International Therapeutic Solidarity Fund Technical Meeting

Embassy of France
January 29, 1999

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International Therapeutic Solidarity Fund

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Background Information

In December 1997, at the 10th International Conference on AIDS in Africa held in Abidjan, the President of France, Jacques Chirac and the Minister of Health Bernard Kouchner announced an international solidarity initiative in order to increase access to care for people living with HIV and AIDS in developing countries. In this perspective, a first priority was defined to reduce mother to child transmission and to care for mothers and children after delivery.

In may 1997, the final communiqué from the Heads of State and Government at the G8 summit meeting in Birmingham welcomed this initiative.

The European parliament, at its plenary session of October 1998, voted an amendment to the draft budget in order to increase the budget line allocated to the fight against AIDS in developing countries specifically in support of such an approach.

In order to bring together a broad range of partners for the development of such an initiative, efforts must be pursued and, more than ever, renewed energy and commitment are needed.

Several demonstration projects will soon be launched in order to assess the feasibility and impact of specific interventions. Financial support for these programmes will be provided from a variety of sources, France having contributed an initial 4 million Euros (US$ 4,5 million). A temporary structure has been established for 1999-2000, in close collaboration with UNAIDS, and supported by an international steering committee. Some projects have been reviewed, several of which are likely to start very soon.

The future role of US based partners is of the upmost importance in the future development of this initiative and its projects. This is why a meeting between US based experts and those involved in the initiative to date will be useful to explore organizational and technical aspects of the initiative as well as possible cooperation. It should also be of interest to these experts to explore possible links with similar initiatives such as the one announced by President Clinton on December 1st 1998 in relation to AIDS Orphans in Africa.

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Agenda for meeting
On January 29, 1999
Noon to 5 p.m.

French Embassy, Washington DC

1- Review of the development of the ITSF in 1998

a- Institutional and administrative mechanisms
b- Coordination with multilateral and bilateral institutions
c- Steering and technical advisory committees

2- Demonstration project update

a- Criteria for the selection of projects
b- Management of projects
c- Clinical guidelines
d- Psycho-social aspects
e- Monitoring and evaluation
f- Project development plan

3- Prospects for cooperation

a- development of institutional links
b- Technical cooperation

ITSF MEETINGS
LIST OF PARTICIPANTS

Washington Meeting

On January 29, 1999

(Noon to 5pm)

Kenneth Bernard (National Security Council)
Paul Delay (USAID)+ 1 or 2
NIH (1 or 2 representatives)
Eric Goosby (DHHS)
1 Representative from Sandra Thurman's office-tentative (White House)

Catherine Peckham (Institute of Child Health, London)
Michel Kazatchkine (French National Research Agency on Aids)
Eric Chevallier (Adviser of the Minister of Health)
Françoise Varet (Ministry of Foreign Affairs)
Régine Lefait-Robin (Coordinator International Solidarity Fund)
Michel Lavollay (Counsellor for Health, French Embassy)
Carlo Giaquinto (Pediatrician, Italy)
Bénédicte Moulin (Programme Officer, ITSF)
Ouahid Bakouche (Office of S&T, French Embassy)

Chicago Meeting

On January 31, 1999

(Noon to 4pm)

Helene Gayle (National Center for HIV, STD and TB Prevention, CDC)
Kevin De Cock (National Center for HIV, STD and TB Prevention, CDC)

Catherine Peckham (Institute of Child Health, London)
Michel Kazatchkine (French National Research Agency on Aids)
Eric Chevallier (Adviser to the Minister of Health)
Régine Lefait-Robin (Coordinator International Solidarity Fund)
Carlo Giaquinto (Pediatrician, Italy)
François Dabis (University Bordeaux II)
Michel Lavollay (Counsellor for Health, French Embassy)

INTERNATIONAL THERAPEUTIC SOLIDARITY FUND

INFORMATION PACKAGE

33,4 million people live with hiv daily troughout the world

Although the problem may be experiencing a relative, but weak stabilization in the industrialized countries, Aids become a serious concern developing countries.

Over 95%, i.e 30 million people living with HIV/Aids, are from these countries.

There will be 40 million infected people on the eve of the year 2000

The effects of this epidemic are disastrous for individuals, families, society and especially women who pay an even heavier price as they risk infecting their child during pregnancy.

The scale and character of the epidemic explain the major socio-economic upheavals and the destruction of families and communities that have already been seen in the most affected countries.

The four pillars of «sustainable human development» – and their indicators developed by the United Nations Development Programme – are all threatened by the AIDS epidemic: besides health and the economy, this disease puts individual freedoms at risk – because of the stigma attached to it – as well as acquisition of knowledge, because of its impact on the educational system.

The demographic impact, on a micro and then on a macro-economic scale, will lead to a downturn in national economies. This, combined with major social and cultural consequences, will exacerbate inequalities thereby increasing the risks of exclusion –especially of women- and through social unrest will inevitably compromise the political stability of countries.

In the face of this pandemic, priority must go to information and prevention.

Developing a vaccine in the nearest possible future is also one of the priorities advocated by the G8. However, before such a vaccine is developed, the issue of access to treatments must be raised.

