
**Gemeinsame Konferenz
Kirche und Entwicklung**

Verband Forschender Arzneimittelhersteller



The Foundations for Concerted Measures
against the HIV / AIDS-Pandemic

GKKE-Schriftenreihe

The Joint Conference Church and Development (Gemeinsame Konferenz Kirche und Entwicklung - GKKE) in Germany is a common institution of the Church Development Service of the Protestant Churches in Germany (Evangelischer Entwicklungsdienst - EED) and the German Commission for Justice and Peace of the Catholic Church (Deutsche Kommission Justitia et Pax).¹ GKKE is committed to draw up joint statements on the questions of North-South policies and to enter into dialogue with political and social institutions.

The German Association of Research-Based Pharmaceutical Companies (Verband Forschender Arzneimittelhersteller - VFA) is a leading association of the pharmaceutical industry in Germany and represents the interests of 45 leading global producers of pharmaceuticals. They have a share of approx. 80 percent of total sales in the German pharmaceutical industry.

The Foundations for Concerted Measures against the HIV/AIDS-Pandemic

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Preface

"The essential problems of health care can only be solved by effective cooperation of all those responsible." This conclusion was stated in the policy document "Provision of drugs for the Third World" published 1992 as an interim result of the dialogue of representatives of the two Christian Churches and the pharmaceutical industry. It is still appropriate. Currently it is given special relevance by the challenge of the AIDS pandemic which threatens the survival of numerous individuals as well as the development of societies.

In their joint working group the Joint Conference Church and Development (GKKE) and the Association of Research-based Pharmaceutical Companies (VFA) therefore started to outline the basics of cooperation necessary to cope with the AIDS-crisis. Once again it became apparent that the pharmaceutical companies as well as the Churches and their relief organisations can provide partial solutions only. The governments of North and South, the international community but also the professional medical and paramedical groups and services will have to make their contributions, too. It is undisputed that there is a special responsibility for the national authorities in bringing together all these activities.

The considerations about the basic structures for concerted measures against AIDS pandemic presented here are supposed to broaden the public discussion. In particular they are meant to facilitate practical solutions for people affected in Third World countries.

Berlin/Bonn, May 2002

**The churches and the research-based pharmaceutical companies:
The foundations for concerted measures
against the HIV/AIDS pandemic**

The cause

During just a few years, the HIV/AIDS pandemic has developed into one of mankind's largest disasters. Based on UNAIDS estimates, about 36.1 million people were infected with HIV or had developed full-blown AIDS at the end of the year 2000. Every day, an additional 15,000 people become infected, 95 percent of them in the developing nations.

Guaranteeing access to comprehensive medical treatment also for people from countries with extremely limited resources is a humanitarian obligation. For years, the Joint Conference on Church and Development (GKKE) and the Association of Research-based Pharmaceutical Companies (VFA) have maintained an ongoing dialog regarding the fundamental questions of pharmaceutical care for developing nations within the Churches / Pharmaceutical Industry task force. This critical as well as trust-based exchange has prompted both partners time and again to redetermine their contributions and their joint efforts to improve access to effective pharmaceuticals in Third World countries.

World AIDS Day on December 1, 2001, represents a welcome occasion for the Association of Research-based Pharmaceutical Companies and the Joint Conference on Church and Development to once again draw the public's attention to the dramatic situation in many Southern countries. In the public, the alarming increase of the disease was last noted due to the example of South Africa, where more than one-fifth of 21 million adults are currently living with the HI virus and more than 250,000 people die from the disease every year. The country already has more than 500,000 AIDS orphans. Based on World Bank estimates, the gross national product of South Africa will decrease by almost 20 percent during the next 10 years, if this trend is not interrupted.

This increased attention was due to the complaint filed by 39 leading pharmaceutical companies against South Africa's Pharmaceuticals Act with the

court in Pretoria. While the pharmaceutical manufacturers feared that this legislation might arbitrarily undermine legal principles anchored in South African patent law, health policy and medical experts as well as civil rights advocates in South Africa were afraid that access to cost-effective pharmaceuticals for HIV therapy could be significantly limited, if the complaint is successful. As a result, the central issue was the controversial interpretation of the South African Pharmaceuticals Act and its impact on the existing WTO/TRIPS agreement, which provides for compulsory licensing under certain circumstances to ensure medical care.

In the meantime, both litigation parties have terminated this lawsuit by out-of-court settlement. The South African government has confirmed that it will comply with the international regulations for the protection of intellectual property. The pharmaceutical companies have withdrawn their complaint and expressly acknowledged the governments' right of issuing compulsory licenses under certain circumstances, as stipulated in Article 31 of the TRIPS agreement. Both parties have agreed to investigate practicable arrangements that ensure access to affordable HIV/AIDS medication. The pharmaceutical companies have consented to make their products available with significant discounts (at cost) or free of charge.

Joint responsibility

In the industrial nations, newly developed pharmaceuticals have resulted in a situation where infection with the HI virus does not necessarily lead to full-blown AIDS and rapid death. About 15 years after the discovery of the HI virus, more than 50 pharmaceuticals are available for the treatment of AIDS and its associated diseases. Since the introduction of the so-called antiretroviral therapy, the annual number of new AIDS cases in Germany has decreased from previously 2,000 to 500 per year, which is due to a delay in the course of the disease. The number of new infections has remained unchanged for years. Treatment with these pharmaceuticals prevents not only premature death but also enormous suffering. Furthermore, it opens up therapeutic opportunities for accompanying diseases. A variety of new drugs currently being developed by the pharmaceutical industry raises hope for even more effective therapeutic options.

