

solution is structural change, e.g. generic competition and compulsory licensing.

The second area is the emerging Public Private Partnerships (PPP) that WHO and other UN agencies are supporting. While acknowledging that industry does have an important role to play in combating HIV/AIDS, NGOs/Civil Society point out to the potential for conflict of interest or a shift in public health agenda. This is due to the unequal financial powers between the wealthy industry and the governments or UN agencies. They advocate that PPPs should be based on public health priorities and plans determined by governments and not corporates.

Role of the church

Next to the governments, the churches provide most of the health care services in the countries worst hit by HIV/AIDS. They have a large potential.

The churches, besides promoting the concept of living positively with HIV, should also promote the essential drugs concept and rational drug use. This will ensure availability of the drugs for palliative, preventive and opportunistic infections.

An area of potential strength for churches is advocacy and lobbying. Recognizing health as a human right, the churches must advocate for lowering of prices of essential drugs where life is put before profit. The churches must also put pressure on pharmaceutical companies and some governments to help developing countries to put in place laws to protect public health.

Churches must also actively participate at local, national and international levels, to promote the right to treatment. They should act directly by being part of the discussion or through support and networking with others involved in similar campaigns.

Last but not least, the churches must use the most powerful tool they have: the power of prayer.

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Peter Williams/WCC



Make me a channel of your peace...

Where there is no artist

“I WANTED TO DO MY BIT”



Y.K. Hamied

*Yusuf K. Hamied's recent crusade to cut costs for the AIDS 'cocktail' created history. Cipla's discount offer to supply governments throughout the world combinations of the drugs at concessional prices has exposed what some experts called "the undeclared war being waged against poor countries by multinational pharma companies". Excerpts from the interview by **Reena Mathai-Luke**.*

Contact: Your decision to supply the AIDS cocktail for distribution in Africa at \$350 a year per patient is hailed as a landmark. What made you make the offer?

Y. K. Hamied: To us, AIDS is a foreseen tragedy; therefore, we wanted to do our bit. Typically, the AIDS cocktail is a combination of any three of about nine compounds called protease inhibitors or reverse transcriptase inhibitors which suppress the HIV virus. The treatments come very close to being miraculous. However, this near-miracle has not touched the lives of most of those who most desperately need it. That's where *Cipla* stepped in. Our experience in India, Brazil and Thailand has shown that most of these critical drugs can be produced at costs that are realistically within the reach of the poor. We are offering to sell the doctors' group the drugs at a humanitarian cost of \$350 per patient per year.

Contact: Is the AIDS cocktail really as prohibitive as it is made out to be?

Yusuf K Hamied: The drugs are not prohibitively expensive to produce. If the average cost of the AIDS cocktail in the West is \$10,000 to \$15,000 per patient per year, it is because of the drug-pricing structure imposed by the multinational manufacturers. Moreover, the international patent and trade regime at present seeks to choke off any large-scale attempt to produce and market the drugs at affordable levels.

Contact: Is it true that the price you are quoting is one-twentieth to one-fiftieth of the price paid in a country like the US?

Yusuf K Hamied: Developing countries can now buy large quantities of drugs, through *Médecins Sans Frontières* at \$600 per year per patient, which is about \$400 lower than the price offered by major western pharmaceutical companies that hold the patents.

Contact: Last year, weren't these cocktail compounds offered by some multinational drug companies at reduced rates to Africa?

Yusuf K Hamied: Till now, the cost of a typical cocktail in a country like Senegal was \$1,000 per year. Is that affordable on a continent which has 290 million citizens surviving on less than one dollar a day?

Contact: Is your pricing policy legitimate?

Yusuf K Hamied: Absolutely. We have nothing against patents. The very fact that we have a patent law, to cater to the needs of our country, proves this.

Contact: How is that a poor country like India can afford to sell these vital drugs cheaper than its more affluent western counterparts?

Yusuf K Hamied: The main reason for reasonable drug prices in India is the absence of monopoly because of the Patents Act, 1970. Hence, even the transnational corporations are compelled to market their products at prices that are competitive. The net gain has been the public's.

