

## National Association of People Living with AIDS in Nepal

World AIDS Day 2009

### PRESS RELEASE

## Keep it Simple - Keep the Promise

United States of America has been playing a leading role in supporting Nepal to fight back AIDS since it was first seen in the late eighties. The British Government has played a pivotal role in assisting Nepal to the rapid rolling out of life saving antiretroviral treatment (ART) that today covers over 3500 people Living with AIDS. As WHO is suggesting the ART treatment eligibility criteria threshold to be increased to 350 from the current 200 levels, it is very likely that those needing treatment will double in the coming months. With 7000 people on treatment by 2010 the cost of treatment alone will fetch an annual 168 million Rupees or 2.4 million dollars at minimum with just the first line regimen. How long will *our* government keep us alive as *our* external development partners shift their focus? This key question is haunting every single person living with AIDS in Nepal. National Association of People living with AIDS in Nepal on the occasion of 2009 World AIDS Day would like to join with the international advocacy groups to question the donor countries on the rational for shifting their focus from HIV. **Why?**

Why are donors abandoning Nepal and many other poor countries? Are we (as people living with AIDS) asking for too much when we demand access to life saving treatment?

As USAID and DFID have already announced withdrawal of bilateral support for AIDS in Nepal and The Global Fund has proved its inability to support our fight against AIDS - every single person living with AIDS in Nepal are haunted with more questions 'how long will I be alive?' Am I cost effective or not? What will happen to my kids?

The war is on but the 'war chest' is empty. Donors' refusal to fill up the 'war chest' simply reflects their shameful retreat from one of the biggest battle of all times. Shifting focus to other priorities with less than five years left is only further justifying and legitimizing our fear that donors are ill informed and confused on the way forward in achieving the millennium development goals.

*We deplore the spate of statements from public figures around the world, calling for a shift of funding from HIV in order to address broader health needs. Shifting funding from HIV will not fill the yawning gaps in resources for health – this move is a cheap diversionary tactic that offers no genuine or long-lasting solutions for health. What is required is a shift in political will to prioritize and invest vigorously in health.*

*Lack of treatment, in addition to causing widespread illness and death, also fuels the growth of the HIV epidemic. There is tremendous preventive potential associated with treatment itself, which suppresses an individual's viral load and thereby reducing the risk of transmission of HIV – to the extent that some experts have suggested immediate treatment of all people living with HIV as a potential strategy for eliminating the epidemic - Granich RM, Gilks CF, Dye C, De Cock KM, Williams BG. Lancet 2009; 373: 48–57*

*Health systems need strengthening, and neglected health problems need attention. But it is irrational, regressive and dangerous to pursue these goals at the expense of HIV. Furthermore, basing funding decisions on arguments over which specific modes of death should be targeted with our meager pool of resources is in clear and perverse contradiction to high-level rhetorical commitment to the “highest attainable standard of health for all human beings”.*

We call upon USAID & DFID not to discontinue their bilateral support to fight AIDS in Nepal without ensuring sufficient levels of support from the Global Fund.

We call on our global, national and local leaders to put their money where their mouths are. If truly committed to strengthening health systems, they need to put much more money on the table; spend it more wisely; build on the successes of HIV to strengthen other elements of the health response; and work collaboratively with civil society to achieve transparency and accountability in funding mechanisms and health systems.

**Fax a copy of this statement to DFID (Fax: 5000179) and USAID (4007285/88/89) to thank them for their unparalleled support in responding to AIDS in Nepal and also to remind them of the promises that they have made in the past.**

**Issued by:** National Association of People Living with AIDS in Nepal in solidarity with AIDS Rights Alliance for Southern Africa (ARASA), Treatment Action Campaign (TAC) and International Treatment Preparedness Coalition (ITPC)