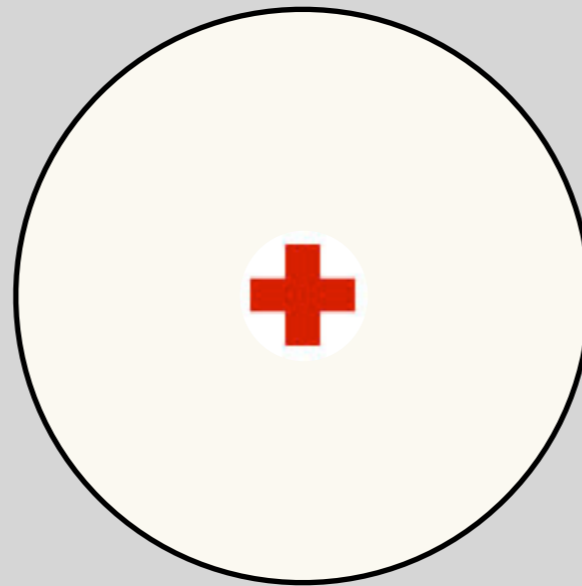


Myth #5: The barriers to treatment are insurmountable

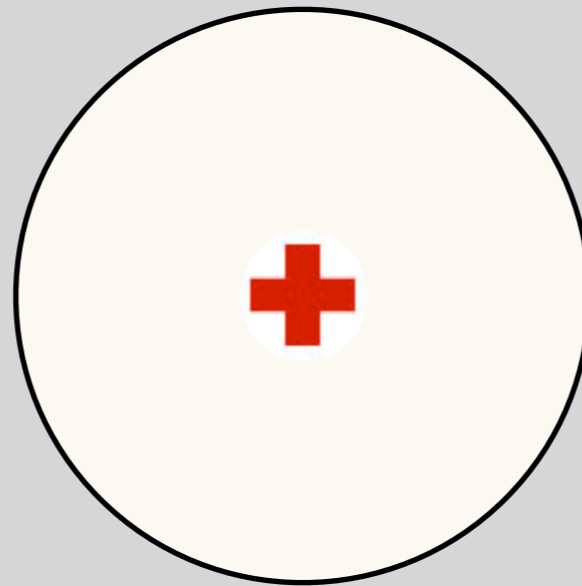
A presentation by Ethan Moore for Dr. Whelan's POLI 100



Why this myth?

it's the economy, stupid.

let's say access of
this size is that
needed for the
developing world ...



