



HIVOS, HEPS-Uganda in Partnership Against HIV/AIDS Epidemic

VOLUME 4, No. 1
Jan-Mar. 2008

Medicine Access Digest

A QUARTERLY NEWSLETTER OF HEPS UGANDA

Project to monitor medicine and health financing; and fund IP law advocacy

HEPS-Uganda, in partnership with HIVOS, a Dutch NGO that promotes people's interests and welfare, has launched a campaign for increased access to essential AIDS care interventions by poor people in Uganda.

The one-year project titled, "Promoting Increased Access to Essential HIV/AIDS Care and Prevention Interventions by Poor People in Uganda", will monitor the availability and

affordability of key HIV/AIDS and TB medicines; examine Uganda's health sector financing from an HIV/AIDS perspective; advocate for inclusion of TRIPS flexibilities in the national intellectual property law; and strengthen the Uganda Coalition on Access to Essential Medicines (UCEAM), which HEPS-Uganda hosts and coordinates.

The national response to the HIV/AIDS epidemic still faces stiff challenges, including among others, critical under-funding and gross misuse of funds. A recent report by HEPS-Uganda and US-based International Treatment Preparedness Coalition

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Prof John Rwomushana (extreme right) of Uganda AIDS Commission (UAC) makes a contribution at a consultative meeting at which HEPS-Uganda was seeking stakeholders input into a study protocol for a survey of AIDS and TB medicines and diagnostics. The meeting was held on 5th April 2008 at Hotel Equatoria in Kampala. Next to Prof Rwomushana is HEPS-Uganda Executive Director Ms Rosette Mutambi. (See story on page 3)

CSOs rally for transparency in medicine procurement

The first African workshop on governance, transparency and accountability processes in access to medicine attracted delegates from 30 civil society organisations in Uganda, Kenya, Zambia and Ghana. The participants benefited from an eight-day training held at Windsor Hotel Entebbe

between 17th-24th February 2008, ahead of the launch of Medicines Transparency Alliance (MeTA) project in London in May.

The MeTA project is a global initiative by the UK Department for International Development (DFID)

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Pregnant Women Rejecting HIV Test Results!

3-Way Test for MTCT Policy:

- Few pregnant women seek services at health units
- A tiny fraction of those who seek services allow an HIV test
- Some of the few who test are rejecting results



One of HEPS-Uganda facilitators talking to project participants

Something is definitely not quite right with the concept or delivery of Prevention of Mother-to-Child HIV Transmission (PMTCT) services.

While uptake has been known to be poor, in spite of policy guidelines that require all expectant mothers seeking antenatal care to be counselled and offered an HIV test, it has now emerged that health workers are having to contend with a significant number of rural women who reject positive results.

HEPS-Uganda has found worrying cases of expectant mothers who consent to an HIV test in Kamwenge in western Uganda turn around to decline positive tests.

In a December 2007 project report titled, "Community Empowerment and Participation in Maternal Health in Kamwenge District", HEPS-Uganda says that while its project resulted in more pregnant women seeking ANC services,

a big proportion of them still refuse to consent to voluntary HIV counselling and testing (VCT) services and that some of the few who consent do not accept their results.

HEPS-Uganda's project was implemented using the Participatory Reflection and Action (PRA) methodology, in which communities participate in researching into their problems as well as in trying to solve them.

The project aimed at increasing demand for, access to and utilisation of maternal health services by expectant mothers in Kamwenge Sub-county, Kamwenge District. The project was funded by the Regional Network on Equity in Health in East and Southern Africa (EQUINET).

The participatory project involved health workers and community members, including community leaders, expectant mothers, male spouses, and others in the sub-county.

The HEPS-Uganda project team facilitated the community to identify and try to solve barriers to use of maternal

health services. The key barriers identified include: 1) expectant mothers don't deliver at hospital; 2) bad attitude of health workers toward pregnant women; and 3) husbands do not give adequate support to their wives during pregnancy.

Interventions to reduce the key barriers centred on a sensitisation campaign targeting health workers, expectant mothers and their husbands, and community members; and implementation of a feedback mechanism based on suggestion boxes at health units.

While a comparison of the status before and after the intervention suggested that maternal health problems remained high and many barriers to access services persisted, positive change was perceived in ease of access to and affordability of services, in communication between community and health workers and the respect shown by health workers, in the support given by health workers and families, and in awareness and action on maternal health in the community.

Even then however, the uptake of PMTCT services remains a challenge. The first stage of exclusion has been because the services are provided through formal health facilities, where only a small proportion of pregnant women seek services. The second stage is where the pregnant women still have the right to decide whether to test for HIV, and many continue to decline the test. Now the third stage seems to have emerged, where some of the already few women who consent to an HIV test reject the results if they are positive.

