

8th Conference on Retroviruses and Opportunistic Infections



Chicago, IL - February 4 - 8, 2001

KEYNOTE LECTURE: FROM TALK TO ACTION IN FIGHTING AIDS IN DEVELOPING COUNTRIES

Conf Retroviruses Opportunistic Infect 2001 Feb 4-8; 8:279 (abstract no. L3)

Sachs JD

Harvard Univ Ctr or Intl Development, Cambridge, MA

From epidemiological, medical, and humanitarian points of view, the international response to the HIV/AIDS pandemic in the developing world has been utterly inadequate. The heaviest burden of HIV/AIDS lies in the world's poorest countries, where impoverishment and bankruptcy of governments mean that financial resources are unavailable to control the pandemic. The international donors, including rich-country governments and international agencies, have so far failed to mobilize adequate financial resources to assist the impoverished countries. As a result, the pandemic has spread with little effective control; more than 30 million people have been left without access to anti-retroviral therapies; and more than 10 million children have been orphaned. The situation will continue to worsen dramatically without a change of strategy. A properly funded international control effort would have the following features. First, it would be comprehensive, including measures for prevention, treatment (including HAART), and support for communities hard hit by the pandemic. Pilot projects demonstrate the feasibility of successful HAART programs even in the poorest of the poor societies. Second, donor funding for control programs in poor countries would be provided by grants rather than loans, and would be made available in a flexible manner subject to appropriate scientific review. Third, it would necessarily rely on procurement of anti-retroviral drugs from the pharmaceutical companies at prices that are above production cost but that are substantially discounted relative to market prices in the high-income country markets. Ideally, this would rely on a voluntary discount policy by the major pharmaceutical companies. Nonetheless, given the life-and-death circumstances now prevailing in the world's poorest countries, options for drug procurement from generics producers must certainly not be excluded, and are permissible under international patent and trade law. The total level of donor support necessary to introduce such a comprehensive effort may be estimated at around \$7.5 - \$10 billion per year. This would permit millions of people in the very poorest countries to receive HAART, and would also finance the scaling up of other needed interventions. It would be

readily affordable by the high-income countries, as it would constitute less than 0.05% of gross national product of these countries (now close to \$24 trillion annually).

Keywords: AEGIS, Acquired Immunodeficiency Syndrome, Developing Countries, HIV Infections, Poverty, International Agencies, Financing, Organized, Politics, Health Services Accessibility, Patents, Public Policy, Pharmaceutical Preparations, Child, economics, AIDS

2001-02-04

L3

Copyright © 2001 - [Foundation for Retrovirology and Human Health](#). Reproduction of this abstract (other than one copy for personal reference) must be cleared through the Foundation for Retrovirology and Human Health. Licensed (AIDSLINE) from National Library of Medicine.