

Towards the creation of strategic partnerships: Improving access to drugs for HIV/AIDS

*Report
of a consultative meeting*

30 June–2 July 1997
Salle C, WHO, Geneva



ONUSIDA
UNICEF • PNUD • FNUA
UNESCO • OMS • BANQUE MONDIALE

List of abbreviations

WHO	World Health Organization
WB	World Bank
UNICEF	United Nation Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
NGO	Nongovernmental Organization

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Contents

I. Meaning of terms as used in the meeting	5
Executive summary	6
Chile, Argentina, Brazil— <i>Recommendations</i>	6
Côte d'Ivoire, Senegal, Togo, Morocco— <i>Recommendations</i>	6
Zimbabwe, Zambia— <i>Recommendations</i>	7
Philippines, Thailand— <i>Recommendations</i>	7
Perspectives of NGOs and people living with HIV— <i>Recommendations</i>	8
II. Introduction	9
III. The objectives of the consultative meeting	9
IV. Method of work	10
IV.1 The process—The sequencing of activities for the consultative meeting.....	10
IV.2 Major observations on the process.....	11
IV.3 Content of groupwork I—Identifying issues and responses.....	11
IV.4 Content of groupwork II—Partnership creation at country level and UN collaboration.....	11
IV.5 Actors—Participants in the consultative meeting.....	12
V. Summary of outcomes	12
V.1 Summary of introductory session.....	12
V.2 Summary—UN perspectives.....	14
V.3 Summary—Country perspectives.....	15
V.3.1 Chile, Argentina and Brazil.....	15
V.3.2 Côte d'Ivoire, Senegal, Togo and Morocco.....	16
V.3.3 Zimbabwe and Zambia.....	17
V.3.4 Philippines and Thailand.....	17
V.3.5 Community/NGO perspective.....	18
VI. Follow-up of actions	18
Annex I: List of participants	19

I. Meaning of terms as used in the meeting

<i>HIV/AIDS drugs</i>	<p>Refers to the following:</p> <ul style="list-style-type: none"> • Class I Drugs for palliative treatment (e.g. painkillers, sedatives, anti-pyretic, anti-diarrhoea); • Class II Drugs for treating opportunistic infections (e.g. anti-tuberculosis drugs, anti-fungal agents, and anti-protozoal drugs); • Class III Drugs for malignancies related to HIV/AIDS (e.g. vincristine); • Class IV Drugs that have specific action on the virus (e.g. zidovudine, protease inhibitors, non-nucleoside reverse transcriptase inhibitors).
<i>Access</i>	<p>Combines two main concepts:</p> <ul style="list-style-type: none"> • (a) availability—geographical access, • (b) affordability—economic access.
<i>Political</i>	<p>Means the form of governance, participation, the role of the state or public affairs, issues of equity, power and interest groups. It includes how decisions are made concerning resource allocation. As much as one would consider current public sector reform as making economic sense, its design and implementation reflect predominant political powers.</p>
<i>Economical</i>	<p>Is about making decisions on resource allocation in conditions of scarcity, which are in turn influenced by macro-economic factors and the general economy of the country in terms of production and consumption. Financing of health in general and drugs in particular are usually linked to the political decision-making process. Economic analysis provides an opportunity to examine the various options given the existing resources, especially when the bulk of resources are from the public sector. Economic reforms such as structural adjustment programmes influence resource allocation considerably, and its effects go beyond mere budget deficit reductions.</p>
<i>Technological</i>	<p>Relates to emerging technologies in general, as well as more specifically changes in drugs and new treatment guidelines to enhance the rational use of drugs.</p>
<i>Socio-cultural</i>	<p>Indicates beliefs, lay perception and their influence on the use of drugs, as well as beliefs that influence delivery of service in organizations such as corporate culture.</p>
<i>Legal/Ethics</i>	<p>The law of the land (i.e. regulatory frameworks for drugs, constitutional rights in terms of access to care, laws relating to drug dispensation, etc).</p>

Executive summary

From January 1996, the UNAIDS Secretariat has been in consultation with key players in the pharmaceutical industry, NGOs, people living with HIV, UN, major bilateral donors, country representatives and National AIDS Programme Managers on issues relating to access to drugs for HIV/AIDS. This meeting, held on 30 June to 2 July 1997, was the climax of this consultative process. The meeting brought together people living with HIV/AIDS, NGO representatives, National AIDS Programme Managers and UN representatives. With a modified version of the Search Conference approach, the following questions were raised:

- What are the current and future issues on access to drugs for HIV/AIDS at country and global levels?
- What partnerships should be created at country level to address these issues?
- What should be the content of these partnerships at country level?
- What should the UN do at global and country level to support these partnerships?

To foster regional exchange of experience as well as enhance regional specificity, participants were assigned groups on a regional basis.