Dr Yusuf K Hamied, Managing Director, Cipla Pharmaceuticals. He did his PhD (chemist) from Cambridge University.

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Initiatives taken by companies like CIPLA show the way.

GOODBYE MAMA ... ITS HARD TO DIE

To be condemned to death, when one is just at the threshold of life, is undeniably frightful and painful. Twenty two-year-old Marie, like many of her peers, knows she faces certain death but lives in the hope that soon some treatment may be able to deliver her.

My name is Marie, and I am Cameroonian. I come from a modest family of 6 children. My father was a municipal employee and he died 18 years ago, when I was 4 years old. My mother, who did domestic work in people's houses along with some petty trade, raised me. Two years ago, I was hospitalized for a long fever that had gone on for a month. During my illness, a certain number of tests were ordered. Since I didn't have enough money to pay for the tests, a doctor offered to take care of them.

A few days later, the nurse who had taken the samples came and told me we would go for a walk the next day. The next day she came with two other people who led me to a room. And that's when they told me I was carrying the AIDS virus.

My first feeling was one of surprise, because I didn't think the disease could affect me. I had heard of AIDS before and I associated it with sexual promiscuity. Since I only had one boyfriend, whom I cared about very much, and as he was only the second boy I had been with in my life, I couldn't imagine finding myself in that situation especially since I had put off having sex for the first time because I was afraid of pregnancy

and disease and wanted to date first. And how could it happen to me after so much abstinence? The disease must have been waiting for me.

Next, there was a feeling of despair. I was in my last year of secondary school and until then, my mother had given me everything she had for my education, for my studies. In fact, I can say she gave her whole life for me. I have 5 sisters, and none of them were able to earn their primary school certificate; so I was her only hope. I felt despair because my mother had taken so much trouble all alone, since she was widowed when I was 4. All her efforts would now be in vain.

I didn't want people to know about my new situation because they would make fun of me. I'm 22 now, and I ought to be making plans for the future. For example, get married, have children, settle down. But I am stuck with this situation. In the first place, I haven't had the nerve to tell my mother or any other member of my family that I carry the AIDS virus. I never had the nerve to

tell my former boyfriends that they had probably infected me. I don't resent them because I imagine they didn't do it consciously.

After that I felt afraid, afraid of dying so young and in the most shameful way imaginable. I remember wondering whether I would have infected children. Today I more or less manage to live with the virus. To tell you the truth, I am not at peace because as an African, not getting married, not having children; or having children who will die because they are infected, makes me really very sad. I think of all the boys who ask me to marry them, and whom I like and would like to marry if I were in a normal situation. I turn them away, pretending I am not interested.

To everyone who is listening to me now, and especially the young people, I urge you to be careful and to take the necessary precautions so that you do not end up in my situation, with a shattered future. I would like to see young people more involved in the fight against AIDS. They should be included in sensitization programmes.

However, since life has no meaning without hope, I keep hoping that soon a treatment will be found to stop the pandemic and a vaccination for those who are not yet infected. I also hope that the antiretroviral treatments that have been developed will soon be available to everyone to try to help us live longer.

This is a testimony by an HIV+ person at the 7th Annual Conference on Women and AIDS in Africa.

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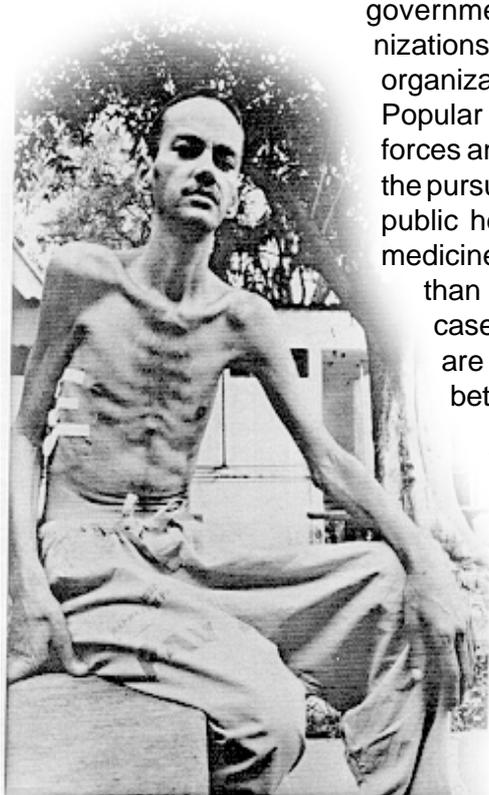
Marc French/WCC

