AIDS — The right

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Asia has the fastest rate of growth in new HIV infections. Yet, throughout Asia, the majority of HIV/AIDS infected persons have access only to alternative medicine, comprising herbs, a report by FIROZA BURHAN

INDIAN businessman Yusuf Hamied is a man with a mission. His company, Cipla, has applied for permission from the Indian Government to make a 3-in-1 pill called Triomune-LNS, combining the three antiretroviral drugs currently used to reduce the development of AIDS in HIV-infected persons — lamivudine, nevirapine and stavudine.

Yusuf then plans to offer Triomune-LNS to the international charitable organisation, Medecins Sans Frontieres (Doctors Without Borders), for the grand sum of US$350 (RM1,330) per patient per year (compared to US$10,000 US$15,000 in the West), or less than US$1 per day.

The drug will be sold in a box of 720 pills, and since patients need to take only two pills a day, each box is a year's supply. The new drug is expected to be launched later this year, but in the meantime, Yusuf is laying the groundwork for marketing in selected African countries, including South Africa.

Great news for HIV/AIDS infected people surely, but to put it mildly, the world's major drug companies are upset. Indian law allows the manufacture of internationally patented drugs, but protects the processes by which the drugs are made.

Britain's GlaxoSmithKline holds the patent for lamivudine, Germany's Boehringer Ingelheim on nevirapine and the US giant Bristol-Meyers-Squibb, stavudine.

Cipla's decision has in fact, sparked a global debate on the patent rights of drug manufacturers versus the right of HIV/AIDS infected persons in developing countries to obtain treatment at an affordable cost.

Indeed, GlaxoSmithKline has called Cipla a "pirate", particularly as news emerged that the Indian company plans to market another combination drug in 2002, modelled after GlaxoSmithKline's own 3-in-1 pill, Trizivir. "We are called pirates, but who is being pirated? Patients in countries where there is a monopoly on these drugs," says an unapologetic Yusof, who is concerned that the scale of the AIDS tragedy in India will reach African levels, if nothing is done.

The country with the biggest number of AIDS and HIV-infected patients is South Africa, followed by some 3.5 to four million Indians. At the end of 1997, the number of people living with HIV/AIDS worldwide was estimated at more than 30 million.

Of this total, sub-Saharan Africa was home to about 70 per cent, or 21 million people, South and Southeast Asia 5.8 million, Latin America 1.3 million, North America 860,000, Western Europe 480,000, East Asia and the Pacific 420,000, the Caribbean 310,000, and the rest in other regions.

Very likely, the actual figures are much higher; it has been estimated in a World AIDS Day report released by the United Nations that only one in 10 people in the developing world are aware of their HIV status. The rate of new infections per day was estimated at a frightening 16,000 people.

The social and economic toll the disease takes in Africa and the world is unimaginable. In South Africa alone, more than 500,000 people have died because of the disease, and the number of deaths is projected to grow to 10 million by the year 2015. About five million children have been orphaned, and some are themselves infected with the virus.

Botswana has the highest proportion of HIV/AIDS patients at 36 per cent of the adult population, followed by Swaziland (25 per cent) and Zimbabwe (24 per cent).

The economic impact of HIV/AIDS is, as expected, huge, bearing in mind that most sufferers are in the peak productive periods of their lives. South Africa's GDP is likely to fall by 17 per cent by the year 2010.

However, African nations can take comfort in two recent developments. First, 39 pharmaceutical giants dropped their court bid to stop the importation of cheap AIDS drugs into South Africa. Speculation is that the pull-out was sparked by the companies' fear that their research, development, marketing and pricing policies would be laid out for the world to see.

The court bid had raised the ire of AIDS activist organisations, not least because Africa, with the highest percentage of infected persons, represents only one per cent of global pharmaceutical revenue.

The second development was with regard to the agreement by Bristol-Meyers-Squibb, Glaxo, Merck, Boehringer Ingelheim and Roche Holding to slash prices of their AIDS drugs for developing nations.

