

Honorable minister, ladies and gentlemen, colleagues and friends. My name is Jason Wessenaar from South Africa. I have been living with HIV for the last 10 years and am currently not on ART. At the back of my mind I know that one day I might need them one day, since they are the only available option to prolong life and enable PLHA to live effective and productive lives. I also feel blessed that I have not started that process yet. I feel blessed because I have seen and experienced the joy and sometimes the pain the following people in my life faced.

My cousin Allan 30 started ART when he was already too ill. However, he quickly recovered and started working and living his life as normal again. Allan adhered to his medication, he took his drugs religiously. After 18 months of taking medication, His doctor found out that his viral load was undetectable and that his CD4 count was still low. They decided to change the drugs. He did well on the new combination for only another year and it was again discovered that the drugs he was taking were not making any difference. He was told that he was drug resistant. This came as a shock to the whole family as he was taking his medication accordingly. The last combination saw him through another 18 months and Allan passed on.

Pinky 25 started taking drugs two months after her diagnosis at the age of 18. By the time she was 20, she was already tired of taking drugs. She said that she felt artificial. Same feeling I have when I am taking antibodies for 7 days only. You can only imagine what a 20 year old must be feeling like given that they have to take ARV's for the rest of their lives. Peer pressure and stigma also played a role in Pinky skipping her daily dose. Even though she knew that skipping her medication was not good for her, she found it hard to adhere to her medication. Pinky eventually became very ill and almost died. It was later discovered that her viral load had gone up and that she was resistant to all her drugs. Luckily Pinky is alive and feels that she has learned valuable lessons about taking medications.

Thokozile 28 was too scared of taking the ARVs because she did not know whether they would work or not. She had also heard about how toxic the drugs were, this made her even more scared. But with education and support from her local clinic, support group friends and family she started taking ARVs. She attended the 4 week drug preparation sessions and was finally ready to take ARVs. Thoko, (as she is fondly known) like Allen adhered to her regiment and did not miss a dose. However, after 3 years on the same regiment, she was told that she was resistant to one or two of the drugs she was on. She was puzzled because she did as she was told. The resistance made her doubts about the effectiveness of the ARV even more. Her medication was changed and she was not sure whether to continue taking the new regiment or not because she feared the same will happen. Fortunately she is responding well to medication.

These three cases highlight the challenges faced by clinicians and people living with HIV. Even though we have made progress and have some successes regarding making ART available and accessible, especially in Africa and Asia a lot still has to be done. Drug resistance poses a new challenge for poor resourced countries. Few of the challenges we have include:

- Lack of public education on ART in developing countries that is accessible and understandable.
- Lack of technology, especially the drug resistant tests for people on ART in poor resource settings as well as proper interpretation of the results.
- Lack of capacitated HIV specialist especially for people who use private doctors and medical insurance to access their drugs
- Lack of monitoring systems for drug resistance in poor resourced settings
- Drug resistance HIV transmission.

As people living with HIV in poor resourced countries we need resources to support programmes to monitor and address these issues. We need resources to improve access to HIV drugs as well as mechanisms by which we can detect drug resistance early so as to avoid these unnecessary deaths. We need systems such as ongoing adherence counseling for those on ART. We need to strengthen our current support systems in order to minimize the current challenge of drug resistance. We need resources to ensure that ART public education that is accessible and understood by all. We also need to educate people living with HIV about cross resistance as well as ensuring that people are aware of challenges posed by getting infected with a drug resistant HIV. Infection by drug resistant HIV limits people's treatment options. Above all we need to be involved in all processes. Involve u in all aspects of access ART, monitoring drug resistant and addressing these issues. As we lobby and advocate for universal access to ART we also need to lobby and advocate for universal standards. We call on the leaders, politicians, PLHA, clinicians to advocate for further funding to ensure access to access to ART as well as access to drug resistant monitoring resources. Countries that have resources need to pledge their solidarity to poor resourced countries in order to address the issue of universal access and universal standards.

I thank you for the opportunity to address you.