Down but not out...

“AFFORDABLE DRUGS ARE WITHIN REACH”

*To suffer from a disease with no treatment or cure is tragic. To know that a treatment exists, but is too expensive, brings the ultimate despair. **Gro Harlem Brundtland** expresses her concerns.*

“It isn’t a lost battle. We have begun dismantling the obstacles that are preventing essential drugs from reaching the millions who need them.”



J.R. Ripper-ITWCC

HIV/AIDS are vulnerable to TB. stimulus for developing country governments to organize their health

Outrage about the plight of those with HIV in developing countries has recently reached the pages of western newspapers. This is good. The fact that less than a tenth of the 36 million people infected by HIV can afford the drugs used to treat the disease is outrageous. But it isn’t a lost battle. In fact, we have begun dismantling the obstacles that are preventing essential drugs from reaching the millions who need them.

Narrowing the gap

We are seeing an unprecedented effort, driven by committed people from governments, non-government organizations, UNAIDS, WHO, other UN organizations, and the private sector. Popular outrage, political will, market forces and the best science is enabling the pursuit of a fundamental principle of public health: the supply of essential medicines on the basis of need rather than on the ability to pay. In this case, the forces of globalization are being used to narrow the gap between the wealthy and the poor.

A year ago, the medicines needed to slow the progression of AIDS were far beyond what most Africans, Latin Americans, and Asians or their governments could afford. At a cost of \$10.000 to \$15.000 per person per year the drugs are out of reach, and there has been little



Gro Harlem Brundtland

care systems to treat those living with HIV.

Affordable drugs

Today, antiretroviral combination drug therapies have become available to some African countries for around \$1000 dollars per patient per year — a tenth of what they used to be. Offers made by a pharmaceutical company producing generic drugs, mean that these combination therapies could be made available in Africa for a price of \$600 or less per person per year.

True, such prices are still beyond what almost any African health system and most patients are able to spend. But it must not stop here. We must ensure that not only HIV/AIDS drugs but also all essential medicines and vaccines are accessible to all. It will take time, but we must make sure that no moment is wasted.

Differential pricing

Yes, it is a difficult process. Along the road, there will be disputes about how trade agreements are to be interpreted. There will be challenges to national drug policies, which threaten to change the established order of things. There will be arguments about patent rights, which can only be solved by testing their limits

through a legal process. The stakes are very high indeed. We want differential pricing to work in practice. This means appreciating companies' concerns that lower prices in the poorest countries should not be used as a lever to influence negotiations in those which can easily afford to pay more. We need mechanisms to prevent illicit re-export of lower priced drugs into richer economies. We need an environment where the right regulations are fairly enforced so that competition can work effectively. This is starting to happen: just watch how prices of generic drugs (that are not protected by patents) are falling as rapidly as their brand-name counterparts.

We must ensure that getting the patent holder a reasonable return does not block best-price efficiencies. An effective regime for international trade is one which allows countries to implement workable systems that secure health needs, while respecting intellectual property.

It would be naive however, to think that cutting the prices of medicines is enough. Medicine costs of \$600 per person per year are still beyond what almost any African health system and most patients can afford. The prospect of cheaper medicines stimulates demand for care, and this will actually increase the need for resources. No matter how low prices go, it is inevitable that additional funding will be needed to meet the costs of care for the poorest. Developing country governments can commit their own resources, as Brazil and other countries have already shown. But most of this money must come through increased development assistance, as well as debt relief. This has to be new money. We can't take from the little that is already being spent on other common deadly diseases such as those which kill four million children each year.