The myth is that
treatment
availability is
limited to this

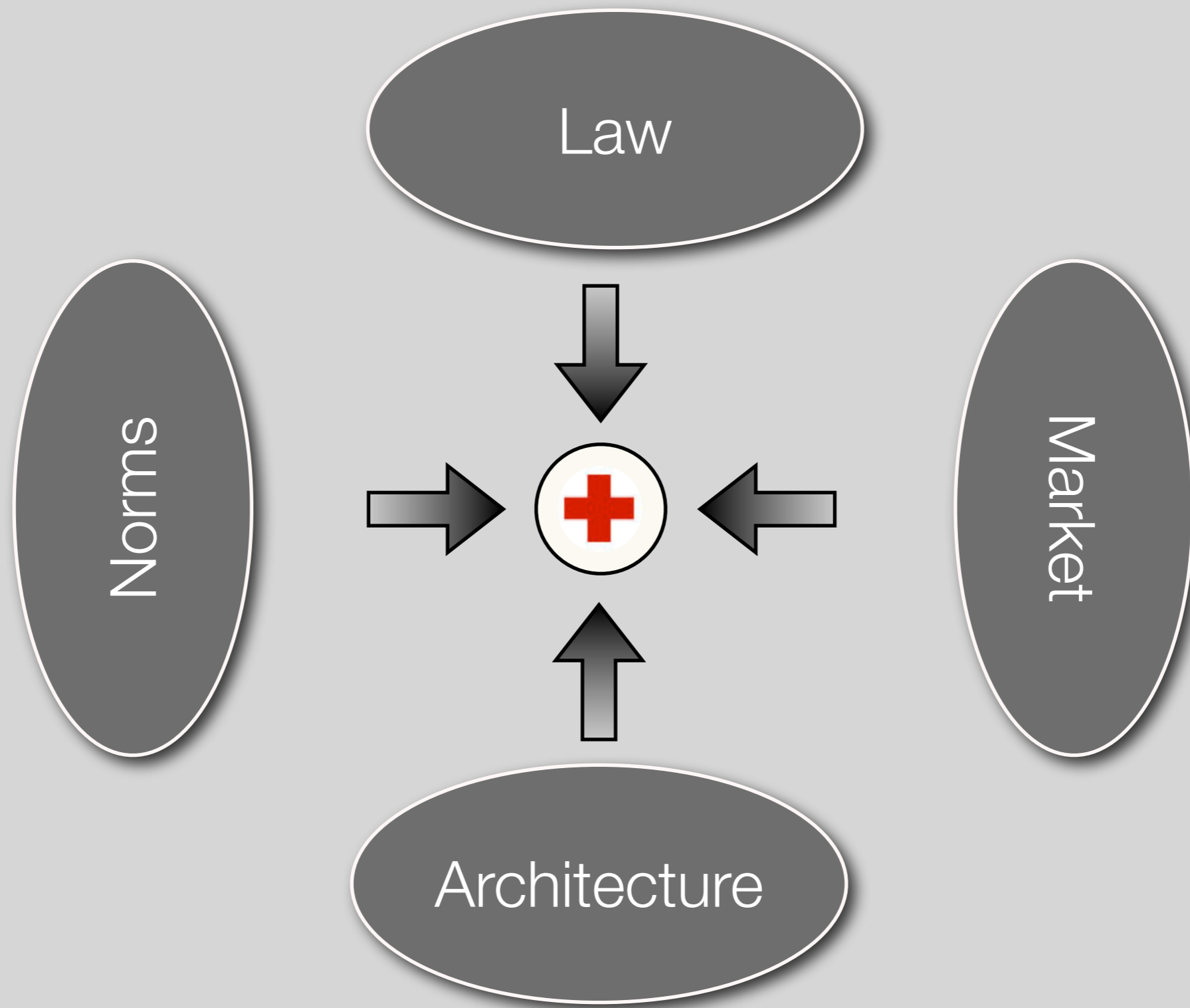


....and that expansion
of treatment is a nice
idea, but not one that is
possible.



Why can't it be
expanded?





Because powerful forces
restrict treatment accessibility.

Law

The myth exists because, right now,
there **are** powerful barriers
to expansive HAART, especially
in the developing world.

Why not?

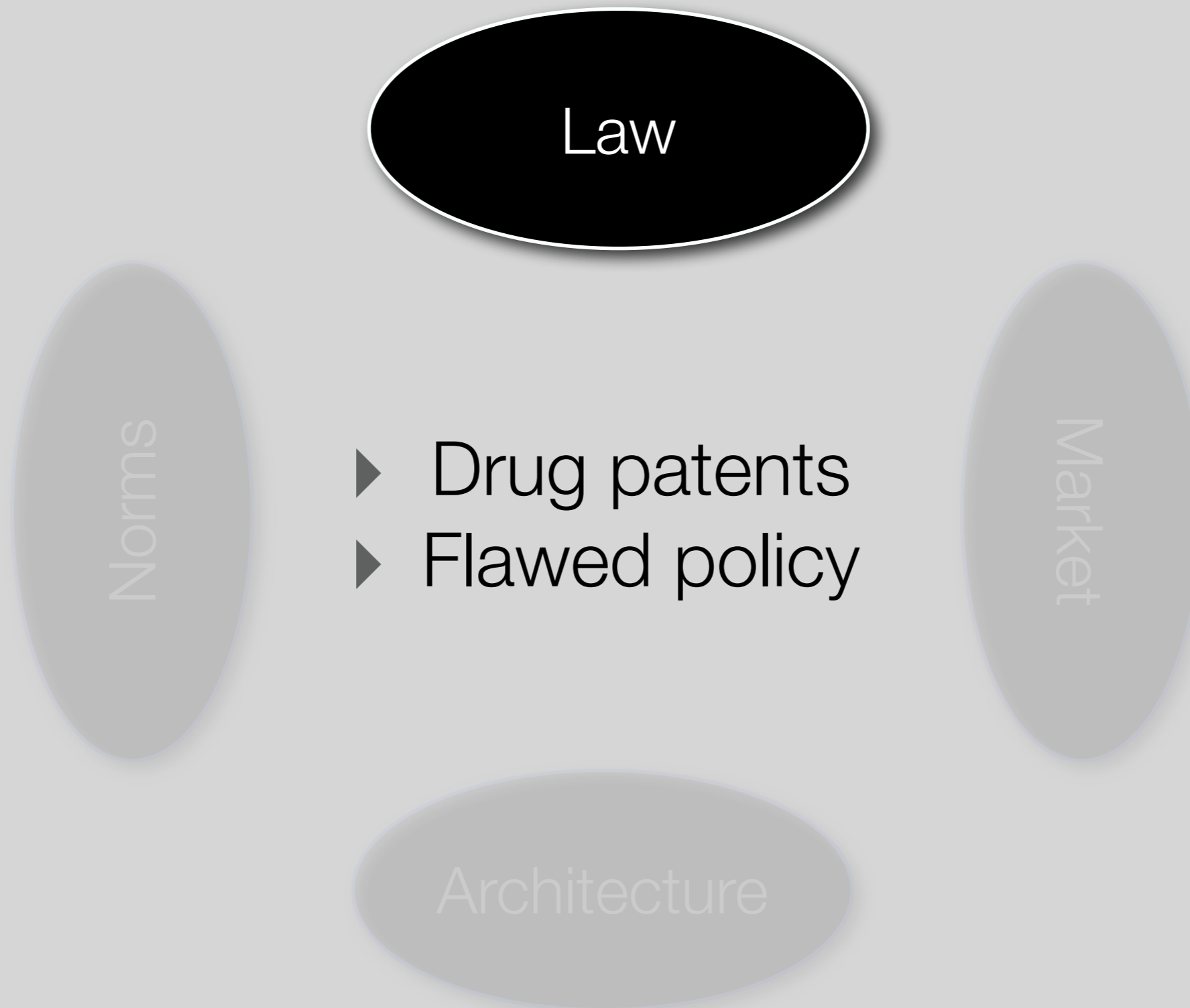
Powerful forces restrict it.