Chile Argentina Brazil

Health, social security systems and level of economic development differ greatly within Latin America. Community groups, individuals and media have mainly been responsible for making antiretroviral therapy available in the public sector in a number of countries. However, the current prices of antiretroviral drugs and the available resources raise the challenge of long-term sustainability. The introduction of antiretrovirals provides an opportunity to revisit the concept of care for people living with HIV. The appropriate provision of antiretroviral therapy will require a systematic development of additional laboratory services, social support, reorienting the delivery of health services and the development of new treatment guidelines for people living with HIV. In the view of participants the availability of drugs for treatment of opportunistic diseases is generally of acceptable level in the region.

Recommendations

The UN should facilitate governments to systematically examine the various options for providing care for people living with HIV. At the same time the UN should assist governments in (a) negotiating with pharmaceutical companies for better pricing of drugs; (b) promoting rational use of drugs by helping countries in the development of technical guidelines; (c) assisting countries in the monitoring and evaluation of the new treatment therapy; and (d) assisting countries in the policy dialogue on options on care.

Côte d'Ivoire Senegal Togo Morocco

The efforts of governments to improve access to drugs have been compromised by general economic problems during the past 10 years, to such an extent that even drugs for opportunistic infections are not readily available in many of the public health institutions. Given the current economic situation, these countries would need both financial and technical support to introduce antiretroviral therapy in a systematic fashion. The use of government resources to finance the purchase of antiretrovirals was extensively discussed with various options being suggested.

One such innovative financing option for antiretrovirals is the one that has been taken by the Togolese government which allows them to facilitate the private sector's purchasing of antiretroviral therapy, while the government focuses on the monitoring of quality within an appropriate regulatory framework. This policy approach is partly in response to the need to provide regulatory and monitoring frameworks for the private sector.

Recommendations

The UN should facilitate governments to systematically examine the various options for providing care for people living with HIV. At the same time the UN should assist governments in negotiating with pharmaceuticals companies for better pricing of drugs.

Zimbabwe Zambia

Zimbabwe and Zambia have developed the drug system on the essential drug principles with the support of WHO with varying levels of success. Extensive experience exists on home-based care for people living with HIV in the two countries. Governments of both countries are engaged in health sector reforms as a means of improving the effectiveness and efficiency of the health services. Zambia takes the more radical approach while Zimbabwe takes the incremental approach to reforming the health system. Therefore, access to drugs is being considered within the context of health sector reforms. This group did not see the introduction of antiretroviral therapy as mutually exclusive from improving treatment for opportunistic diseases, but rather an opportunity to increase the resource base for care for HIV/AIDS in general. This being the case the group saw the need for preparatory actions to start now for the systematic introduction of antiretroviral therapy, so that operational issues are identified and dealt with. The private sectors in both Zambia and Zimbabwe are already prescribing antiretroviral therapy to patients who can afford to pay. In as far as the improvement of access to drugs for treating opportunistic diseases is concerned, Zimbabwe and Zambia have used the following mechanisms with varying levels of success: (i) cost-sharing schemes and exempting drugs for HIV and TB from import taxes; and (ii) encouraging local production of generics.

Recommendations

In their view the UN role should be the provision of technical support for: (a) policy and technical guidelines; (b) provide best practice examples in improving access to drugs; and (c) assist countries in negotiating price reductions with pharmaceutical companies.

Philippines Thailand

Thailand has had extensive experience in the use of antiretroviral therapy for people living with HIV. The Thai government has developed a system that includes policy research on access to antiretroviral drugs within the local context, and as a result has elaborated current policy measures relating to improving access to antiretrovirals in Thailand a product of a more systematic way of policy development in care in general and antiretroviral specifically. This has become increasingly important, as the numbers of people living with HIV increased at the same time as the economy showed slow growth.

The Thai government has responded in two ways: first, they have developed a mechanism for providing antiretroviral therapy only to patients with potential good compliance

in a network of reference medical centres; second, by integrating HIV/AIDS care costs in all the other divisions of the Ministry of Health dealing with care. The net effect of these measures has been the broadening of the resource base for care for HIV/AIDS in Thailand.

On the social level stigma associated with HIV/AIDS adversely affects people's access to drugs in Thailand and the Philippines. Stigma is a social cost that prevents people living with HIV from seeking treatment even when needed. It can cause people to forego their right to reimbursement of expenditures on drugs that have been bought for HIV-related conditions so as to avoid identification of their HIV-status. The NGO representative from Philippines indicated that there is no access to antiretroviral drugs in the public sector and access to drugs for opportunistic diseases outside the capital city is limited. The nearest to provision of antiretroviral therapy was a 6 weeks study, with little assurance for continuity, hence raising the guineapig feeling within NGO circles in Philippines.

Recommendations

The UN role should be the provision of technical support for: (a) policy and technical guidelines; (b) provide best practice examples in improving access to drugs; (c) assist countries in negotiating price reductions with pharmaceutical companies; (d) assist countries to look at issues for access drugs in a systematic manner using operational research strategy; (e) assist countries in the monitoring and evaluation of the new treatment therapies using the operational research approach; (f) assist countries in the development of provider and user default prevention strategies for antiretroviral therapy; and (g) for countries such as the Philippines, assistance in the area of legal ethical issues as it relates to new treatment studies.

