

Rich and poor benefit if medicines are made cheaper for the developing world

The means of providing developing countries with cheaper medicines may have come a step nearer this week when Government representatives met leaders from the pharmaceutical industry. Naomi Kempner finds out what is being done to promote a managed approach to providing affordable medicines for the developing world

THIS week, International Development Secretary Clare Short met the chief executives of GlaxoSmithKline and AstraZeneca to discuss the viability of supplying cheaper medicines to the developing world and how proposals to do this can be taken forward.

It was the final meeting of a working group looking at how drugs can be priced appropriately for developing countries in a sustainable way. The following suggestions, relating to a wide range of medicines, including those for the treatment of AIDS and many other widespread diseases, come from Voluntary Service Overseas (VSO) based on its report "Street Price" (London:VSO;2001):

- 1 A framework for access to lower price drugs by poor countries
- 1 A database of low prices to promote price competition
- 1 A global forum for developing countries to negotiate the lowest price
- 1 Price caps to keep costs down
- 1 Simple mechanisms, such as different colour tablets and different packaging, to make sure that cheap drugs sold to poor countries do not flow back illegally into Britain
- 1 Freedom for local pharmaceutical companies to make generic copies

VSO's senior policy adviser Ken Bluestone hopes that the meeting will point the way forward for industry, governments and bodies such as the World Trade Organization and the World Health Organization to work together to provide a managed approach to affordable medicines. He acknowledges that changes will not be rapid but is looking to move beyond current, largely *ad hoc*, measures. He adds that new approaches to medicines supply could apply to the future, as well as to the agents used today.

In another campaign launched this week, VSO, together with charities Save the Children and Oxfam, is targeting investors to assess the corporate responsibility of pharmaceutical companies in responding to the health crisis in the developing world. They have proposed a set of benchmarks relating to policies and practices in five areas: pricing, patents, joint public-private initiatives, research and development, and appropriate use of medicine.

The pharmaceutical industry acknowledges a need for efforts by all parties to create sustainable solutions to the provision of developing world medicines.

However, "no single industry can provide the answer to all problems that face

poorer countries," the Association of the British Pharmaceutical Industry says in a statement. "While the industry is willing to play its part, it can only do so in co-operation with other groups — including UNICEF, UNAIDS, WHO, global organisations such as the World Bank, charities, the governments of individual countries and the private sector."

It adds that, to deliver medicines to the developing world, effective health and transport infrastructures must be in place. The ABPI cites the secretary general of the United Nations, who calls for a major mobilisation of political will and significant additional funding to enable a dramatic leap forward in prevention, education, care and treatment.

Some joint strategies for sustained access to HIV care are already in place, according to the ABPI. But as Angela Fell's experience illustrates (see Panel), there is a long way to go.

Meanwhile a recent issue of the *BMJ* (13 July) carried a number of articles about how the health of poorer nations can be

improved. It followed the publication of "Macroeconomics and Health: investing in health for economic development", a report from WHO which proposes a massive increase in funding of health care in poor countries. There should be a five-fold increase in support from wealthy countries and at least a doubling from the poorer countries themselves, the report proposes.

The rationale behind these proposals is that a healthy nation will develop economically and this will benefit both the developed and the developing world.

A British pharmacist's experience in Uganda

Angela Fell was a hospital pharmacist in Warrington involved in the care of elderly patients and nursing home inspection. Approaching retirement, she volunteered for Voluntary Service Overseas and found herself working for two years as the only pharmacist at a hospital in Mbarara, south west Uganda, from March 2000. Mbarara is around 200 miles from the capital Kampala and its hospital is the country's only provincial teaching hospital. Around 10 per cent of adult Ugandans (1.9 million people) are infected with HIV, although this figure has dropped from a huge 30 per cent reported in 1993, largely through a national effort based on education. The country has the highest number of orphans in sub-Saharan Africa. Over one million children under 15 have lost a mother or both parents to AIDS.

"About 80 per cent of admissions to our medical wards were probably because of AIDS-related illness. Our budget covered only 'critical' drugs. There were no antiretrovirals available to us and inpatients requiring relatively expensive drugs for opportunistic infections had to buy their own; very few could do so. This included aciclovir for herpes zoster, and amphotericin and fluconazole for the treatment and prophylaxis of cryptococcal meningitis," Ms Fell explained.

"It was quite startling for me. Patients with oesophageal thrush couldn't swallow. If a patient infected with cryptococcus was admitted and wasn't treated, they only had a few weeks to live. We could offer only pain relief."

Ms Fell also estimated that only around five or six people out of about 100 seen in the weekly AIDS clinics could afford to buy their own antiretroviral drugs. Patients had to be counselled about the need to buy treatments long term.

Though Ms Fell was used to being unable to offer drugs to all patients, what she found really upsetting was the legacy of AIDS affecting so many young Ugandan adults, who were their families' wage earners. This left in its wake orphans and extended families, such as grandparents, with new financial burdens if they took on those children.

Although she does not believe that the health care infrastructure of Uganda could cope with free drugs, she believes that lower prices would allow many more people the benefit of treatment. Now back at home, she is urging her local MP to take up the issue.