Law

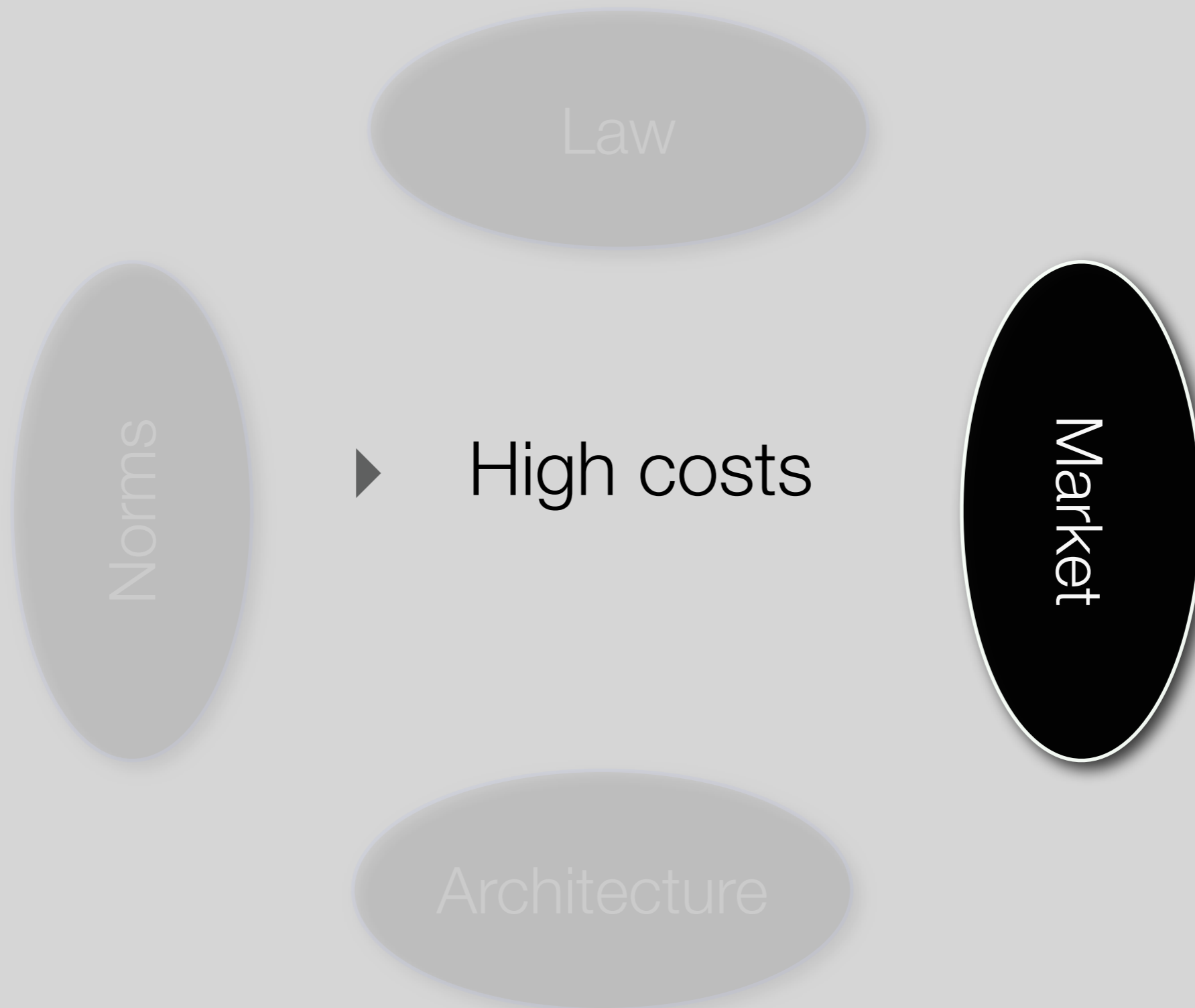
These barriers can be categorized
into four sectors:

Why not?