Perspectives of NGOs and people living with HIV

On the whole NGOs and people living with HIV were very supportive of the UNAIDS focus on access to drugs taking into account the political, social, economic, legal/ethical and technological issues. A number of them raised the need to locate the initiative within the overall context of providing care for people living with HIV. In their view communities must be involved in the design and implementation of effectiveness studies at country level to avoid the guineapig feeling. In many developing countries drugs for palliation and treatment of opportunistic diseases are still lacking. It is therefore important that the focus of the strategy takes into account the whole range of drugs from palliation right up to antiretroviral therapy. A process of negotiation and prioritization can only take place at the local context. The barriers to access to care in general and access to drugs in particular include issues such as stigma, so access strategy should address even socio-cultural issues.

Recommendations

The UN should: (a) assist countries in the greater involvement of people living with HIV/AIDS in issues of research design, access to drugs and care; (b) continue to advocate and support initiatives for access to care in general and drugs in particular; and (c) carry out anthropological research to identify socio-cultural barriers to access to care in general and drugs for HIV/AIDS in particular.

II. Introduction

The recent introduction of protease inhibitor therapy has brought to the fore new political and ethical challenges about access to medical care for HIV. These need to be reconciled with the technical, financial and social capacities of the health system and the society in diverse settings. These new inter-related problems call for a holistic and systemic view of the issue of access to drugs for people living with HIV to avoid the introduction of solutions that would bankrupt social security systems, health systems and governments in the long term.

The most frequently cited constraints for access to drugs for HIV/AIDS relate to limited funding, but economic arguments alone should not be sufficient reason to deny care to those who need it. Economic arguments need to be considered together with issues of social justice and equity, which can be resolved only through negotiations among various stakeholders. This should ideally result in the creation of strategic alliances in the prevention of HIV infection. The creation

of UNAIDS is in part a recognition of the importance of bringing together the actions of the UN system with respect to AIDS prevention and control. Access to drugs for people living with HIV has been on the agenda of UNAIDS Cosponsors before, but this issue has acquired higher priority since UNAIDS was founded and has gained more importance since the Vancouver AIDS Conference in July 1996. Since then, the UNAIDS Secretariat has been in consultation with several key players namely: UN and country representatives, people living with HIV, NGOs, pharmaceutical companies and Programme Managers. Further information was obtained during the following meetings:

- The WHO meeting organized with the UNAIDS collaboration on the public health implications of the introduction of antiretroviral therapy held in April 1997;
- The UNAIDS meeting on partnership with the pharmaceutical industry held 16–18 June 1997.

III. The objectives of the consultative meeting

The objective of this consultative meeting was to determine the drug situation for HIV/AIDS as perceived by the various actors at global, regional and country level. To ensure that discussions were grounded in reality, selected countries and NGOs were asked to present their views before the actual group discussions. To allow participants to reflect on the complexity of the issue, the following questions were asked:

- Which class of drugs would you like to focus on?

- Why this particular class of drugs?
- What are the key issues on access to drugs for HIV/AIDS and related illnesses at country and global levels?
- What partnerships should be created at country level to address the issue of access to drugs for HIV/AIDS and related illnesses?
- What should be the content of these partnerships at country level?
- What should the UN do at global and country levels to support these partnerships?

IV. Method of work

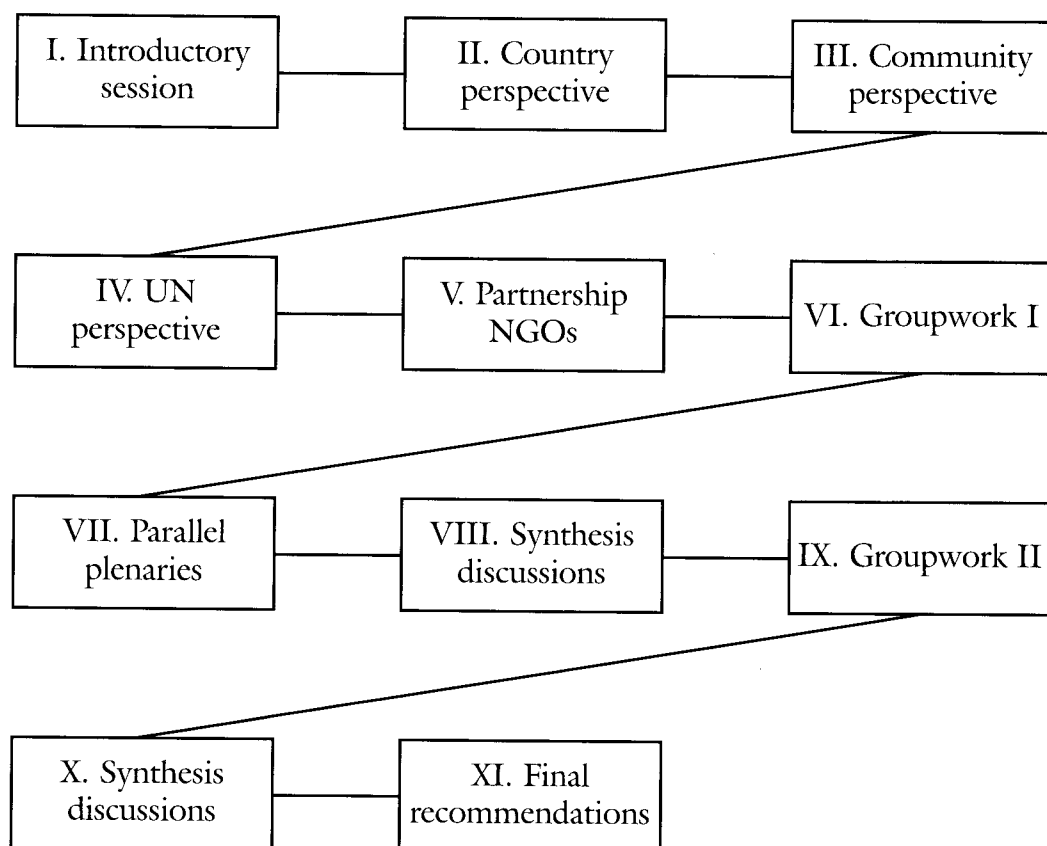
IV.1 The process—The sequencing of activities for the consultative meeting

