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Wealth-disparity issue tops ICAAP

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AFTER two years of planning and lots of hard work, the fifth International Congress on AIDS in Asia and the Pacific held in Kuala Lumpur ended last week.

For the five days over which the conference spanned, the Putra World Trade Centre was a hive of activity and the 3000-odd delegates and journalists alike had problems trying to decide on the sessions to attend.

Typically, each Congress day began with a plenary session designed for all delegates and devoted to a specific topic that included presentations that cut across the disciplines represented in the four Congress tracks.

After the plenary sessions, delegates then attended any of the other sessions that were organised into four distinct tracks: tracks A and B covering HIV/AIDS issues from the scientific and clinical research perspectives, and tracks C and D, focusing on public health strategies and the behavioural sciences.

Aside from this, there were also oral abstract presentations, a poster session, an advanced training course in HIV management, community forums, skills-building workshops and satellite meetings.

Despite the diverse range of topics discussed, the one issue that seemed to run through most of the sessions was the fact that, increasingly, AIDS underscores the disparity of wealth between the Northern and Southern countries.

Right from the word "Go", this issue dominated, beginning with Prime Minister Datuk Seri Dr Mahathir Mohamad's speech which pointedly remarked that the rate of AIDS deaths and infection was dropping in developed nations while the opposite was true in developing nations.

He said: "Developing countries cannot afford to provide treatment to their people infected by HIV (because) HIV drugs are extremely expensive. Thus more people die and at a faster rate in developing countries than in developed countries.

"... AIDS has therefore augmented the divide between the North and the South, between the haves and the have-nots."

Similarly, in his speech "AIDS in the new Millennium: A Critical Time for Asia and the Pacific" Peter Piot, executive director of UNAIDS, said: "The relationship between HIV and development is clear, but complex. The issue is not just poverty, but also disparity of all kinds. The first of these is disparity in wealth.

"Let me give you an example of India. As in other parts of the world, the epidemic began in the richer, more developed part of the country. But the likelihood is that it is spreading to the poorer parts, where there are fewer services to deal with its impact."

As community outreach worker, Rajiv Kafle from Nepal said: "I am working for Prerana, a support group of and for people 'dying' of HIV/AIDS. I use this term in protest of the lack of treatment and care in my country.

"We are the representatives of the community forum who have gathered at this conference, so that people will not have to use the word 'dying' of AIDS ever again."

As the subject of disparities and access to treatment was one of the more prominent issues, Datin Paduka Marina Mahathir, president of the Malaysian AIDS Council and chairperson of the 5th ICAAP, said she was rather disappointed that sessions on compulsory licensing were not as well attended as she had expected them to be.

Thanks to new drug therapies, people living with HIV/AIDS in most developed countries are now able to live relatively healthy lives. Combination anti-retroviral therapies allow HIV-positive people to reduce their viral loads significantly, allowing some to return to work.

Developing countries' problems in accessing these drugs is compounded by the fact that pharmaceutical companies regard the potential market in developing nations as too small to bother with licensing and distribution arrangements.

Ironically, over 89 per cent of people living with HIV/AIDS reside in countries ranked the lowest 10 per cent in the world in terms of gross national product.

Two ways in which access to HIV drugs can be made more equitable is through compulsory licensing and parallel importing, both of which the Prime Minister had alluded to in his ICAAP opening speech.

Compulsory licensing is the term given to a legal approach that permits the manufacture and use of generic drugs without the agreement from the patent holder of the drug.

However, the World Trade Organisation sets out minimum standards in relation to intellectual property. With respect to drugs, it requires countries to grant patent protection to pharmaceutical products for a minimum of 20 years.

Nevertheless countries are allowed, under certain conditions, to issue compulsory licences against the will of the patent holder.

For example, for a country with high HIV seroprevalence, the government could decide that it is in the public interest to ensure that appropriate drugs are manufactured locally and made available at a cheaper price.

However, many countries are under strong pressure - especially from the multinational pharmaceutical industry - to adopt legislation that provides a higher level of patent protection.

Those for compulsory licensing, mainly non-Government organisations, argue that effective patent legislation should balance all interests and provide protection against abuse by the patent holder.

The Indian drug industry is a good example of what happens when companies are given the authority to produce drugs for the local market without paying exorbitant licensing fees.

AZT, an AIDS treatment, costs US\$239 (RM908) a month in the United States, but only US\$48 in India. The lower prices in India can still deliver a very high return to the Indian pharmaceutical company and its stockholders.

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