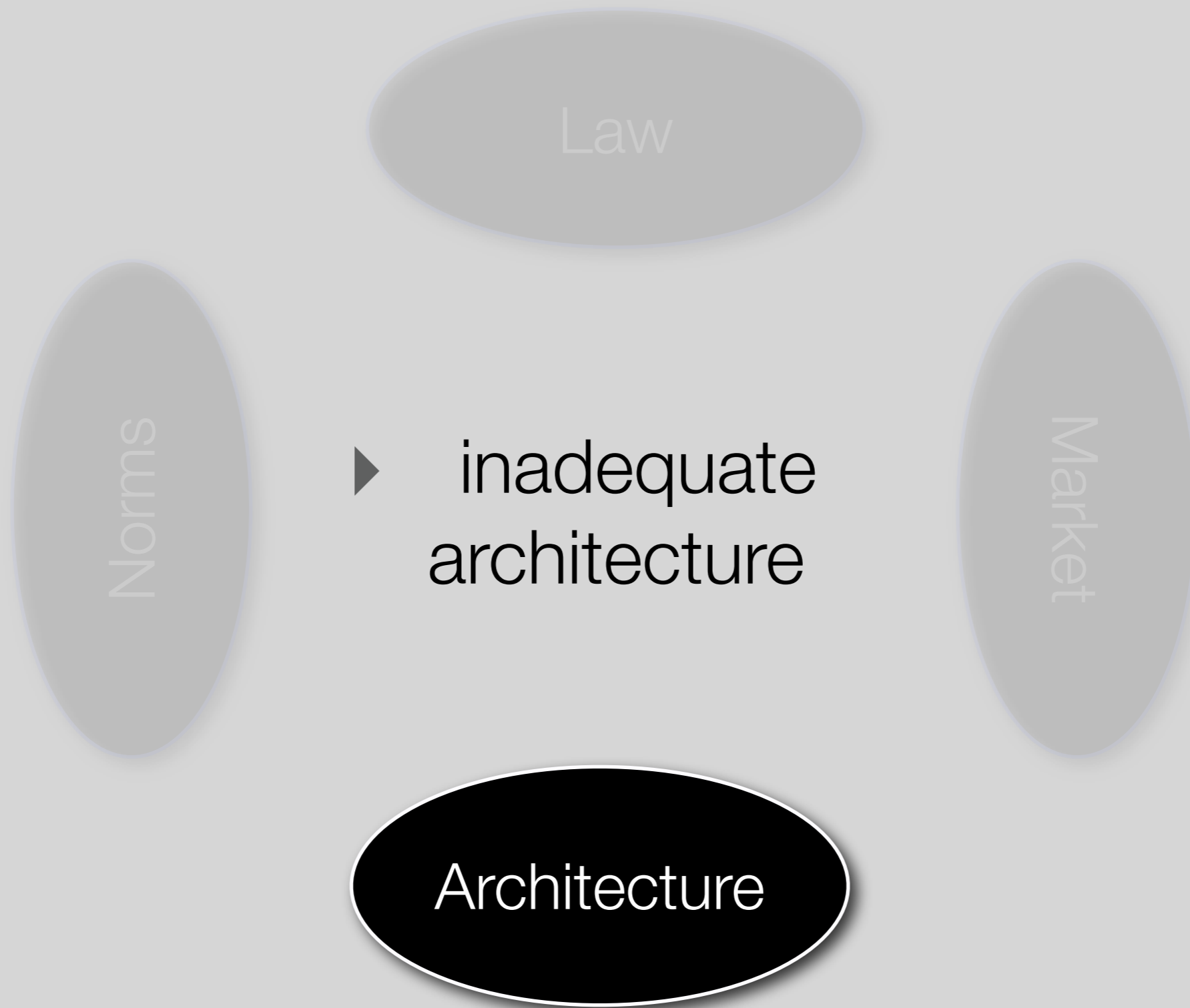
Powerful forces restrict it.



- ▶ National and international (WTO) law limit the production and availability of generic treatment.
- ▶ Aggressive enforcement/support of patents by WTO and big pharma.
- ▶ Denialist or wrong headed public policy towards HIV/AIDS and treatment.



- ▶ HAART treatment regimes == as low as \$200pppy == still to much
- ▶ New, more effective treatments are still tens of thousands of dollars a year.



- ▶ Existing networks are more vaccine oriented.
- ▶ HARRT and DOT regimes are complex and sophisticated.

Norms

- ▶ incorrect use
- ▶ inefficacy

Law

Market

Architecture

- ▶ Fear that incorrect use will accelerate the spread of drug resistant strains.
- ▶ Belief among some that HIV/AIDS treatments are ineffective.
- ▶ Basic belief that “there’s nothing we can do”

Law

Many feel these forces are beyond
their control.

Why not?