To facilitate optimal participation by the various participants the consultative meeting was sequenced as shown in figure 1. The approach used in this consultative meeting is the modified Search Conferencing that has been used successfully in dealing with issues of difficulty in the private and public sector. The Search Conference method¹ as popularized by Merrelyn Emery and Ronald E. Purser takes an open system planning method as the basis for participatory planning and partnership creation. It provides an opportunity for the various actors to bring to the table their var-

ious perspectives of the present and future and, through a process of dialogue, a shared vision emerges with the commitment of each of the groups taking responsibility to fulfil this. For this meeting the process took the following form:

- introductory session;
- country perspective;
- community perspective;
- UN perspective & partnership NGOs;
- groupwork;
- plenary sessions;
- final recommendations.

Figure 1. The process



1 - The Search Conference – A powerful method for Planning Organizational Change and Community Action, Merrelyn Emery and Ronald E. Purser

IV.2 Major observations on the process

The participants appreciated the process as defined in the diagram. Early in the process, the UN group of representatives suggested that their discussions would be more productive if they were held within the framework of the realities of countries. The UN representatives there-

fore joined the discussions of the country groups rather than discussing in a group of UN agencies only. This resulted in a lively and stimulating exchange of views on the needs of countries and the possible responses of the UN system.

IV.3 Content of groupwork I—Identifying issues and responses

The participants were then divided into four regional groups. Each group then went through the following questions, taking 1996–1997 as the starting year.

- Which class of drugs would you like to focus on as group? And why this particular class of drugs?
- What major political events or issues (if any) occurred at global or country level that are influencing the availability of the drugs chosen (class chosen in question 1) in your country? And what actions have you carried out to respond to these issues?
- What major economical events or issues (if any) occurred at global or country level that are influencing the availability of drugs (class chosen in question 1) at country level? And the actions carried out to respond to these issues?
- What major social/cultural issues in your country influence the use of drugs (class chosen in question 1)? And what actions (if any) have you carried out to respond to these issues?
- What major technological issues or events (if any) at global level are influencing the availability of drugs (class chosen in question 1)? And what actions have you carried out to respond to these issues or events?
- What major legal/ethical issues or events (if any) are influencing the availability of drugs (class chosen in question 1)? And what actions if any did you carry out to respond to these issues or events?
- What indicators, if any, have you been using to monitor progress on the actions defined above?

IV.4 Content of groupwork II—Partnership creation at country level and UN collaboration

For each of the issues defined above taking January–December 1997 as the planning period. Each group went through this exercise:

- Given the responses that you have defined in group I, what are the strengths of your current response? (These are activities you would like to continue.)
- What are the weaknesses in your current responses? (These are activities you would like to change.) And what

changes would you like to make to improve these responses?

- What obstacles do you see in the implementation of your suggested changes? And how do you intend to deal with these obstacles?
- What opportunities do you see in the implementation of changes? And how do you intend to take advantage of these opportunities?
- Based on your analysis above, what activities would you implement for the planning year?

- What actions would you expect from the UN to facilitate your actions at country level?
- What mechanisms should be developed/strengthened at global level in the UN to enhance your activities at country level?
- What mechanisms should be developed/strengthened at country level to enhance the role of the UN at country level?
- How would you monitor the progress of these activities?

IV.5 Actors—participants in the consultative meeting

The following participated in this consultative meeting:

- five focal points from UNAIDS co-sponsoring agencies;
- seven National AIDS Programme Managers (Côte d'Ivoire, Argentina, Chile, Togo, Senegal, Zambia, and Zimbabwe);
- six people in charge of patient care (Chile, Senegal, Zimbabwe, Thailand, Zambia, and Morocco);

- one representative from an NGO;
- five representatives of people living with HIV/AIDS (Zambia—2 participants—, Philippines, Côte d'Ivoire, France);
- one representative of the Harvard AIDS Institute;
- UNAIDS Secretariat.

