

FROM THE EDITOR

THE ISSUE

Antiretroviral (ARV) therapies are again featured in this issue of the *Journal*. The Guidelines for the use of ARV therapy in paediatric practice, formulated by the paediatric subcommittee under the leadership of Dr Leon Levin, are highlighted. These guidelines are different from those that have appeared elsewhere and are unique to our setting. The Guidelines were circulated to a panel of international reviewers and their views were incorporated into the document. These Guidelines are a companion to the Adult Guidelines that appeared in the July launch issue of the *Journal*. It may be argued that in both instances there has been a focus on options that are not available to the vast majority of the HIV-infected people in our country. This may be so, but we would argue that it is important for our clinicians to be well informed with regard to the difficulties and complexities inherent in the use of these drugs. We are witnessing an increasing use of these therapies in the private sector as more health care funders are providing benefits to HIV-infected individuals, so it behoves all of us to keep abreast of developments in this dynamic field of medicine.

Of equal importance is the article by Mark Heywood of the AIDS Law Project who urges clinicians to be more vocal in their efforts to expand access to ARV therapies among their patients or among the communities they serve. The HIV Clinicians Society would endorse this stance and urge its members to be more outspoken on these issues and become advocates of expanded access to quality care. It is realised that combination therapies do come with a significant price tag, but the cost-effectiveness of these therapies must not be underestimated. We need only reflect that in the recent past combination therapies to treat tuberculosis were deemed unaffordable, but are now freely available at no cost to the patient. The Society congratulates the AIDS Law Project on its achievements in protecting the rights of HIV-infected persons, including the positive outcome in two recent court cases, that have led to significant changes in corporate policies for HIV-positive employees or prospective employees.

The controversy surrounding HIV as the causative agent of AIDS has once again surfaced in South Africa, gaining political support at the highest level, including the support of the State President. This debate has had widespread repercussions among scientists, clinicians, HIV-infected individuals and more importantly, the general population at large. A response to this situation was the 'Durban Declaration', which was distributed at the 13th International AIDS Conference in July 2000 and is published in full in this issue of the *Journal*. The Declaration was formulated by a committee consisting of a number of prominent international scientists and this document was subsequently circulated to thousands of scientists and clinicians throughout the world, who in turn became signatories to the document. This document will be useful for clinicians in answering the many questions currently being asked of them by their patients.

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ADVOCATING ACCESS

While neighbouring Botswana and other SADC countries and states have been solicited with offers of free or highly reduced-price antiretroviral treatments that will bring the cost of HAART to around US\$1 000 for a year of therapy per patient, South Africa continues to face tough marketeering by the same drug manufacturers, who see the country as a lucrative market with virtually unlimited need for their products.

Lack of political support, or infrastructural inadequacies are cited for the continued refusal of these companies to consider South Africa as a priority for broadening treatment access through preferential pricing strategies, while they continue to milk the private sector of resources in exchange for suboptimal regimens or barely affordable combinations of therapy. By discounting drug prices only through guaranteed volumes of sales, these companies ensure that the higher demand they create among those who somehow manage to pay for these combination packages, leads to volume-linked profitability. The pharmaceutical industry continues to extract unreasonable profits in the developing world for their formulations through 'patent protection', when the costs of developing these patents are already being recovered in their primary markets and the costs of producing the drugs are a fraction of the prices charged.

There is no doubt that poverty both facilitates HIV infection and exacerbates the progression to AIDS, yet the current solutions being offered by the Industry will only worsen poverty through their net effect over time.

Offers from these sources are not benevolent and the countries contemplating their responses to the offers that have been presented face difficult decisions that will leave them responsible for the uncertain long-term consequences and implications.

This could be one of the reasons for South Africa's strong position within the SADC on defining the framework and conditions for negotiating these deals and for the principled guidelines for countries participating in the process to have been put forward within the SADC.

Pharmaceutical manufacturers have not been the only businesses to profit from the epidemic, as Managed Care companies and other service industries are deriving income for delivering HIV-linked products and services that are of highly variable value. The same business models that have been proven over time to make money have been applied to this 'new market'.

This has to change, as the region faces an unprecedented crisis that cannot be addressed through 'business as usual' approaches.

The West and the wealthy can no longer be allowed to profit once more from the misfortunes of Africa.

Antiretroviral therapy is life giving, yet it must be sustainable and effective, as well as being affordable to the households, communities and countries of the individuals who benefit from treatment. A starting point is to ensure that a proper, transparent framework of assistance is created that not only enables treatments to be made available, but also the means to pay for, distribute, administer and monitor them.

It is time for the professions and civil society to take issue with the current status of HIV care access in our region and to become better-informed participants in negotiations and stronger advocates for our patients' survival.

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