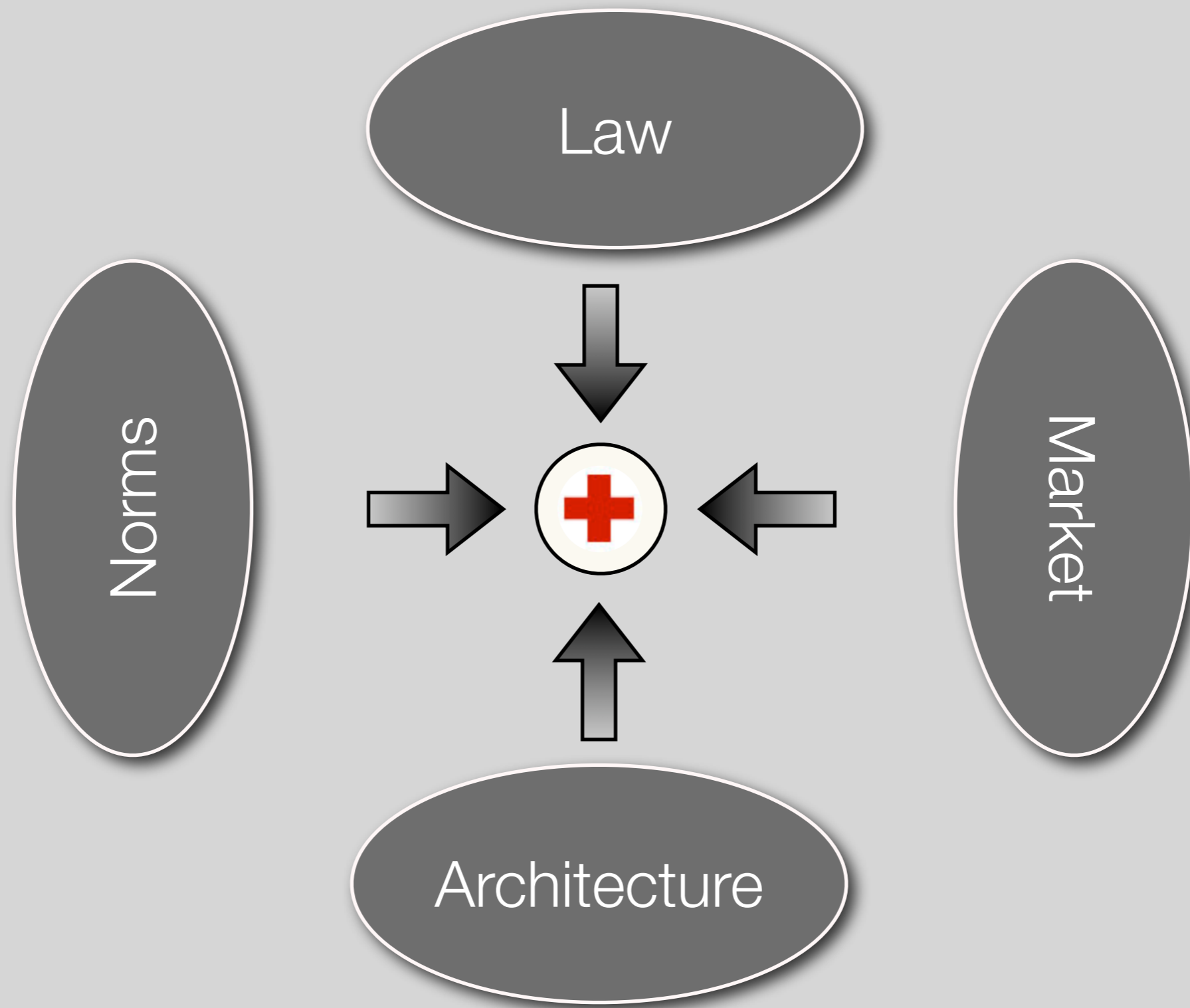
Powerful forces restrict it.