(Please refer to Annex 1 for list of participants)

V. Summary of outcomes

V.1 Summary of introductory session

Care and support for people living with HIV require far more than drugs, but they are an essential component of care. The majority of the drugs in question are those required to treat and relieve opportunistic diseases.

Many of these products, e.g. painkillers, palliatives, tranquillizers, anti-pyretic and anti-cancer drugs, can be found within the category of generics, and are therefore available at relatively low cost. On

the other hand, all the drugs that are meant to deal with HIV itself and several newly developed drugs to treat opportunistic diseases are still proprietary drugs and are more expensive. This basic fact has important implications for recommended approaches for improving access to drugs for HIV/AIDS.

Evidence is emerging that successful antiretroviral therapy requires that the drugs be given as combination therapy

(bi- or triple), but problems related to these therapies are also being noted. These include difficulties that patients have in adhering to, and tolerating, therapy regimens, antiviral resistance, increasing treatment failure over time, and the high cost of the drugs. To these costs, which are now estimated at US\$10 000–15 000 per annum per patient, must be added the costs of diagnosis, counselling, HIV testing and follow-up of patients—all of which are part of recommended treatment. For example, the recent guide for antiretroviral therapy published by the International AIDS Society (USA panel) recommends early aggressive therapy based on careful selection of regimen, and advises that monitoring of plasma viral load is a crucial element in clinical management for assessing prognosis and the effectiveness of therapy for HIV/AIDS. The difficulties of antiretroviral therapy have been further explored by a WHO/UNAIDS Informal Consultation held in Geneva in April 1997.

The issue of drug costs is therefore of utmost importance in the current debate on access to drugs for HIV/AIDS. In industrialized countries, this debate is mainly focused on ensuring access to triple antiretroviral therapy. This is understandable given that many individuals in these countries already have reasonably good access to care for opportunistic diseases and other palliative treatments. Although it remains a challenge to ensure that all who need these medicines receive them, the strong voice of the community of people living with HIV ensures that governments do not lose sight of the urgency of providing drugs that cover all the needs of people living with HIV.

Efforts to expand access to HIV-related drugs must realistically take into account the technical, financial and social capacities of individuals and the health-care system in individual countries. Experience

confirms that these efforts are most effective if the various stakeholders (including governments, producers, suppliers, NGOs, UN agencies, and people living with HIV through their representative organizations) agree to work as partners. UNAIDS has therefore made the promotion of such partnerships the cornerstone of its efforts in the area of access to drugs (generic and patented drugs). These partnerships can be divided into the following broad categories:

- partnership with the UN family;
- partnership between governments and the pharmaceutical industry;
- partnership with major suppliers and bilateral donors;
- partnership at country level between communities and health systems;
- partnership with NGOs at global and national level;
- partnership with governments;
- partnership in the identification of best practice;
- partnership in investigating the role of traditional medicine where it demonstrates potential for improving the care of people living with HIV.

Issues raised in relation to partnership strategy for access to drugs

In general participants were supportive of UNAIDS' focus on partnership creation as a way of resolving some of the key issues related to access to drugs for HIV/AIDS. Concern was voiced on the component of the strategy called partnership with pharmaceutical companies. These were on issues related to equity, the selection criteria used for countries involvement, the mechanisms for implementing, price determination, the how and what is being monitored and how other countries not involved would benefit. In response UNAIDS Secretariat indicated that the use of a pilot approach for this component was to answer some of these concerns in a systematic fashion. The

pilot projects are taking an action research approach that allows systematic learning during the process of implementation. It was also emphasized that UNAIDS will continue to explore with cosponsors, NGOs and people living

with HIV for other strategic approaches that could bring immediate benefit for other countries. The partnership with the pharmaceutical industry is just one among many other initiatives in the UNAIDS strategy to access to drugs.

V.2 Summary—UN perspectives

The level of involvement of the UN family in access to drugs, in general and to HIV/AIDS drugs in particular, varies from agency to agency (this summary includes descriptions of activities derived from the documents provided by the agencies themselves):

WHO through the Drug Action Programme (DAP) has been in the forefront in assisting countries to develop national drug policies that include the use of an essential drug list. WHO (DAP) has employed a consultant to develop a prioritized drug list for HIV infection and AIDS-related conditions and a model for estimating related drugs using the morbidity approach. The Regional Office for Africa (AFRO) is currently conducting a survey to assess laboratory capacity for monitoring of patients on antiretroviral therapy in countries. Preliminary results show that a majority of developing countries have poor laboratory infrastructure. In the short term AFRO will focus on improving access to drugs for opportunistic diseases.

