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LADB Staff

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Guatemala Anti-aids Efforts Lack Support

by LADB Staff

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[The following article by Jill Replogle is reprinted with the permission of Noticias Aliadas in Lima, Peru. It appeared in the April 24, 2003, edition of Latinamerica Press.]

Felipe sits in the tiny reception area of the Luis Angel Garcia family clinic in Guatemala City's main public hospital, waiting to be seen by one of the four doctors who work at the clinic. Felipe is a heterosexual middle-aged baker who is HIV positive. While he currently keeps healthy by eating well and taking vitamins to boost his immune system, Felipe may soon need costly antiretroviral drugs. However, his monthly salary of around US\$250 is one-fourth the cost of a month's worth of brand-name antiretrovirals.

Because Felipe is not covered by Guatemalan social security (only 15% to 20% of the population is), his options for obtaining the costly medication are few to none. "I hope to God that Doctors Without Borders will be able to give me the medication," said Felipe. Although Guatemalan President Alfonso Portillo promised US\$5.1 million in funding for AIDS prevention and treatment this year, the money has yet to materialize, and the international organization mentioned by Felipe is currently his only hope for obtaining the antiretrovirals essential for preventing HIV from developing into full blown AIDS.

For Felipe and the other 1,000 patients who visit the Luis Angel Garcia clinic yearly, the recent deal struck between Central American governments and pharmaceutical companies to slash regional AIDS prices has little significance. The clinic, whose supply of antiretroviral drugs is dependent on foreign donations, has only enough medication to treat the HIV-positive children who visit the clinic 67 in 2002.

According to clinic administrator Daniel Muralles, 25% of the patients who attend the clinic yearly die for lack of antiretroviral medication. On Feb. 7, the Pan American Health Organization (PAHO) announced the "historic reduction" in antiretroviral drug prices that resulted from negotiations between the ministers of health of Panama, Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua and five drug companies Bristol-Myers Squibb, F. Hoffman-La Roche, Boehringer-Ingelheim, GlaxoSmithKline, and Merck Sharp & Dohme. The average price reduction was 55%, although agreements varied according to company. PAHO stated that the triple-drug "cocktail" that is the most common antiretroviral treatment in the region will now cost US\$1,035 to US\$1,454 a year per patient.

HIV/AIDS education and prevention workers, like Guillermo Murillo from the Costa Rica-based organization Agua Buena, generally applauded the agreement as a first step toward increasing medical coverage for HIV/AIDS patients in Central America. However, according to Murillo and many others, the prices are still extremely high considering the income level of most HIV/AIDS patients in the region. Furthermore, generic drugs, many of which have been certified by the World

Health Organization (WHO) and found to be equally effective as their brand-name equivalents, are available for three to four times less.

Richard Stern, director of Agua Buena, said that the lowest price available in the region for a triple treatment, produced by the Indian pharmaceutical company CIPLA, is US\$360. Nevertheless, CIPLA's products are not yet available in all Central American countries. Stern added that Costa Rica is the only country in the region producing generic drugs. Even with more access to generics, new versions of drugs produced by the large pharmaceutical companies will likely carry high prices, noted Murillo.

Also, increased pressure on Latin American countries to comply with patenting laws in view of the potential Free Trade Area of the Americas (FTAA) could further restrict access to generic drugs. Despite these concerns, Murillo said the real barriers that lie between antiretrovirals and the people who need them are in many cases governments. "We've always denounced the high prices of HIV/AIDS drugs, but the real problem now seems to be lack of political will," said Murillo, adding that many governments claim they lack the infrastructure, funding, and trained personnel to ensure effective antiretroviral treatment. While this may be true for some countries, social stigmatization of the disease and the people for whom it is, or is deemed to be, most prevalent for example, sex workers and homosexuals further obstruct progress.

PAHO says an estimated 180,000 Central Americans are HIV positive. Honduras has the highest percentage of HIV positive adults in Central America 1.6% of the adult population, according to UNAIDS. Panama and Guatemala follow with 1.5% and 1.0%, respectively. This year, Honduras was awarded the largest sum of money in the region from the Global Fund to Fight AIDS, Tuberculosis and Malaria (US\$41.1 million over five years).

However, Panama received only US\$600,000, and Guatemala was given nothing. Murillo said that, in Panama's case, the minimal funding was probably a reflection of the country's high income compared to other countries in the region. However, he emphasized that a healthy national income does not mean people with HIV are receiving the medication they need. The denial of funds to Guatemala has shocked and alarmed health workers, particularly those involved with elaborating the country's funding proposal.

One member of the proposal technical committee, who wished to remain anonymous, said the decision was likely a result of the corruption and fund mismanagement that has increasingly plagued the country in recent years. "I've spoken with people from other Central American countries who worked on proposals, and they agree that Guatemala's was one of the best structured," said the committee member. The denial is particularly baffling considering the UN Development Program (UNDP) was proposed to manage the funds in Guatemala. Regardless of the reasons, health workers agree that the lack of international funding spells disaster for AIDS prevention and treatment efforts in the country.

Many AIDS education and prevention programs are cutting employees, hours, and coverage for lack of funds. "I can't tell you how serious this is," said Bill Latham, from the organization HIV Medicines for Guatemala. "We're going back 10 years in AIDS education in Guatemala."

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