Law

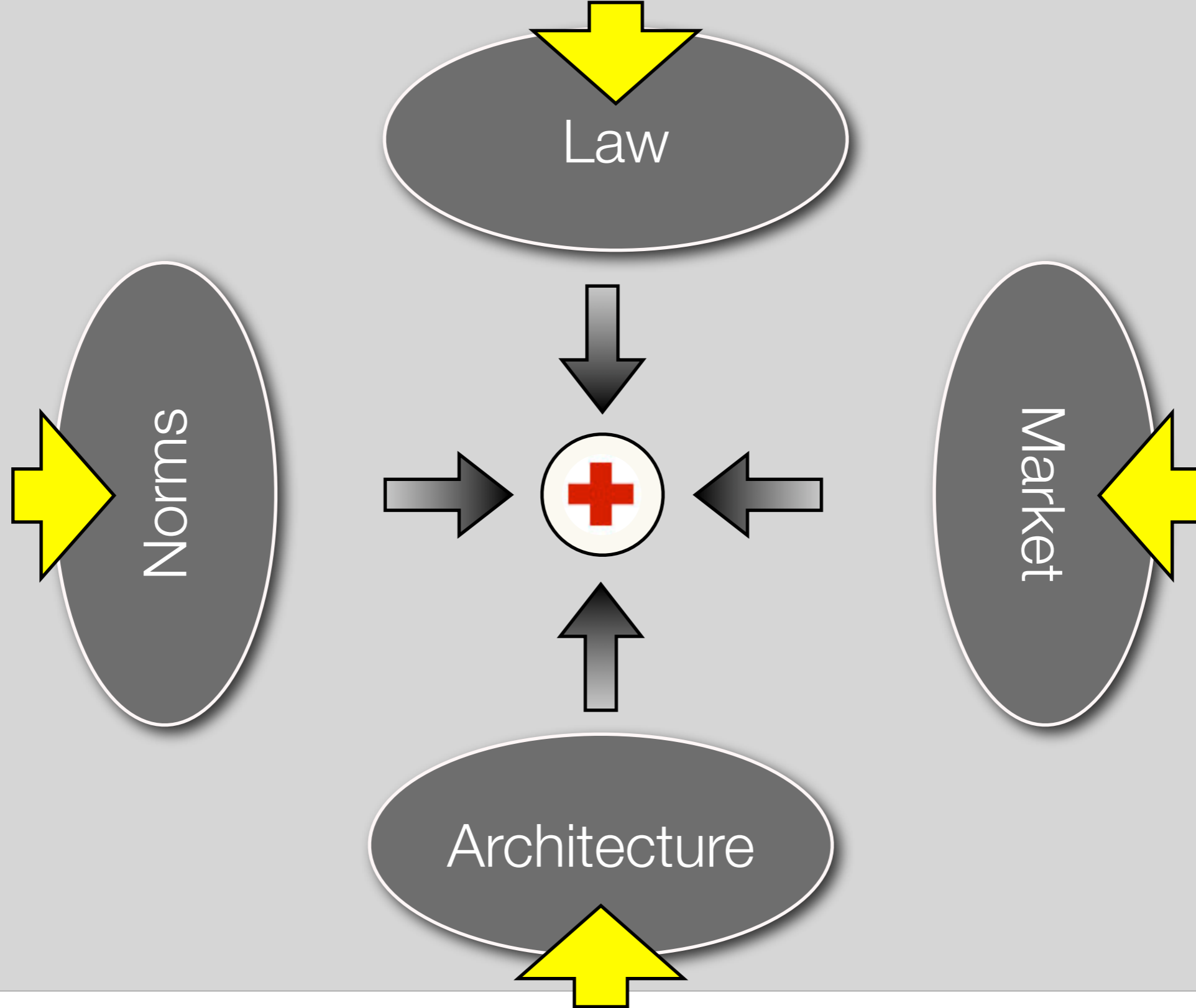
Collective Action
has proven that they are not.

Why not?

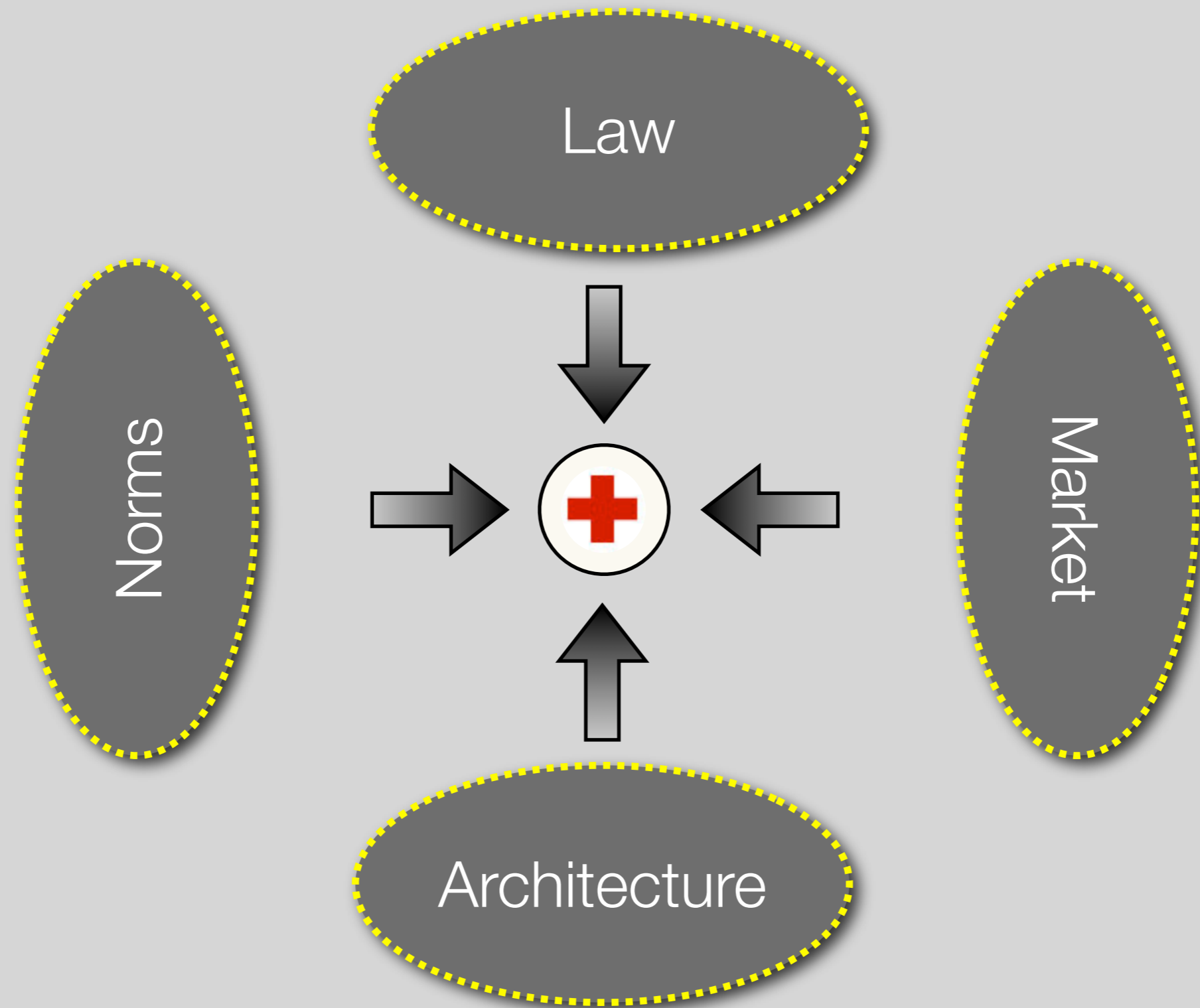
Powerful forces restrict it.