Monitoring needed

Experience has shown that combination therapy can be effectively administered in Africa without the elaborate laboratory monitoring which is routine in



Peter Williams/WCC

It takes courage to answer a call
It takes courage to give your all...

industrialized countries. But there is concern that lack of monitoring will cause resistance of the HIV viruses to AIDS medication, that quickly will render the available medicines useless. We can deal with this. We can find a safe minimum standard that ensures safe use of quality drugs while being affordable in poor countries.

Through all this, we must ensure that the new hope of wider access to care complements and strengthens efforts to prevent HIV from spreading. Keeping people free from HIV must always remain our main goal.

Dr Gro Harlem Brundtland is the Director-General of the World Health Organization (WHO).

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Where there is no artist

CHURCHES WILL WORK WITH ALL PEOPLE OF GOODWILL

(Plenary presentation at the UN General Assembly Special Session on HIV AIDS by Christoph Benn representing the Commission of the Churches on International Affairs of the WCC)

Excerpts:

HIV/AIDS is an illness that violates God's will for His creation. Recognition of and respect for the dignity of each human person, regardless of circumstance, is foundational to all of our responses and actions.

This dignity is best respected by protecting the rights of people living with HIV/AIDS and promoting an attitude of care and solidarity which rejects all forms of stigmatization and discrimination. We must fight HIV/AIDS and not its victims.

All persons affected by HIV/AIDS should be accepted in their own communities and receive support and care, including access to treatment. Churches are committed to use all its resources to support such efforts.

High risk and vulnerable groups (e.g. persons with drug dependencies, prisoners, refugees, migrant populations, internally displaced persons, people of homosexual orientation) require particular attention and accompaniment fully respecting their essential human rights.

The particular risks of women must be addressed through prevention, care and treatment. More fundamentally, the social, political and economic structures and systems which create their vulnerability, must be challenged. The needs and risks of youth, including those not yet affected, must be addressed with urgency.

Out of respect for life, proven methods of preventing HIV/AIDS, including abstinence, delayed sexual activity in young people, faithfulness in sexual relationships and the use of condoms, must be promoted and supported. I



Peter Williams/WCC

would like to dismiss the widespread myth that all churches and religious organizations are against the use of condoms. The WCC with its 340 member churches all around the world has adopted an official policy acknowledging the use of condoms as one option in the prevention of HIV transmission.

Economic, social and political structures and systems, including international debt, that allow the spread of HIV/AIDS must be addressed within this context.

Harmful beliefs, practices and traditions in societies and in churches that increase the spread of the HIV/AIDS must be challenged.

Churches understand that governments at all levels have a primary responsibility to ensure and protect public health, and that this responsibility must be reflected in funding patterns and demonstrated by political will. But churches are prepared to work cooperatively with all people of good will, which includes other religious communities; community-based organizations, governments and UN agencies in responding to HIV/AIDS.

In a bold move, faith-based pledge support to work along to fight the pandemic. statements made by the EAA the WCC affirming their UNGASS meeting

PARTNERS

Faith Based Organizations (FBOs) global fight against this devastating religious leaders have been dramatic changes in the course of education, counselling and home

Advantages:

- FBOs with their deep historical roots and familiarity with the socio-cultural ethos, can be effective channels for communication.
- Experience/Capacity—FBOs have advocated home-based care, both for people living with HIV/AIDS and for affected children.
- Spiritual Mandate—FBOs are in a position to address the spiritual needs of people affected by the disease. We provide a wholistic ministry for those infected and affected by HIV/AIDS, addressing the physical, spiritual, and emotional well-being of the individual and the community.
- Sustainability—Members of religious organizations have demonstrated a sustained commitment to respond to human needs.

