

MARCH FOR HIV/AIDS TREATMENT



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Memorandum

Global Manifesto to Save 34 Million Lives: Measures Needed to Rapidly Expand Access to Essential Treatments for HIV/Aids

Health before profits!

Sunday July 9th 2000

To:

The Honourable Deputy President of South Africa and Chairperson of the South African National Aids Council, Mr. Jacob Zuma

The Honourable South African Minister of Health, Dr. Manto Tshabalala-Msimang

The Honourable South African Minister of Foreign Affairs, Dr. Nkosazana Dlamini-Zuma

Ms. Sandra Thurman, Coordinator, Director of the United States Office of National Aids Policy on behalf of United States President, Mr. Bill Clinton

Mr. Michael Laidler, Ambassador of the European Union in South Africa

Dr. Harvey Bale, Director General of the International Federation of Pharmaceutical Manufacturers Associations

Dr. Peter Piot, Executive Director of UNAIDS

Prof. Jerry Coovadia, Chairperson of the International Aids Conference

Dr. Stefano Vella, President elect of the International Aids Society

The Treatment Action Campaign and Health Global Access Project Coalition (Health GAP) have mobilized the largest coalition of concerned citizens ever assembled to insist on the right to health care and access to life-sustaining medicines.

Our march today demanding access to treatment is the most broad-based in the twenty-year history of the HIV epidemic. We bring before you thousands of people from many different countries and perspectives. On our march today are thousands of people living with HIV and Aids, our friends and families, as well as trade unionists, representatives of political parties, and a wide range of non-governmental organizations. We represent organizations and movements in over 34 countries, many of which cannot be physically present with us today.

We are all united with a single purpose, to ensure that everyone – including people with HIV and Aids – has access to their fundamental right to health.

Underpinning our demands are several issues, which we ask you to recognize publicly:

- Aids has become a catastrophe that threatens the very future of this planet.
- Terrible high levels of HIV infection and death due to Aids are now a reality (rather than merely a projection) in poor communities worldwide. More than half of all these infections occur among women. Aids is causing widespread devastation in Africa and Asia especially. This was avoidable. It is the consequence of negligence, particularly on the part of 'First World' governments whose resources could have been mobilized to come to the practical assistance of poor nations many years ago.
- Scientific research has blessed us with breakthroughs in treatment and care. These advances have resulted in a major drop in Aids-related mortality in rich countries, and have turned HIV infection from a certain death sentence into a chronic disease. With few exceptions, these benefits have not been extended to developing countries, despite the fact that more than 95% of all people with HIV live in these nations.
- These breakthroughs could be brought *very quickly* to benefit many millions of lives – if only the drive for profit by pharmaceutical companies could be tempered. Profiteering from essential goods contributes to what Gro Harlem Brundtland, Director General of the World Health Organization, recently described as the "scandalous inequity" in access to health care. In this regard, we note that in 1999 the combined profits of the 12 largest pharmaceutical companies was US\$27,3 billion. This amounts to a horrendous exploitation of the needs of the poor, the sick and the vulnerable.
- Access to medical treatment is essential to effective HIV prevention. People with HIV have the right to expect access to the best treatment. To expect anything less is to surrender.

Recognizing these truths has implications for governments of the North and South, pharmaceutical companies, UNAIDS,

and civil society. We will ensure that history measures your response from this day onward.

We would like to address specific proposals to each of the parties we have called here today:

1. To the South African Government

The South African Government has a unique potential to right the wrongs and inequalities that exist around Aids. Not only is South Africa the worst affected country in the world, but you have the moral legitimacy that has accrued to a nation that has risen peacefully from apartheid, under the leadership of former President Nelson Mandela. In your own words, Aids is a "new struggle". In the words of the Organisation of African Unity's recently signed Ouagadougou Commitment (May 2000) "health constitutes a right and a foundation for socio-economic development," whereas the Aids epidemic is a major "public health, development and security problem for Africa."