By how much the cost of the drugs will be slashed is still an unknown factor, but Glaxo reportedly indicated that its drug Combivir, a cocktail of AZT and 3TC, will be sold at US$2 a day, one-third of its current price in Uganda.

Understandably, the companies are reluctant to reveal the actual cost price of the drugs since, according to one report, it would highlight the fact that the usual profit margin for these and other drugs is sometimes as high as 90 per cent, after reimbursement of research and development.

Bristol-Meyers-Squibb went further by promising to contribute US$100 million over a five-year period to improve healthcare services in Africa.

The price cuts were agreed upon following announcements that India, Brazil and Thailand were developing cheaper generic AIDS drugs. Although the HIV/AIDS scale is greatest in Africa, Asia is fast catching up.

During the Fifth International Congress on AIDS in Asia and the Pacific (ICAAP) held in Kuala Lumpur, Malaysia, in October 1999, it was announced that Asia has the fastest rate of growth in new HIV infections. As the debates on drug patents and who has a greater right to live rage on, AIDS patients in developing countries continue to battle poverty and prejudice, as well as the lack of access to information and care.

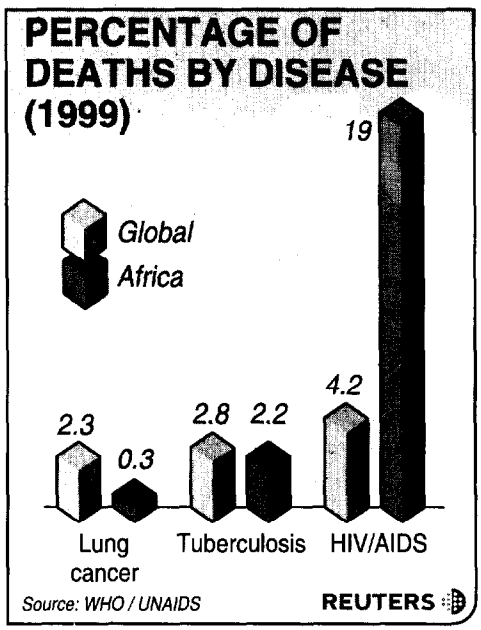
Several non-governmental organisations contend that even if HIV/AIDS drugs are produced at a lower cost, they may not reach those who are really in need — the destitute and illiterate and those who deny that they have the disease because of the social and cultural stigma.

In India, there is no AIDS lobby and only one well-known person, a musician from Madras, has publicly declared that he is HIV-positive. In the words of the head of the Malaysian AIDS Council, Datuk Marina Mahathir, "Denial is a major problem."

In addition to helping HIV-infected persons slow down the onset of AIDS, non-governmental organisations have also highlighted the need for more safe sex education, particularly of people in the rural areas, to prevent new HIV infections.

Because the poor often lack access to proper health care, they are unable to get treatment for other sexually-transmitted

to live



diseases, which in turn, makes them more vulnerable to HIV/AIDS infection.

Asian cultural taboos with regard to discussions on sex are also to blame for the ineffectiveness of educational campaigns.

In China, billboards promoting AIDS awareness were destroyed after being exhibited for only a few days. Apparently, they were declared "indecent". Overall, though, it remains an ironic fact that governments in many developing countries ensure that antibiotics and medicines that control AIDS-related helath problems are inexpensive and readily available, but are not as attentive with regard to prevention of the disease.

In combating the HIV/AIDS pandemic, funds are obviously vital. In early May 2001, UN Secretary-General Kofi Annan suggested that a global fund could be set up to combat AIDS, malaria, tuberculosis and other infectious diseases. He entertained the hope that US$7-10 billion could be raised each year, which the World Bank estimates may save up to six million people from death. The Secretary-General has made a trip to Washington, where President Bush's task force on AIDS suggested a US contribution of US$200 million this year, and US$500 million in 2002.

Nowhere near enough, say some quarters, but it's a start. — *Dateline Asia Feature*