The meeting held in April 1997 to discuss the implications of antiretroviral treatments in resource-constrained settings recommended the minimum requirements for the safe and effective use of those drugs. WHO is currently discussing with WTO and WIPO how the new developments in patent rights for drugs could further facilitate access to drugs in developing countries.

UNICEF has traditionally been involved in the procurement and distribution of vaccines and drugs and has experience in working with the private sector in the whole area of drug procurement and distribution. At global level through its Supply Division, UNICEF has been able to obtain drugs and vaccines at reasonable prices using an international tender system.

In addition, working together with WHO, UNICEF has had extensive experience in community management schemes (Bamako Initiative) which includes improving access to drugs at community level using revolving drug funds.

The UNICEF Essential Drugs price list is based on the WHO essential drugs list and comprises about 180 stock numbers and 130 formulations. These are primarily for use in emergency situations, but also for regular supply to UNICEF-supported health programmes, governmental and non-profit organizations.

The World Bank has been lending to the pharmaceutical sector since the early 1980s. Its goal have been to improve pharmaceutical selection, procurement and supply in the public sector, strengthen drug regulation, quality control and promote rational drug use. Loans have been allocated for the procurement of drugs, civil works, computers and software (e.g. for drug registration agencies), training, information,

education and technical assistance. In addition, World Bank activities in the pharmaceutical sector include policy dialogue with governments, training, special grants, research and development. HIV/AIDS pharmaceutical issues have been addressed at the operational level through projects with a drug component.

UNESCO is involved in several activities that may directly or indirectly improve access to drugs (i.e. in selected countries, UNESCO has supported the creation of professorial chairs for rational use of drugs in universities, ethical committees, coupons for accessing educational materials for developing countries). In collaboration with the Fondation Montagnier, UNESCO is promoting basic research for HIV/AIDS in selected countries. UNESCO hosts the International Bioethics Committee, which would be a proper forum to discuss issues related to experimental treatments including HIV/AIDS.

UNDP and **UNFPA** have no specific activities related to improving access to drugs. UNDP has in the past assisted countries in capacity building for logistical and drug management upon request. UNFPA on the other hand has been working on contraceptive logistics, which from a system perspective have close resemblance to drug logistics system.

Issues raised concerning the UN presentation

The delays associated with procuring drugs using World Bank loans was raised as a matter of concern by Zambia and Zimbabwe. The World Bank responded by indicating that it was currently reviewing the procurement procedures to respond to ensure availability of drugs within reasonable times.

V.3 Summary—Country perspectives

This part of the report will focus on the conclusions and recommendations of the group works which will help UNAIDS and its Cosponsors finalize the global strategy on access to drugs and identify concrete actions that would improve access to HIV infection and AIDS drugs.

V.3.1 Chile, Argentina and Brazil

There is consensus in the region that focus for improving access to drugs should be on antiretroviral therapy. In this region, the process of introducing antiretroviral therapy has largely been the result of community groups taking advantage of existing political and legal systems. The issues of concern in most Latin America is how to ensure the long-term sustainability of the provision of antiretrovirals. And at the same time to

develop laboratory, social and health support infrastructure in a systematic fashion to avoid the emergence of poor user and provider compliance in the use of antiretroviral therapies. Currently, treatment for opportunistic diseases in the countries represented is considered optimal and should therefore not be the subject of focus in the region.

Given the current cost of drugs and laboratory reagents, the group felt that the UN organizations could carry out the following tasks:

- facilitate negotiations with pharmaceutical companies;
- assist in the development of bulk purchases mechanisms such as the proposed Latin American Fund for Drugs;
- facilitate the exchange of experiences among countries in the region to avoid

a process whereby each country re-invents the wheel.

The UN is asked to respond rapidly with the provision of technical guidelines, given the speed at which new technology is appearing.

V.3.2 Côte d'Ivoire, Senegal, Togo and Morocco

The responses by governments on access to HIV/AIDS drugs in the region vary from country to country. Owing to the poor economic performance of countries represented, there are still problems in relation to availability of drugs for treating opportunistic infections. In view of this, the participants stressed that access to antiretroviral therapy as well as drugs for opportunistic diseases is still very much on the agenda. One area of discussion was whether governments could consider purchase of antiretroviral drugs given the limited budgetary allocation to health. To respond to this problem the government of Togo has come up with a policy approach for provision of antiretroviral therapy in the private sector while the government focuses on quality assurance and provision of the regulatory framework.

The African region has serious problems related to the issue of how to afford antiretroviral therapy in both the short and long term. The Paris Summit was recognized as the first forum to address the issue of access to drugs, and it was unfortunate that no concrete action was taken after the meeting. The political instability in countries was mentioned as a negative element in the development of a sustainable strategy on access to drugs in general and HIV/AIDS in particular.

The following were mentioned as strong points that could facilitate access to drugs: the governments are willing to

consider HIV/AIDS treatment and are committed to considering any action that would help in reducing the price of drugs such as tax reduction, subsidies, improvement of the distribution system and technology.

