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For global health issues, especially access to essential medicines, the G8 Summit held in Kananaskis, Alta., in June 2002 will be best remembered for what it failed to do. It was the first major international summit following the November 2001 World Trade Organization (WTO) meeting in Doha, Qatar. Both were critical meetings. While Doha was a significant political success, Kananaskis was an abject failure for millions living with HIV/AIDS, tuberculosis, malaria and other neglected diseases in the developing world.

Malaria kills more than 1 million people every year, 75% of whom are African children.<sup>1</sup> Tuberculosis infects 2 billion people; every year 8 million acquire active disease and more than 1.7 million die of it. HIV/AIDS is a critical issue for human security in sub-Saharan Africa, and perhaps internationally. Since the beginning of the pandemic 20 million people have died of AIDS. At present, 40 million people live with HIV infection worldwide — 75% are in Africa — and at least 65 million around the globe will probably die of AIDS before 2020.<sup>2</sup>

Africa is being devastated by HIV/AIDS. Life expectancy is plummeting: it is now 47 years in sub-Saharan Africa, when it would have been 62 years without the disease.<sup>2</sup> There are now 14 million AIDS orphans worldwide<sup>2</sup> — 11 million in sub-Saharan Africa alone — and the health and educational infrastructure in the southern cone of the continent is collapsing. Although it is almost impossible to imagine that the situation will get worse, it will. If the incidence of HIV infection explodes in China, India and the former Soviet Union as predicted, these countries will face the same devastating future as Africa. HIV/AIDS is already one of the most significant pandemics in recorded history, and it accelerates epidemics of other infectious diseases such as tuberculosis and leishmaniasis. Given inadequate health care infrastructures in the developing world and a lack of research into and development of drugs for other neglected diseases such as trypanosomiasis and dengue fever, the G8's response to global health issues and infectious diseases is not simply lamentable, it is obscenely lacking.

At Kananaskis, African leaders presented the NEPAD (New Partnership for African Development) document to the G8 for both endorsement and support. They got the former, but only a pittance of the latter. Although criticized for not dealing specifically with epidemic diseases, the NEPAD document recognizes that “unless the epidemics of AIDS, tuberculosis and malaria are brought under con-

trol, real gains in [African] development will remain an impossible hope.” Indeed, nothing short of a massive international initiative can even begin to contain and control HIV/AIDS, tuberculosis and malaria.

Because of the unrelenting actions of nongovernmental organizations (NGOs), some dedicated public officials, and activists the world over, one of the key structural elements of that response is in place. The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria was proposed last year by UN Secretary General Kofi Annan. It requires US\$10 billion annually for epidemic prevention, treatment and containment strategies directed at the 3 diseases. The G8 endorsed the Global Fund at its June 2001 Genoa Summit but pledged the paltry equivalent of US\$580 million annually for the next 3 years — less than 6% of the annual need identified. The pledge remains unchanged.

At the Doha Summit drug patents dominated talks. Despite intense lobbying from US, Swiss and European pharmaceutical industries and equally intense counter-lobbying from NGOs and governments of developing countries, the TRIPS (Agreement on Trade-Related Aspects of Intellectual Property Rights) Council rendered a political declaration that interprets the previously established TRIPS agreement to allow public health interests to trump patent interests. This was a seminal political victory that acknowledged the duty of states to act first in the interests of their people. The declaration reads “We agree that the [WTO] does not and should not prevent members from taking measures to protect public health. ... We affirm that the agreement ... be interpreted and implemented in a manner ... to ensure access to medicines for all.”<sup>3</sup>

The Doha declaration has teeth. Governments have the right to determine when the TRIPS flexibility provisions (e.g., compulsory licensing and parallel importation of generic drugs) can be used. These provisions are not limited to specific epidemics such as HIV/AIDS but instead can be applied to any nationally determined health need. Indeed, in the face of an anthrax bioterrorist threat, Canada's then Health Minister Alan Rock and US Secretary of Health and Human Services Tommy Thompson threatened the use of compulsory licenses for the generic production of ciprofloxacin. This forced price concessions from Bayer, the ciprofloxacin patent holder. They did this only days before the Doha meeting, and it was impossible to deny the same rights to other nations facing other emergencies such as the HIV/AIDS epidemic. The council rele-

gated to a committee the discussion of how developing countries without pharmaceutical manufacturing capacity could use parallel importation of generic versions of patented drugs from foreign producers. This discussion was taking place in Geneva at the same time as the Kananaskis meeting.

But the Doha declaration, despite its political teeth, may have nothing to chew on. Instead of moving forward with a firm declaration supporting parallel importation of generic drugs, the G8 in Kananaskis offered more rhetoric while negotiators in Geneva pressed for a highly restrictive application of the Doha declaration to this vital question.

People living with HIV/AIDS, tuberculosis and malaria cannot afford to wait for the G8 members to live up to their responsibilities as global economic leaders. Dr. Banu Khan, Head of the National AIDS Coordinating Body in Botswana, was so blunt as to declare that he fears the “extinction” of his people because of HIV/AIDS.<sup>4</sup> His words, and those of the millions being denied access to essential medicines, are not hyperbole, they are statements of fact. The G8 leaders would be well advised to listen to this good advice and to check their political rhetoric at the door.

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