Ever since the beginning of the AIDS pandemic, the churches have been making efforts to provide relief for the consequences of HIV/AIDS in the

severely affected developing nations such as South Africa, to overcome discrimination against the infected and to improve the quality of life of the people affected. Another work focus includes preventing the further spread of the disease through education and information and fighting the societal causes of the vulnerability toward HIV/AIDS.

Either alone or together with other non-governmental organizations, the churches maintain a significant part of health care services. They particularly provide medical care for marginalized and hard-to-reach groups of the population, e.g. in rural areas. In doing so, the churches actively support initiatives to enable people outside the industrial nations to obtain access to the results of scientific progress in the fight against AIDS.

For many years, the pharmaceutical industry has also successfully taken the initiative to help people in distress in the developing nations. The research-based pharmaceutical companies have assumed a central role in the research and development of new pharmaceuticals and vaccines. Due to the innovative power of the research-based companies, effective medication for the treatment of HIV/AIDS is available today. Furthermore, they make a contribution to prevent the spread of HIV/AIDS by training medical personnel, implementing preventive programs, donating pharmaceuticals and vaccines for many regions in the world and providing support for the development of medical infrastructure.

The churches and the pharmaceutical companies have always underscored the joint character of this responsibility. In this respect, the 1992 position paper "Pharmaceutical Care for the Third World" by the Joint Conference on Church and Development and the Association of Research-based Pharmaceutical Companies cites a number of insights and postulates:

- The paper stipulates that "the population in the Third World has a vital interest in receiving sufficient pharmaceutical care under justifiable conditions."
- Furthermore, there is mutual agreement that the internationally active research-based pharmaceutical industry (must) assume a leadership role

with regard to the high ethical standards for entrepreneurial action.” This also applies to local subsidiaries.

- In addition, the joint paper underscores the special responsibility of the industry with regard to the research and development of new pharmaceuticals and vaccines for diseases in the developing nations.
- Finally, for cases of serious care deficits, the paper recommends “(concluding) special agreements between governments, international organizations, non-governmental organizations in the health care sector, churches and the pharmaceutical industry.”

Coordinated action

GKKE and VFA are aware that greater efforts on the part of all parties involved are necessary to overcome the worldwide HIV/AIDS crisis. What has been lacking so far is not so much the knowledge about meaningful and effective measures but the political intent to assume more responsibility, the coordination and coherence of measures and the required resources. The recent debates have led to awareness on a broad scale that concerted collaboration between the governments of the North and South, the international organizations, the industry and the churches as well as other non-government organizations is urgently necessary. The further dialog about future forms of collaboration and specific measures should be developed on the following basis:

- Access to medical treatment is a universal human right to which people in the developing nations are also entitled. As a result, the parties involved must seriously work on the implementation of this human right. In Article 12 of the U.N. Treaty on Economic, Social and Cultural Rights, the treaty states acknowledge the right of the individual to attain the maximum in physical and mental health. This regulation must be read in connection with Article 2 (1) of the same treaty in which the treaty states undertake to individually and jointly achieve the implementation of the rights anchored in the treaty by pursuing all possibilities.
- The known causes for insufficient access to treatment opportunities, such as:
 - Insufficient provision of resources and neglected development of health care systems;

- Lack of purchasing power for effective pharmaceuticals;
 - Irrational selection and questionable use of pharmaceuticals; and
 - Unreliable and uncontrolled trade and supply systems
- must be overcome through the joint efforts of all parties involved.
- The current and future integration of newly developed pharmaceuticals, vaccines and other substances in specific projects and programs must be planned and conducted with the participation of all responsible parties involved in the health care system as well as the people affected.
 - The introduction of new therapeutic procedures must not lead to the decrease of funding for already existing, effective and indispensable measures. Instead, additional resources must be mobilized.
 - Depending on the country-specific context, the highest possible medical, operational/structural and ethical standards must be pursued with the explicit participation of the people affected.
 - Also in the future, therapy for HIV infection must be inseparably connected with prevention. The specific treatment of an HI infection is part of a continuum in medical care, which must be embedded in an effective health care system of the country in question.

The churches and the research-based pharmaceutical companies are convinced that the joint dialog regarding this complex of questions will create new foundations for effective measures against the HIV/AIDS pandemic. It is obvious that all participants must make greater efforts to counteract this destructive disease. The research-based pharmaceutical companies support the principle of differentiated pricing for pharmaceuticals to treat HIV/AIDS. The churches are committed to their task of encouraging their church partners in the South and supporting them in breaking the network of silence in their respective societies.

To achieve a sustained improvement of the situation of HIV-infected people in the developing nations, a global health fund has been created at the United Nations. The community of states and especially the German government is encouraged to support this fund and make the required financial means available in the long term.

The developing nations are asked to assign the highest priority to the fight against AIDS and to implement partnership concepts in collaboration with

the U.N. organizations, the industrial nations, the pharmaceutical industry, the churches and non-governmental organizations. The objective of all efforts must be to strengthen the efficiency of health care systems and to ensure adequate medical care for all persons in need.