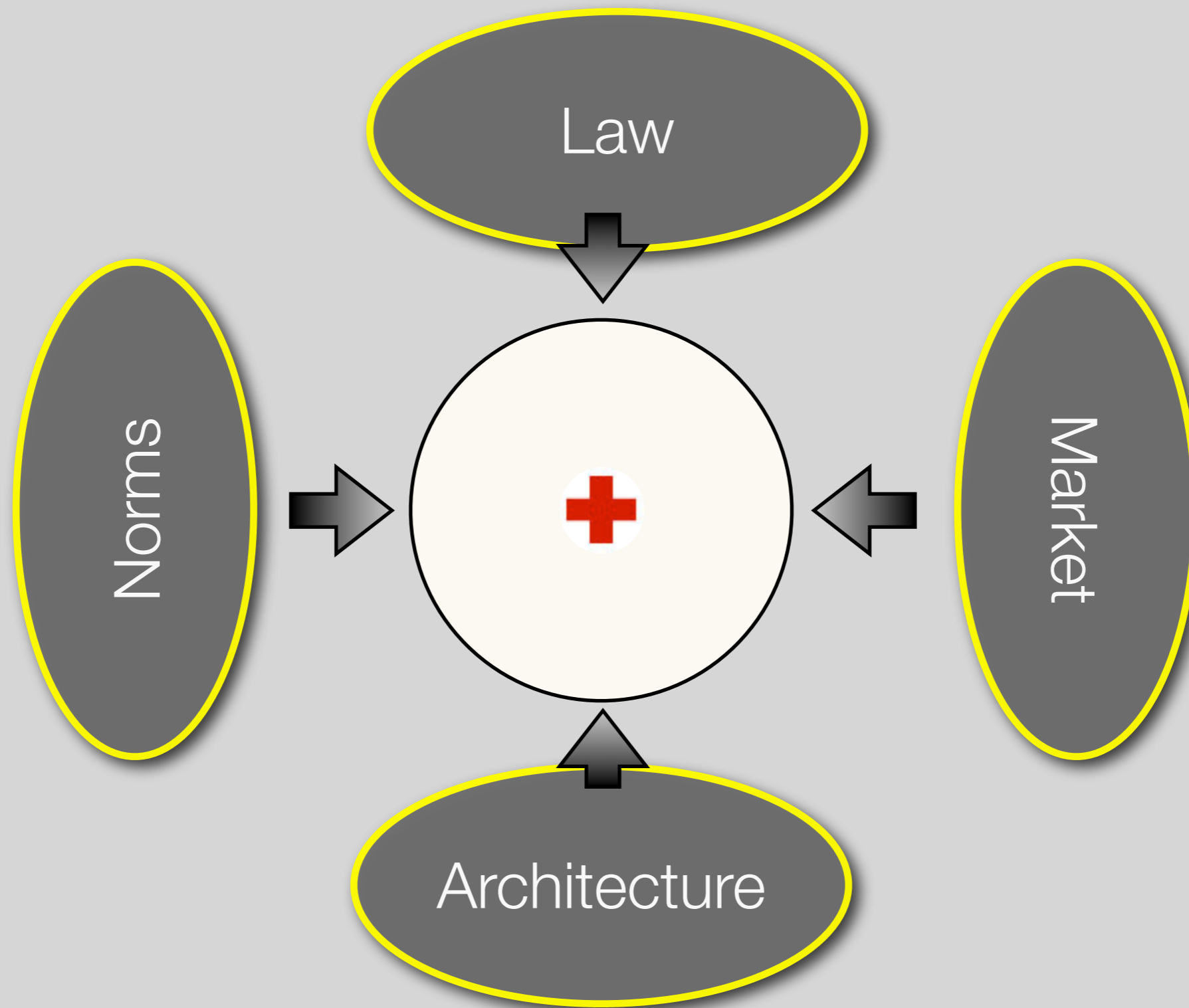
Sure, the forces are powerful.