We call on the SA Government to:

- Immediately implement a country-wide program to reduce the risk of mother-to-child transmission of HIV using AZT or nevirapine.
- Immediately accept and implement currently offered drug donation programs provided there are no strings attached.
- Immediately issue a compulsory license for fluconazole. This drug could be immediately imported from the lowest-priced producers to extend the lives and improve the quality of life of people with HIV.
- Call on other developing countries to do likewise.
- Demonstrate leadership and integrity in the governance of its HIV/AIDS programs as a model for developing countries.
- Campaign for the appropriate and transparent use of public funds for public need, and especially for the development of health infrastructure.

2. To the Governments of the USA and European Union

People from poor countries cannot help but believe that whilst your governments will draw massively from public funds when your own security is threatened, the lives of poor and black people in the emerging 'global village' are considered dispensable and unworthy of protection.

The policies of trade liberalization that you endorse and have pursued through bodies such as the World Bank, IMF and World Trade Organization have had a devastating impact on social services, and particularly health services.

We demand that you:

- Immediately and publicly renounce all trade sanctions or other punitive measures against governments exercising

their right to protect the health and well-being of their populations through mechanisms such as compulsory licensing and parallel importing.

- Renounce all threats of bilateral trade sanctions against any country and adhere to the multilateral procedures for dispute resolution to which you are committed by treaty and international law. Least-developed countries should not be pressured to develop intellectual property laws until the established deadline of 2006.
- Immediately offer financing to developing countries, to improve and expand the health infrastructure, both human and capital, needed to treat HIV, Aids and many other causes of illness and disease. This will benefit all people, not just those affected by HIV/AIDS.

We call on the US government to extend the scope of the recently issued US Executive Order acknowledging countries' rights to employ compulsory licensing and parallel importing to protect public health to *all* developing countries, not just Africa.

We call on the European Union to adopt similar measures. All these measures should be represented not as charitable "exceptions," but as recognition of countries' legitimate rights under international law.

We also demand that you provide substantial public funding for independent scientific research to develop new therapies and find a cure. This research should be free from the grip of pharmaceutical companies who will exploit it for private interest. Resulting products should remain a public trust, and be made available to the international community. In addition to relevant vaccine research, we consider particularly important the urgent development of effective spermicidal and non-spermicidal microbicides. These will reduce gender inequality and increase women's ability to protect themselves. In addition we call for anti-retroviral therapies that are easier to use by children and adults in countries where there is a shortage of food, water and electricity.

Immediately grant licenses to international agencies to produce all HIV medications for which governments maintain licensing rights, and provide funding to produce these medications in quantity for developing nations.

3. To the International Federation of Pharmaceutical Manufacturers' Association (IFPMA)

The pricing policy defended by the IFPMA, where patent monopolies allow your members to place essential drugs beyond the influence of market competition, has become the cause of an unprecedented burden of illness and death. We do not dispute your need to recover investments in research and development, or to profit from these investments. But, in your hands, the profit motive has led to the development of new medicines that are far out of reach of the people who need them.

We call on all members of the IFPMA to:

- Immediately reduce the price of essential anti-HIV/AIDS medications to a level affordable to the populations of developing countries.
- Publish on a drug-by-drug basis the actual costs of research and development, active ingredients, manufacturing costs, and all other relevant information necessary for an objective evaluation of the pricing structure for all essential HIV/AIDS medications.
- Direct the South African Pharmaceutical Manufacturers' Association to withdraw its Court action against the South African Government aimed at preventing health service transformation.
- Cease all actions, whether through litigation or through pressure exerted by other governments, aimed at preventing states from exercising their rights to use compulsory licensing and parallel importing to protect the health of their populations.
- Negotiate with government of developing countries in good faith, toward serious action aimed at addressing a global health-care crisis – not with the media, in public statements aimed at confusing cosmetic gestures with real solutions.