When a policy fails at so many stages, something is definitely wrong with its concept or in the way it is implemented. But at the stage where results are rejected, accusing finger should be directed at the quality of counseling. The Ministry of Health needs to strengthen the standard of counseling at all PMTCT centres and take the programme to the community if the number of children catching HIV from their mothers is to reduce. ○

Study of Key HIV/AIDS, TB Medicines Kicks-off



Dr Elizabeth Namagala of the Ministry of Health makes a contribution at the consultative meeting.

HEPS-Uganda has kicked-off a study that will monitor the availability and affordability of key AIDS and TB medicines and diagnostics at government-accredited anti-retroviral therapy (ART) centres across the country.

The survey, which will generate information to test reports of drug stock-outs, shortages and expiries, started with at a consultative meeting that reviewed the study protocol.

The survey is part of a two-year HEPS-HIVOS partnership project to promote increased access to HIV/AIDS prevention, treatment and care interventions by poor people in Uganda.

The 5th February 2008 consultative meeting, held at Hotel Ekuatoria and attended by representatives from the Ministry of Health, Uganda AIDS Commission and TASO. It also attracted district pharmacists from Mbale, Lira, Kampala and Rukugiri as well as activists from Mbarara.

The study tool, adapted from the WHO and HAI standard medicine monitoring tool, received input from the WHO National Professional Officer Uganda country office Mr. Joseph Mwoga; WHO Medical Officer HIV/AIDS Unit Dr. Beatrice Crahy; WHO HIV/AIDS National Professional Officer Dr. Frank Lule; and Ministry of Health

(MoH) Assistant Commissioner, Pharmacy Department, Mr. Martin Oteba, etc.

The meeting drew up a road map that will generate evidence-based information the civil society needs to challenge government on reports and complaints of shortages of AIDS and TB medicines and diagnostics across the country. The government has persistently dismissed the reported shortages.

In his remarks, the representative of Uganda AIDS Commission (UAC), Prof John Rwamushana, said the study was the first of its kind and thanked HEPS-Uganda and HIVOS for the initiative. He said Uganda AIDS commission will provide the necessary support as this supplements government's work in improving the health care of people infected and at risk of contracting the disease.

The MoH was represented by Dr. Elizabeth Namagala, who pledged full support to ensure the study is a success. She pledged to help in preparing a MoH introductory letter to ease the data collectors in accessing government health facilities.

Data collection kicked on 17th February and the report is expected by 15th April. The report will be used to lobby policy makers to increase access to HIV/AIDS treatment to the vulnerable people in Uganda.

HIVOS, HEPS-Uganda in Partnership Against HIV/AIDS Epidemic

(Continues from page 1)

(ITPC) reveals that demand for antiretroviral treatment (ART) continues to outstrip supply, and that the gap is only expected to widen. Quoting the Ministry of Health, the report predicts that at the current trends, the number of people living with HIV/AIDS (PLWAs) in need of ART will increase from 234,500 in 2006 to about 263,000 by 2012 and to 342,200 by 2020 – far outstripping the capacity of the response system and available financing.

Uganda's track record over the past decade as a success story in the fight against HIV/AIDS has been a result of both local initiatives as well as the high level of support from donors, who have funded most of the national HIV/AIDS control programmes.

However, as more and more donor funds have been flowing in as the country works towards scaling-up its interventions, the benefit from the additional resources has increasingly become questionable. Health spending is largely still shouldered privately; meaning government has abdicated its role of providing health care to its citizens.

HEPS-Uganda's HIVOS-supported project will evaluate the government's commitment to funding the HIV/AIDS fight in terms of, among other indicators, the trends in the government's own budget allocation to HIV/AIDS, inequalities in accessing treatment, the frequency and duration of medicine stock-outs and expiries, and the national strategy for long-term sustainability for funding which should be evidenced and reflected by reality at grass root level.

This project is designed to get evidence-based information to bring to the attention of policy makers and implementers the realities of gaps in access to treatment and prevention HIV interventions by poor PLWAs, and lobbying for progressive improvement in government's own response to the epidemic.

UGANDA CAN HAVE A BETTER

A Critical Review of Uganda's Draft Industrial Property Bill



The majority of Ugandans are likely to go without essential medicines if the government does not take advantage of the flexibility provisions of the WTO's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) in the process of enacting the national intellectual property (IP) law. HEPS-Uganda's review of the draft Industrial Property Bill 2007 has established that while the draft bill attempts to incorporate the TRIPS flexibilities, some of them were drafted in a restrictive style such that Uganda may not derive maximum flexibility as envisaged by TRIPS Agreement, the Doha Declaration and other non-legally binding instruments.

After dilly-dallying for several years, government has finally come up with the draft IP bill. The draft Industrial Property Bill 2007 awaits Cabinet approval before it is presented to Parliament for enactment into law. HEPS-Uganda's review, undertaken by a renowned independent IP Consultant, Arthur Mpeirwe, is one of the activities of the HIVOS-funded project, Promoting Increased Access to Essential Medicines by Poor People in Uganda.