- In order to have people living with HIV add their voice to the need for access to drugs, mechanisms such as voluntary counselling and testing should be encouraged. This would facilitate the creation of networks of people living with HIV/AIDS who add their voice to making access to drugs a high priority.
- The concept of caring and compassion is part and parcel of the African culture and this is going to be an important element in the management of HIV/AIDS given that the new treatment regimens are complex.
- The creation of South-South and North-South collaboration among NGOs in the region needs to be facilitated. The current collaborative efforts should be studied and strengthened for the care of people living with HIV/AIDS.
- Regarding the role of the UN, the group noticed that at present there is no clear advocacy on the content of HIV/AIDS management. Responses to country requests for antiretroviral treatment are rarely satisfied. The issue of treatment and care of HIV infection and AIDS is not perceived as a priority within the UN system.
- The UN should assist governments systematically examine the various options for providing care for people living with HIV.
- The UN should assist governments in negotiating with pharmaceutical companies for better pricing of drugs.

V.3.3 Zimbabwe and Zambia

Currently both countries are experiencing privatization and decentralization and both are engaged in health sector reforms. Zambia is taking a more radical approach in the reform of its health sector while as Zimbabwe takes the more gradual approach to re-organizing the health system. The discussions on access to drugs should then be seen in the context of health sector reforms. This group did not see the introduction of antiretroviral therapy as mutually exclusive from improving treatment for opportunistic infections. They saw advocating for antiretroviral therapy as an opportunity to increase the resource base for care for HIV/AIDS in particular and the health system in general. In their view countries should not wait for the availability of antiretroviral drugs to start preparing for their introduction. To increase resources for drug purchases both Zimbabwe and Zambia are currently beneficiaries of World Bank credit facilities. And both have experienced difficulties with the Bank's tendering and procurement procedures, which have resulted in delays in receiving the drugs. Both countries are implementing mechanisms such as cost-sharing schemes and exempting drugs for HIV and TB from taxes, as a way of increasing access to drugs for people living with HIV. Some private pharmaceutical companies are producing generics for treating opportunistic diseases.

V.3.4 Philippines and Thailand

Thailand has had extensive experience in the use of antiretroviral therapy and has gone through a process of policy development that is becoming more systematic than earlier days. However, the effects of the recent economic setback are beginning to be felt in terms of resources available for drug purchases. Thailand has used these economic problems as an opportunity to broaden the resource

base in two ways. The first has been to provide antiretroviral therapy to patients who show the potential for good compliance. Although concerns about equity were raised, Thailand is using action research as an approach to define such policy measures. Secondly, the National AIDS Programme has integrated HIV/AIDS care financial requirements in all the other divisions of the Ministry concerned with general care. This has had the effect of increasing the overall allocations for HIV-related drugs and hence ensuring long-term sustainability of the approach.

On another level the stigma associated with HIV/AIDS adversely affects people's access to drugs in Thailand (and the Philippines). The stigma prevents people from seeking treatment when they need it. It also causes people to forego their right to reimbursement of expenditures on drugs that have been bought for HIV-related conditions so as to avoid identification of their HIV-status.

In the Philippines there is no access to antiretroviral therapy in the public sector and access to drugs for opportunistic diseases outside the capital is very limited. The only access to such therapy so far has been through a six weeks drug trial with no assurance of continuation of therapy. This has contributed to the general feeling among people living with HIV in the Philippines that they are being used as guineapigs.

To improve access to drugs in Zambia, Zimbabwe, Philippines and Thailand, the UN system could assist in the following:

- facilitate partnership between public and private sector;
- monitor and evaluate rational drug use;
- disseminate information on ARVs;
- facilitate beneficial competition between private providers and public sector;
- establish anthropological training to improve care at community level.

V.3.5 Community/NGO perspective

Five representatives of people living with HIV were present at the consultative meeting. These people living with HIV are active in their own countries and also in international collaboration to improve access to care and drugs, particularly in developing countries. They were very supportive of the UNAIDS efforts to improve access to drugs through partnership and other measures, stressing that many people in developing countries did not have access to drugs for opportunistic infections or antiretroviral to treat the HIV infection. They pointed out that although not all people would gain access through the UNAIDS-led partnerships, it was important to have the courage to start somewhere and expand from there if possible. In addition

to the financial obstacles that prevent HIV-infected people from having access to the necessary drugs, the people living with HIV also drew attention to the strong stigma that is the reality in many developing countries. This stigma causes some people living with HIV to lose their jobs and hence effectively their income. In other cases they are too afraid of the stigma to claim reimbursement for medical expenditures related to HIV treatment, thus experiencing additional barriers to drug access. People living with HIV are increasingly being represented in relevant government bodies dealing with HIV/AIDS policies. Improving the participation of people living with HIV in all relevant policy-making bodies was stressed as being essential to an adequate response to the epidemic.

