

## In Ukraine, HIV takes hold with a vengeance

Of the 40 million people currently living with HIV/AIDS, 36 million do not have access to the antiretroviral (ARV) therapy that would prolong their lives. According to the UN, 96% of people infected with HIV live in developing countries where they do not have access to treatment. Humanitarian activist organizations argue that the HIV/AIDS pandemic is fuelled, in part, by industrialized countries' failure to mobilize promised resources for prevention, treatment and advocacy. HIV/AIDS is currently causing an estimated 10 000 deaths a day.



paign. It aims to raise international awareness about the access-to-drug crisis and advocate for lower prices. The campaign also encourages renewed production of “abandoned” drugs and stimulates research and development for neglected diseases. MSF now treats 1000 patients with ARV therapy in some 20 programs in Africa, Asia, Europe and Latin America. One of its most successful treatment programs is in Ukraine, which has the highest rate of HIV/AIDS infection in Europe and the former Soviet Union and one of the fastest growing rates worldwide. According to UN estimates, 300 000 Ukrainians — 1% of the adult population — have become infected with HIV since 1995. Women and children are particularly vulnerable because they are often left without social or medical assistance.

MSF has been involved in HIV/AIDS programs in Southern Ukraine since 1999. HIV/AIDS prevention and treatment programs for target groups such as HIV-positive mothers are currently under way in 3 cities, including Odessa. These programs focus on preventing mother-to-child transmission and providing voluntary counselling and testing, as well as treatment with ARVs such as nevirapine. Since their inception, more than 300 mother-child pairs have been treated in the program, resulting in a 4-fold reduction in mother-to-child transmission.

Although the results are promising, most Ukrainians living with HIV/AIDS have no access to treatment due to the exorbitant cost of ARVs. Under a spring 2002 agreement, the Ukrainian government and several international pharmaceutical companies reduced the cost of ARV therapy from US\$1900 to US\$1700 per patient per year. MSF is not impressed, arguing that by registering generic drugs and allowing them on the Ukrainian market, the cost of ARV treatment could be reduced to US \$350. Joost van der Meer, head of the MSF mission, explains that “market competition between generic companies and the other manufacturers brings down prices for HIV/AIDS drugs much more than closed-door deals between governments and individual

pharmaceutical companies.” In a country where the average monthly income is US \$60 and only 15% of the population has access to health care, the reductions offered by pharmaceutical companies are insufficient.

At the Barcelona conference, MSF called for generic competition in developing countries in order to reduce ARV prices. It also asked for increased domestic and international funding to improve prevention and treatment efforts. MSF believes that an equity-access approach that encourages competition and local production should eventually reduce the international cost of ARV treatment to about US\$50 per patient annually. — *Aranka Anema*, Medical Editor, Program Operations, MSF Headquarters, Amsterdam

## Waiting lists fair — if you're not in pain

Canada's methods for handling waiting lists for joint replacement surgery are models of social equity but they are being managed unfairly in terms of dealing with the clinical severity of patients' problems, a new study has concluded.

Dr. Karen Kelly and colleagues studied a cohort of 553 knee-replacement patients being treated in the Capital Health Region in Edmonton and found there were no biases in waiting time relating to patients' age, sex, education or work status. However, those needing the procedure most because of pain or other problems received no special treatment and did not get a higher spot in the queue.

“Waiting lists for major joint replacement were managed in a socially equitable fashion and preferential treatment was not given to specific social or economic subgroups,” Kelly reports in the August issue of the *Canadian Journal of Surgery*. “However, priority was not given to those with more severe symptoms.”

The authors conclude that standardized measures are needed to assess and compare patients' priority on joint-replacement waiting lists based upon the urgency of their condition. — *CMAJ*

**Act Up**, a Paris-based advocacy group, called for a stop to “medical apartheid” during the XIV International AIDS Conference, and criticized the G8's failure to mobilize its promised \$10-billion a year plan for HIV/AIDS prevention and treatment. It also criticized Coca-Cola for failing to provide its African workers with HIV/AIDS treatment.

International discussion over the last 2 decades has emphasized prevention as the key to reducing HIV/AIDS prevalence. However, those attending the XIV International AIDS Conference in Barcelona in July saw a new focus on treatment. Presentations highlighted the interdependent relationship between treatment, prevention and advocacy: it is only by treating people, prolonging their lives and preserving their dignity that HIV/AIDS prevention can be effectively advocated and supported.

In 1999, Médecins Sans Frontières (MSF), a nonprofit international humanitarian organization, launched its Access to Essential Medicines Cam-