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## Bridging the care gap

DATUK Seri Dr Mahathir Mohamad's call to rich countries to bear the lion's share of the cost spent on research to produce life-saving drugs to combat AIDS is a plea which must be taken seriously. With each passing day, the gap between rich and poor countries in caring for people with HIV is widening.

A gap in access to all kinds of care is not new but AIDS in developing countries poses a special challenge. Faced with crippling debts or political instability, many developing countries lack the resources not only to carry out effective prevention programmes, but to provide basic healthcare as well.

More than 95 per cent of all HIV-infected people live in the developing world and 95 per cent of all deaths from AIDS occurred in these countries. Sub-Saharan Africa is home to 70 per cent of those infected with the virus last year. It was also in that region where four-fifths of all AIDS death occurred during the same period.

The care gap must be bridged from several different directions. For one, the price of antiretroviral drugs must come down far more dramatically in order to have a positive impact on the quality of life of many people and allow them better access to care. A global move to negotiate and work with the pharmaceutical industry to make these drugs more accessible has already been made.

Reportedly there has been some progress but it is still not sufficient. That has led to investigation of such mechanisms as compulsory licensing, transfer of technology, parallel import of drugs and joint procurement by several countries. There is one compelling justification for the search for creative ways to bring the power of science to the service of the people: AIDS is an unprecedented crisis, requiring emergency response.

The transborder nature of the epidemic makes it obligatory for countries to co-operate towards developing comprehensive and sustained prevention activities. Thus, the Prime Minister's wish for heads of governments in the Asia-Pacific region to hold a summit on AIDS where crucial issues can be discussed and solutions hammered out for the benefit of all.

Hopeful developments around the world make us want to believe that there is a good chance of slowing the spread of this scourge. The signs include growing awareness that AIDS is a crisis, a visible momentum towards increasing resources for its prevention and care, support groups springing up everywhere and people living with HIV are more organised than ever.

Yet, stigma remains our number one enemy. Millions of people living with HIV experience trauma each time a judgmental community assigns blame on them for their condition. Stigma makes prevention through education very difficult; it discourages people from seeking testing and counselling; it makes it extra hard for an infected person to share the news with a partner and it keeps people from accessing care, even where care is available.

And stigma undermines the political support which is so necessary to address the issue. Therefore, eliminating stigma is central to any effort to get real work done. Ideally, empathy towards AIDS sufferers should come naturally, but the reality necessitates that the trait be inculcated from an early age. Parents have a duty to teach their children that people living with AIDS deserve respect like anyone else.

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