

# Chapter 51

## Innovating and Serving the Poor with Antiretroviral Drug Systems: Advances in the HIV Brazilian Program

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### EXECUTIVE SUMMARY

*This chapter presents an exploratory study about the Brazilian program on Human Immunodeficiency Virus (HIV). It highlights the social and technological contributions, which have resulted from the production of antiretroviral drugs by the pharmaceutical industry in Brazil. First, this chapter reviews literature on the history of HIV epidemic and presents the HIV context as a pathology that affects the health of countries, putting at risk their economic and social development. Second, it analyzes the current situation of this epidemic in Brazil, by characterizing the Brazilian Pharmaceutical Industry (BPI). Third, this chapter elucidates the Brazilian production of antiretroviral drugs mainly based on aspects of patent law and Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). Results show that the adoption of the Brazilian program for HIV has been successful and encouraged its diffusion to, and adoption by, other countries due to its capability for wide and unrestricted distribution of medicines.*

### ORGANIZATIONAL BACKGROUND

Industrialized societies in the late twentieth century boasted of being able to control all infectious diseases through immunization or treatment (Greco, 2008). In this context, the emergence of the epidemic of Acquired Immunodeficiency Syn-

drome (AIDS/HIV), involving various aspects of human relations has opened a new discussion on public health, involving the allocation of financial resources for research, production and distribution of drugs such severity and lethality.

The latest figures show a 16-fold increase in the number of people receiving antiretroviral

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(ARV) between 2003 and 2010. According to the report UNHIV/UNHIV for the World Day to Combat AIDS/HIV in 2011, about 34 million people worldwide are living with this disease. An additional 2.5 million deaths were avoided in low-income countries and average since 1995 due to the intensification of antiretroviral therapy. Almost half of people (47%) with indication for antiretroviral therapy are already under treatment. However, about 9 million people were eligible for therapy, have not received it in 2010. Solving this problem of access to antiretroviral treatment is the goal of the new strategy of the World Health Organization in the period 2011-2015 <sup>1</sup>.

The United Nations (UN) in its annual report for 2002, recognizes the need to improve the health of the poor and marginalized as essential for economic, social and environmental development (UN, 2012). The Human Development Report (HDR) published by the United Nations Development Programme (UNDP) in 2010 highlighted the challenges the world faces related to environmental damage that endanger life on the planet, as well as the economic and social inequality that exists even in more developed countries. The World Commission on Environment and Development states in its report entitled “Our Common Future” that is not possible to separate human development of sustainable development and considers this one of the most important social movements of this new century and millennium. In this context, the need for improving health conditions for the marginalized and less fortunate populations represent a challenge for countries in general requiring efforts and partnerships in the organization of policies in this area. These efforts and partnerships, becomes essential because there is a growing awareness of the central role of health, science and technology as requirements for economic and social development and not just its consequences.

Among the factors that act as barriers to expanding access to medicines are inadequate structures of the countries for the provision of health services and insufficient funds for the purchase

and production of medicines (Grangeiro, 2006). Latin America has a tradition of income concentrations in the countryside and marginalization in the slums at the outskirts of large cities therefore, any growth strategy that does not recognize this terrible reality is socially unacceptable and politically unstable. Eastern European countries and the “Four Asian Tigers” <sup>2</sup> Asians had great economic development in recent decades, which prompted intensive education programs (Perez, 2010). There is a close relationship between the improvement of basic health and a reduction in incidences of infectious diseases. Therefore, a discussion of economic development should include a discussion of measures to reduce the incidence of diseases that pose a risk to public health such as AIDS/HIV. According to Prahalad (2002), the various social and economic transformations lead to an ongoing perspective of inclusive capitalism where billions of people living below the poverty line began to have access to goods and services not previously available. The “real” inclusion of this segment of society is essential to solve basic problems such as sanitation, access to quality public health including access to drug therapy when necessary.

In September 2000, 190 member countries of the United Nations Organization (ONU) met and agreed on eight key targets to reduce poverty on the planet by 2015. These goals became known as the Millennium Development Goals (MDGs), precisely because they were defined at the beginning of the third millennium. Of these eight targets, three addressed health issues. Those dealing with health proposed to reduce child mortality, improving the quality of maternal health and combating AIDS/HIV, malaria, tuberculosis and other diseases affecting large populations. The Coordination of the National Monitoring Report MDGs considers the Brazilian Program to Fight AIDS/HIV as an example to the rest of the world <sup>3</sup>. This program has as one of its main objectives the broad and free distribution of antiretroviral drugs.

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