actor tries to keep its image clean but the reality of people living with HIV/AIDS remains exactly the same. Therefore, it is imperative for poor countries to find other solutions, by having generic medications produced by national drug companies, by building up regional markets, and by purchasing from suppliers that offer reasonable prices. If the discounts do actually materialize, which insiders report is unlikely, heavy-handed nation-by-nation 'negotiations' are expected to discourage generic production or importation options yet keep drugs so costly as to remain out of the reach of millions.

ACT UP Paris has pushed UNAIDS Secretary Peter Piot to publicly announce at the conference his agency's intention to issue a public request for proposals for lowest-cost bulk purchasing of HIV/AIDS medication.

AIDS activists will also work with decision-makers from developing and least developed nations to pressure the World Health Organization to implement a directive passed during the recent World Health Assembly. In May, Zimbabwe, Swaziland, South Africa, and Brazil were successful in leading efforts to require the W.H.O to draft intellectual property legislation for countries struggling to come into compliance with WTO deadlines for patent protection. In spite of the directive, agreed upon by all W.H.O. member states, the W.H.O. is dragging its feet on implementation. W.H.O. Directive General Gro Harlem Brundtland is unwilling to implement this directive because it is opposed by their pharmaceutical donors.

- We demand ACTION and not Statistics and Press Releases!

## **AND FINALLY, TO THE INTERNATIONAL AIDS SOCIETY, CLINICIANS AND RESEARCHERS**

We salute your commitment to understanding HIV and to research into treatments and vaccines. We call on you to:

- Step up research. We request that you make your voices heard side-by-side with us in demanding additional public funding and the best use of medicines for the greatest number of people. Silence equals complicity when institutions that use your intellectual ability to produce medicines that are then withheld from the people who most need them.

- Publicly quantify and demand the funds you consider necessary for urgent and relevant vaccine research, effective microbicides and anti-retroviral therapies that are easier to use by children and adults in countries where there is a shortage of food, water and electricity. We will actively campaign for the necessary funding if you announce the sums needed.

- Initiate and coordinate an international scientific collaboration on a plan and timeframe for research. The alliance you have constructed behind the Durban Declaration, which we welcome without reservation, must now be turned to research.

**ENOUGH IS ENOUGH**

Treatment for all, Now !