

14 February 2008

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Professor Michel Kazatchkine
Executive Director of the Global Fund

Dr. Peter Piot
Executive Director of UNAIDS

Craig McClure
Executive Director of the International AIDS Society

Margaret Chan
Director-General of the WHO

Dear Sirs and Madam:

The Eastern European and Central Asian AIDS Conference (EECAAC) will be meeting for the second time in Moscow, Russia, in May 2008. We collectively express our concern and disappointment about the decision to hold the conference in a country where opioid substitution therapy remains illegal. Because the venue for the conference has been finalized, we write to urge that the needs of opiate dependent people who receive treatment with methadone or buprenorphine are not ignored as they were during the first EECAAC in 2006, and that in determining the location of future EECAAC events, the availability of substitution therapy is considered a necessary criterion.

EECAAC is promoted as a forum for discussion and interaction among those leading the effort to contain the HIV pandemic in the region. The Russian ban on methadone and buprenorphine, and the failure of conference organizers to address this issue directly, undermines the goals of the conference and the needs of people at risk for or living with HIV.

Injection drug users comprise 10 percent of all global cases of HIV. As many as 1.7 million people are living with HIV in Eastern Europe and Central Asia, where injection drug use is the single most significant driving force behind the epidemic in the region and accounts for more than 70 percent of cumulative HIV cases. Recognizing that methadone and buprenorphine are essential tools in the effort to stop injection driven HIV epidemics, Azerbaijan, Belarus, Estonia, Georgia, Kyrgyzstan, Latvia, Lithuania, Ukraine, and Uzbekistan, among others, have initiated treatment with these medications. Some 800,000 patients, including many with important perspectives to share, are receiving treatment in Europe, the United States, Iran, China, and elsewhere. Conference organizers

should be supporting scale up and greater awareness of patient benefits of these proven treatments, which are on WHO's Model List of Essential Medicines.

The International AIDS Society and its partners are also violating GIPA principles by holding the conference in Russia. GIPA, which stands for the greater involvement of people living with HIV and AIDS, is a principle enshrined in the 2001 Declaration of Commitment on HIV/AIDS, to which Russia is a signatory, and is based on the idea that the input of people with HIV is essential to an effective response to the epidemic. By excluding methadone and buprenorphine patients who represent communities most affected by HIV/AIDS from the dialogue, you forfeit a chance for experience sharing. Patients are put in the position of having to choose between participation in an important regional forum and their personal health.

Since it is not possible to move the conference, we ask that two conditions are met in 2008. First, conference organizers and the Russian government must work to ensure that conference participants able to travel with their medication will be legally permitted to enter Russia and the AIDS conference with methadone and buprenorphine. Second, buprenorphine, a drug registered for pain management in Russia, should be made available during the conference to patients who need it. We call on the EECAAC organizers to work as necessary with the World Health Organization to adopt a treatment protocol which will allow for patients to access medications on-site or at a clinic located near the conference.

It is crucial that individuals trying to decrease their risk of illness by treating their opiate addiction have the right to attend the conference. By banning methadone and buprenorphine, Russia is denying one of the most effective tools to decrease HIV transmission and improve adherence to HIV treatment for opiate dependent people. EECAAC and the IAS must take immediate action to replace this negative message with one that emphasizes the needs of people with HIV ahead of ideology.

Sincerely,

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