VI. Follow-up of actions

Representatives of UNDP, UNESCO, UNFPA, WHO and UNAIDS met to discuss the key follow-up steps. It was agreed that preparatory work on access to drugs for HIV/AIDS be delegated to the UNAIDS Secretariat and WHO. This was in recognition of WHO's long-term experience in improving access to drugs in general and UNAIDS' strategic posi-

tion that would ensure that inputs from other actors are taken into account. It was further agreed that to finalize the global strategy on access to drugs, the UNAIDS Secretariat and WHO should jointly open and maintain communications with key partners both at global and country level to identify concrete actions to implement the strategy.

Annex 1: List of participants

Dr Laura Astarloa

National AIDS Control Programme
1, Av. 9 de Julio, Piso 8
Buenos Aires – Argentina

Dr Annabella Arredindo

National AIDS Control Programme
Ministerio de Salud
MAC-Iver 541 Of. 68
Santiago – Chile

Dr Anibal Henriquez

National AIDS Control Programme
Ministerio de Salud
Mc Iver 541 Of. 68
Santiago – Chile

Dr Issa Coulibaly

Executive Director
Ministry of Public Health, B.P.V. 104
Abidjan – Côte d'Ivoire

Dr Hakima Himmich

Association marocaine de Lutte
contre le SIDA
17, Bd. Massira Al Khadra
Maarif
Casablanca – Morocco

Mr Joventino Dominguez

Kabalikat ng Pamilyang Pilipino
Olongapo City AIDS Foundation
City Health Department
Room 201, 1/F Westwood
Condominium Olongapo City
Philippines

Professor Salif Badiane

Head, Division of Infectious Diseases
Clinique des Maladies infectieuses
Ibrahim Diop Mar
Dakar – Senegal

Dr Ibra N'Doye

Coordinator, National AIDS Programme
P.O. Box 3435
Dakar – Senegal

Dr Chaiyos Kinanusont

Chief, Medical Services and Care
Development Section
AIDS Division
Ministry of Public Health
88/21 Tiwanond Road
Nonthaburi 11000 – Thailand

Dr Kpanté Bassabi

Director, National AIDS Programme
Ministry of Health
B.P. 365
Lomé – Togo

Ms Peggy Fulilwa

National AIDS Control Programme
P.O. Box 32346
Lusaka – Zambia

Ms Katherine Nyirenda

c/o Dr Moses Sichone
National AIDS Control Programme,
P.O. Box 32346
Lusaka – Zambia

Dr Moses Sichone

Programme Manager
National AIDS Control Programme
Ministry of Health
P.O. Box 32588
Lusaka – Zambia

Mr Charles Kaseke

c/o Dr E. Marowa
National AIDS Control Programme
P.O. Box CY1122
Causeway, Harare – Zimbabwe

Dr Owen Mugurungi

National AIDS Coordination Programme
P.O. Box CY1122
Causeway, Harare – Zimbabwe

Ms Susan Lucas

Coordinator, U.K. NGO AIDS Consortium
5, Kelross Road
London N5 2QS – United Kingdom

Mr David Chipanta

President, Network of African People
with HIV/AIDS
(NAP+)/NZP+, P.O. Box 32717
Lusaka – Zambia

Dr Arnaud Marty-Lavauzelle

Président AIDES Fédération Nationale
10, rue Nonnains
75010 Paris – France

Ms Laure Naki

Deputy Secretary-General
Lumière Action
Rue Fleming, Zone 4C
B.P. 778 Abidjan – Côte d'Ivoire

Mr Richard Marlink

Executive Director, Harvard AIDS Institute
651 Huntington Avenue
Boston, MA 02115 – USA

Mr Sjaak Bavelaar

United Nations Population Fund,
European Liaison Office
Palais des Nations
CH-1211 Geneva 10 – Switzerland

Mrs Marie-Paule Roudil

United Nations Educational, Scientific
and Cultural Organization
Science Sector, Bâtiment Bonvin
1, rue de Miollis
Paris 75015 – France

Mrs Mina Mauerstein-Bail

Senior Programme Coordinator
HIV and Development Programme
United Nations Development
Programme
One, United Nations Plaza
New York, NY 10017 – USA

Dr Debrework Zewdie

Senior PHN Specialist and HIV/AIDS
Coordinator
Health and Human Development
Department – The World Bank
Washington, DC 20433 – USA

Dr Vincent Habiyambere

Action Programme on Essential Drugs
20, avenue Appia
1211 Geneva 27 – Switzerland

Dr Susan Fernyak

Office of HIV/AIDS and Sexually
Transmitted Diseases,
20, avenue Appia
1211 Geneva 27 – Switzerland

UNAIDS Secretariat

- Dr Peter Piot
- Dr Awa Coll-Seck
- Dr Roland Msiska
- Dr Jos Perriens
- Dr Joseph Saba
- Dr Sam Kalibala
- Ms Noerine Kaleeba
- Dr Anne Reeler
- Ms Marthe Mpendubundi
- Ms Bai Bagasao
- Dr Paulo Teixeira (short-term profes-
sional from the State of São Paulo, Brazil,
provided insights on the Brazilian experi-
ence on introducing access to drugs for
HIV/AIDS).

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