FBOs should:

- Eliminate traditional and cultural inequalities especially in the context of women and children.
- Ensure that all people living with or

Endorsed and supported by: Anglican Communion, Catholic Organisation for Relief and Development Aid in the Netherlands, Christian Aid UK, International Christian AIDS Network, International Council of Jewish Women UK, Lutheran World Relief, MAP International, Presbyterian Evangelical Lutheran Church in India, Vivat International New York, World Alliance of Young Women's Christian Association, World Alliance
Website: www.e-alliance.ch E-mail: e-alliance@wcc-coe.org

OVERCOME

THE EAA 'PLAN OF ACTION'

organizations came together to with governments and NGOs, Following are excerpts from the and other FBOs facilitated by commitment at the recent

The Ecumenical Advocacy Alliance (EAA) – supported by fifty-two (52) churches and church-related organizations – worked in unison to develop goals for the advocacy work on HIV/AIDS.

The 'Plan of Action' includes:

IN HEALTH

are joining other partners in the pandemic. In countries where involved early-on, there have been the epidemic through peer care programmes.

affected by HIV/AIDS are receiving the highest possible level of care, respect, love and solidarity.

- Raise the consciousness of leaders and members at all levels and train them on HIV/AIDS prevention and care.
- Advocate fair and equal access to care and treatment.

Governments must:

- Provide extensive support to FBOs (access to information, training and financial resources).
- Acknowledge and promote community involvement in prevention efforts, including community-based health care.
- Continue all efforts for debt relief of highly indebted countries and ensure that from the funds released, a significant proportion of it is used for the fight against HIV/AIDS.
- Ensure access to life-saving drugs for the treatment of HIV/AIDS and its opportunistic infections, including antiretroviral drugs.

To mobilize resources for HIV/AIDS treatment the Alliance will:

- Ensure that the levels and channels of funding are responding appropriately to the scale of HIV/AIDS crisis.
- Urge governments to dedicate increased and sufficient funds.
- Ask church and church-related organizations to raise and share significant financial and human resources among their own network.
- Monitor the UN Global AIDS Fund; in order to ensure that it is adequate and efficient.
- Encourage that a significant proportion of released resources from debt cancellation is utilized for multi-sectoral HIV/AIDS response.

To encourage churches to uphold the dignity and rights of HIV/AIDS patients, the Alliance advocates:

- To facilitate open discussions on issues related to HIV/AIDS.
- To value the participation of HIV/AIDS infected and affected people in all church activities.
- To become welcoming communities of care for persons infected and affected by HIV/AIDS.
- To promote policies and practices in order to overcome gender inequalities and discrimination.
- To foster the active participation of women in developing and planning the churches' activities related to HIV/AIDS.
- To develop strategies and mobilize constituencies to advocate for more just and effective public policies of governments, international

organizations and institutions.

To promote HIV/AIDS prevention that addresses vulnerability, the Alliance will stipulate

- To break the silence that surrounds issues of sex, sexuality, and sexual relationships.
- To support effective methods of prevention.
- To eliminate double standards and male dominance, which contribute greatly to women's vulnerability to HIV/AIDS.
- To press for the need to clearly understand and address the factors that make children and youth vulnerable to HIV/AIDS.

To increase access to treatment for persons with HIV/AIDS, the Alliance will advocate:

- To strengthen and expand existing health services, infrastructure and human capacity to make the appropriate utilization of available therapies possible.
- To pressurize governments and pharmaceutical companies to implement policies that allow increased access to life-saving drugs, including antiretrovirals (ARVs) and treatment of opportunistic infections.
- To increase availability of services focusing on reproductive health for women and provide access to effective treatment for HIV-infected women.
- To prevent 'parent-to-child-transmission'.

Church Women United USA, Evangelical Church in Germany (EKD) Family Life Movement of Zambia, Institute for Islamic Studies, Mumbai India, Church USA - International Health Ministries Office Religion Counts, interfaith organization based in Washington, D.C., Salvation Army, United of Young Men's Christian Association, Conference on Religion and Peace, World Council of Churches, World Vision International.