But they respond to
public pressure.



When that pressure
successfully alters the forces...



...HAART access and use
is able to expand.

We have seen this with:

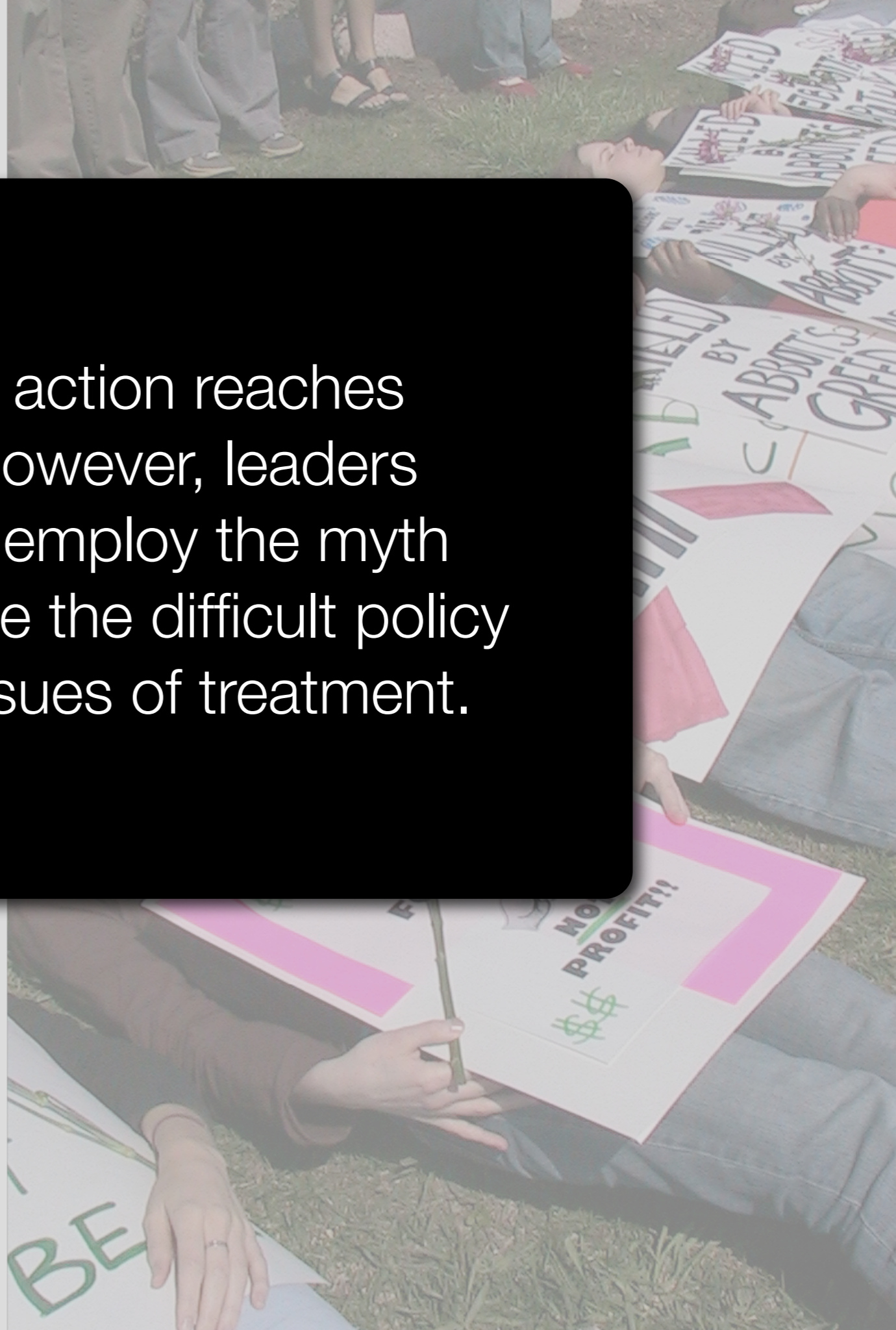
- TAC in Africa.
- ACT UP in America.
- HIV/AIDS education worldwide.
- community based organizations building infrastructure in developing countries
- and in so many other cases in the readings.



We have seen this
with:

- TAC

Until collective action reaches critical mass, however, leaders can continue to employ the myth as means to dodge the difficult policy and resources issues of treatment.





THE
END

MADE IN
NEW YORK