We specifically demand that Pfizer, Inc.:

- Reduce the price of fluconazole internationally to the lowest currently available price per 200 mg tablet by 1 October 2000, e.g. US\$0,29.
- Eliminate all conditions from your drug donations. Donations should apply to all developing countries and to all relevant medical conditions, without restriction; should be implemented without delay; and should entail no arbitrary time limitations.
- Not require any conditions that would adversely affect governments' efforts to employ compulsory licensing, parallel importing, or other legal mechanisms to protect public health.

We specifically demand that Boehringer Ingelheim, Inc.:

- Expand your proposed donation of nevirapine for pregnant women to all developing countries and relevant medical conditions; implement the program without delay without arbitrary time limitations. All Boehringer Ingelheim's available resources should be devoted to making this donation a meaningful act, not a publicity stunt.
- Not require any conditions that would adversely affect government's efforts to employ compulsory licensing, parallel importing, or other legal mechanisms to protect public health.
- Include countries manufacturing generic versions of nevirapine in this offer.
- Reduce the price of nevirapine for users other than pregnant women.

4. To UNAIDS

We salute the efforts made by UNAIDS and its predecessor the Global Programme on Aids (GPA). But they have been insufficient. In your own words "18,8 million people around the world have died of Aids, 3,8 million of them children."

But we reject the manner in which you already appear to have given up on the lives of those who today live with HIV. You say, "34,3 million are now living with HIV, the virus that causes Aids. Barring a miracle, most of these will die over the next decade or so."

We do not need a miracle. We need political leadership, resolve and action on the recognition that health is a human right. UNAIDS is vested with this responsibility. We therefore call on UNAIDS to:

- Support national governments by beginning international procurement of Aids drugs, and by December 1, 2000 put out tenders to the proprietary and generic industry for mass procurement of opportunistic infection and HIV medicines. Consider previous vaccine and contraception procurement projects as a guide.
- In all negotiations with drug companies, consult with and ensure the participation of states, particularly developing countries, most affected by the Aids pandemic. All "partnerships" should be accountable to the populations whose lives are at stake.
- With the World Bank, ensure that countries have sufficient financing (offered without restrictive or repressive conditions) to develop a health infrastructure appropriate to administering Aids therapies.

5. To the International Aids Society (IAS), Clinicians and Researchers

We salute your commitment to understanding HIV and to research into treatments and vaccines. We call on you to

- Step up this research. Also, we request that you make your voices heard side-by-side with us in demanding additional public funding and the best use of medicines for the greatest number of people. Silence equals complicity when institutions that use your intellectual ability to produce medicines that are then withheld from the people who most need them.
- Publicly quantify and demand the funds you consider necessary for urgent and relevant vaccine research, effective microbicides and anti-retroviral therapies that are easier to use by children and adults in countries where there is a shortage of food, water and electricity. We will actively campaign for the necessary funding if you announce the sums needed.
- Initiate and coordinate an international scientific collaboration on a plan and timeframe for research. The alliance you have constructed behind the Durban Declaration, which we

welcome without reservation, must now be turned to research.

In conclusion we request:

- An initial response from each of the parties we have addressed at the close of the International Aids Conference on July 14th 2000.
- A detailed response to the proposals made in this Memorandum by August 8th, 2000.

Failure to satisfy us on these proposals will result in an international day of action on December 10th, International Human Rights Day.

We conclude with the words of the Gro Harlem Brundtland, Director General of the World Health Organization, who stated in an address to the Parliament of Brazil earlier this year, "investing in health is a measurable, results-oriented and effective way to reduce poverty... access for all to essential drugs and vaccines is also a short cut to lower mortality and better health for the entire population.

Improving such access is among the most effective health interventions any country can make. Health is not a peripheral issue that only more affluent economies can afford to spend money on. It is a central element of development. And access to drugs is an essential element of any health policy."

The millions of people who stand behind our call are awaiting a meaningful response to these demands. We will not go away.

Promise Mthembu

On behalf of the TAC

Mark Heywood

On behalf of the TAC

Julie Davids

On behalf of Health GAP

Eric Sawyer

On behalf of Health GAP