

Preface

We began to research for this book in 2000, with the idea that we might contribute to the search for solutions to the global HIV/AIDS pandemic by combining perspectives from different disciplines. Much has happened in the intervening years.

First, the severity of the HIV/AIDS pandemic in sub-Saharan Africa – and the threat it posed for many others regions of the world – led to a movement among several countries to correct the imbalance between producers and users of pharmaceutical products. This effort produced a clarification of the right of governments to produce generic medicine under compulsory licenses and an amendment of the World Trade Organization's TRIPS Agreement to allow exports of generic medicines from one WTO Member to another. In 2007, the amended rules were put into practice, with Canada authorizing the export of generic antiretroviral drugs to Rwanda. However, at the same time, global patent laws have been undermined due to regulatory capture, most notably in free trade agreements and through political pressure on countries like Thailand to not to exercise their right to issue compulsory licenses for pharmaceutical products.

Second, the amount of money available for the treatment and prevention of HIV/AIDS has increased dramatically, with the establishment of the World Bank Multi-Country HIV/AIDS Program for Africa (MAP), the Global Fund to Fight AIDS, Tuberculosis and Malaria and the US President's Emergency Plan for AIDS Relief (PEPFAR), among other funding initiatives. The increase in funding has meant that many millions of people now have access to treatment compared to the time when we began to work on this book. Yet, millions more still need treatment and cannot afford it. In this regard, the US President's effort in 2007 to double the funding available under PEPFAR is a very encouraging sign. At the same time, the proliferation of donors and programs for HIV/AIDS has created new challenges – the need to coordinate donor policies to minimize the administrative burden for recipients and the need to ensure that donor policies are based on science, not ideological or political interests.

Third, in 2007, UNAIDS began to use new methodologies to estimate the number of individuals living with HIV/AIDS, the number of new infections and the number of people who die each year. The new statistics are at once encouraging and discouraging. It now appears that the percentage of infected adults in some countries is lower than it was initially thought and that the epidemic has peaked in some of the worst affected countries. Nevertheless, there are still over 30 million people living with HIV/AIDS worldwide and new infections are on the rise in several other countries. Therefore, hope must not give way to complacency, and prevention efforts need to be scaled up globally if we are to bring the HIV/AIDS

pandemic under control. Achieving this goal will require new and different ways of thinking about where our economic and political interests lie.

Fourth, in the new millennium, some fast-moving infectious diseases with high mortality rates appeared on the scene – severe acute respiratory syndrome (SARS) and the H5N1 influenza virus. These new viruses led us to consider what lessons we need to learn from our experience with the HIV/AIDS pandemic and have led us to the conclusion that the significance of the world's successes and failures with respect to HIV/AIDS go far beyond addressing the human immunodeficiency virus.

Fifth, path-breaking research has appeared in the past couple of years with respect to the economics of HIV/AIDS and the economics of patents. An economic boom can have the unintended consequence of increasing HIV/AIDS infection in a given population. The new economics of patents show that the long-held belief that granting patent protection is the only way to boost research and development for new drugs may not be true after all.

Sixth, the concept of mortality bonds has evolved into a financially viable product in the past three years. Without the epidemiological developments of HIV, SARS and H5N1 influenza, these products would simply not exist today. There are signs that they will become important financial instruments in the coming decades.

Seventh, the failure of “3 by 5” (the goal of expanding treatment to three million AIDS patients in developing countries by 2005) has provided an impetus for scaling up treatment around the world. In 2000, such a goal seemed a distant dream. Today, the possibility of achieving universal access to treatment within a few years seems very real. It will not avert the tragedy that HIV/AIDS has already caused for millions of people, but it will stop the biggest killer of our times from prematurely taking the lives of tens of millions of others.

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