These treatments are definitely at a turning point in the history of the epidemic. They prolong the life of AIDS patients, improve their quality of life and enable drastic reduction of materno-foetal transmission of HIV during pregnancy. From now on, AIDS is no longer an inevitably fatal disease in the medium term and already, in the North, data suggests that, depending on the country, stabilization or even a spectacular reduction has been achieved in mortality associated with this

disease. In France, for example, the AIDS-related death rate diminished significantly between 1994 (4,860 deaths) and 1996 (3,472 deaths); this trend is also observed in statistics of other countries : 32% decrease of AIDS-related death in Italy, 37% in Germany, 44% in the United States, and 75% in Ireland.

However, the cost of these antiretroviral treatments means that for the time being they cannot be afforded by developing countries (USD 10,000 per annum and per person in developed countries). These costs could nonetheless be dramatically reduced if an international effort involving the pharmaceutical industry is made. This effort has already started.

We must not delude ourselves into believing that, as of today, we could care for all AIDS patients on all continents. But, by rejecting the all-or-nothing rationalisation, a dynamic initiative is suggested which will be based on a policy of projects enabling the progressive broadening of access to treatment in the developing world.

It would be unrealistic today to believe that we can take care for all those living with HIV/Aids on all continents. However, a dynamic approach is proposed, which rejects the all or nothing logic which leads to inaction, and which draws on a policy of projects allowing a gradual increase in access to treatment in the developing world

This harsh reality means that progress will be achieved modestly and gradually, however the aim is also to increase recipient country responsibility towards people living with HIV and AIDS.

Since last December 1997, contacts with international partners have increased. The positions have been continuously evolving, and cooperation is strengthening, particularly as it concerns the priority we defined to reduce mother-to-child transmission and provision of care after delivery.

The European council of Luxembourg which was held on December 1997 requested the European Commission "to study the means for setting up a fund for therapeutic solidarity, under the auspices of UNAIDS intended to fight against AIDS in developing countries."

In May 1998, the final communiqué from the G8 summit in Birmingham by the heads of State and Government welcomed this initiative.

The European Parliament, in its plenary session, voted on October 22th 1998 an amendment to the European draft 1999 budget, in order to increase the line devoted to fight AIDS in developing countries by 3 million Euros, (approx. $US 3.4 million) to support such an approach.

The Council of European Health Ministers, responded positively to information on this initiative, in its session of November 12th 1998.

To follow up on the G8 meeting, during the UNAIDS Programme Coordinating Board in New Delhi on December 11th 1998, a consultation revealed a will to develop positive discussions on this initiative, and a specific working seminar to explore possible ways of concrete collaboration will take place in Paris at the end of February 1999 within the G8 framework..

In addition, an "Appeal" for access to treatments during a meeting of the African networks involved in the fight against Aids, in Abidjan has been launched.

While pursuing efforts to bring together a broad range of partners, we are now in the position of supporting several demonstration projects in order to assess the feasibility, the effectiveness and impact of such an approach.

Linking prevention and treatment :

(Prevention of mother to child transmission and provision of care after delivery)

Following numerous discussions with various partners including several organizations of people living with HIV/AIDS, a first priority has been identified : the treatment of pregnant women with the intention of preventing mother to child transmission. This objective was deemed the most effective, owing to its modesty. Apart from the socio-economic consequences, it is the fate of future generations that is at stake.

In addition, the same discussions have emphasized the need to provide care after delivery, using antiretroviral treatments where necessary and possible. Artificial feeding facilities will be offered to women receiving treatment either directly as part of the activity supported by the Fund or in partnership with other organizations.

A temporary process :

In close collaboration with UNAIDS, a temporary structure for 1999-2000 with an International Steering Board, chaired by Professor Catherine Peckham from the United Kingdom, has been set up, and several proposals have been reviewed.

Financial support to these projects will be provided from a variety of sources. France has made available 4 million Euros (US$4,6 million) as a first step.

At this stage, projects have been approved for Côte d'Ivoire, South-Africa (waiting for final approval by South African authorities), Morocco, Senegal and Vietnam. Other projects from different countries are still under assessment.

STRUCTURE OF THE SOLIDARITY FUND (1999-2000)

PROJECTS

SECRETARIAT

Within the "Fondation de l'Avenir pour la recherche médicale appliquée"

SELECTING COMMITTEE

Chair : Professor PECKHAM (UK)
Vice chair: Professor HENRION (F)

INTERNATIONAL STEERING BOARD

Chair : Professor PECKHAM (UK)
Vice Chairs: Professor HENRION (F)
Professor Awa COLL SECK (UNAIDS)
Jeanne KOUAME (Côte d'Ivoire)

Partnership and funding –1999-

1- French public funding :

25 MF, available

2- Partnership foreseen

European Union (3,5 million Euros voted)

Belgian Cooperation Ministry

3- International organizations

UNAIDS

UNICEF

WHO

GLAXO WELLCOME FOUNDATION

BIO MERIEUX

4. Partnership in discussion

With various governments and private organizations

Pilot Projects : Criteria for eligibility

Several demonstration projects will be set up, under a temporary arrangement thanks to a relay foundation with an international steering board -associated with UNAIDS-.

The main criteria for selection that have been identified are:

- National will
- Financial parternship
- A good technical and scientific capacity including monitoring capacity
- A reliable drug distribution system
- Participation of PVOs or NGOs : psycho-social support.

PROJECTS SUBMITTED

accepted by the international steering board
1999

Côte d'Ivoire

South Africa (depending on final agreement by South Africa authorities)

Vietnam

Sénégal

Morocco

Under assessment

Uganda : exploratory mission with MSF in preparation

Congo- Brazzaville : Partenship beetwen French Red Cross and ECHO in discussion

Thailand, the Caribbean, Mali...