In the report, HEPS-Uganda underlines the need to identify national strategic objectives before enacting the law should underpin the patent law revision process. The significance and implications of the provisions of the draft bill in its current state as far as access to medicine is concerned can be improved through effecting adjustments in various areas.

The Safeguards/Flexibilities in the TRIPS Agreement

The term "flexibilities" was and continues to be used to refer to the freedom governments have to tailor these provisions to suit their circumstances. The major obligation created by the TRIPS Agreement was that all members of the WTO must revise their laws to conform to the standards set in the agreement.

Early Working Exception

Sometimes referred to as "bolar provision", early working exception one of the exceptions allowed under the flexibility provided by article 30 of TRIPS Agreement. The exception allows the government to increase availability and affordability of drugs through early entry of generic versions into the market. The provision enables any interested person or entity to use a patented invention for research and to do testing, secure approvals, and registration of the product of such research so that the product enters the market as soon as the patent expires. In the absence of such a provision, one has to wait until the expiry of the patent term to begin testing, applying for regulatory approvals and registration. This indirectly extends the patent term of the drug in question considering that it may take a number of years to accomplish such a process.

The draft Industrial Property Bill provides for bolar exception in a restrictive sense. Uganda's interest is to use this exception in its fullest extent.

S.45 (1): The rights under the patent extend only to acts done for industrial or commercial purposes but do not extend to acts done for scientific research.

This provision is very narrow and restrictive. It limits the rights under the patent only in the case of scientific research but not in case of acts done for industrial or commercial purposes. Acts such as testing, seeking regulatory approval and registration are done for industrial and commercial purposes. Carrying out those activities means that entry of generic products will occur as soon as the patent expires. But if on the other hand such procedures are done at the expiry of the patent, one would have to wait for years to have generic products on the market. This delayed entry of cheaper products also means that the patent enjoys more years of monopoly while access to cheaper generic medicine remains illusive for the majority poor people.

This provision exists in the current patent statute, which predates TRIPS Agreement, in almost similar wording. It is important to note that the negotiations of the TRIPS Agreement created a shift in the thinking regarding this matter. The new thinking has been taking shape to what is currently understood as the right of any generic manufacturer to not only engage in scientific research using the patented invention but also to go a head and obtain regulatory approvals including registration of the generic version in readiness for sale upon expiry of the patent on the drug in question. That is why the right of members to provide for limited exceptions was left flexible and that is the only way a member state can make full use of that flexibility. The draft Industrial Property Bill therefore fails to capture this new thinking.

The Recommended Provision:

The exclusive rights of the patent owner shall not extend to acts done for scientific research or for the purpose of testing, obtaining regulatory approvals and/or registration for the purpose of commercializing the product after the expiration of the term of the patent.

Other use without the authorisation of the patent owner, Article 31

In addition to Article 30 of TRIPS Agreement, Article 31 provides other circumstances where the patented invention may be used without the authorisation of the patent owner.

The Current Law

"The rights of an owner of a patent... shall not extend to acts in respect of articles which have been put on the market in Uganda by an owner of the patent or with his express consent."

The departure made in the draft provision is that while the current law favours national exhaustion of rights, the draft provision

PATENT LAW THAN THIS DRAFT

prefers international exhaustion of rights. However, both provisions require express consent of the patent owner and are equally restrictive.

There has been a shift in thinking regarding parallel importation. Since products may be on the market through other legitimate means such as compulsory licence or government use order, and since members have all the freedom to determine their parallel importation scope without any risk of legal action, it is prudent for national law to provide for the widest scope of parallel importation.

Proposed provision

The rights under the patent shall not extend to acts in respect of articles, which have been legitimately put on the marketing Uganda or anywhere in the world.

This proposed provision enables government to import drugs that have been produced under a compulsory license or government use provisions both of which are legitimate channels of production under TRIPS. The provision presents no problem since it cannot be a basis of litigation under the WTO dispute Settlement system.

Government Use

The government use provision grants the government the right to use the patented invention without the authorisation of the patent owner. This kind of provision is also allowable under article 31 (other use without the authorisation of the patent owner). Ordinarily, once the government has invoked this right, it need not consult the patent owner. It suffices to inform such owner.

The draft bill makes a provision for government use under section 68 as follows. Our interest for purposes of this analysis is sect. 68 (b)

Where:

b) the Registrar determines that the manner of exploitation of an invention by the owner of the patent or his or her licensee is not competitive, the Minister may, upon application to him or her in the prescribed form and after consultation with the Industrial Property Department and the owner of the patent, order that the protected

invention shall be exploited by Government Ministry, Department, agency or other person as the Minister may designate in the order subject to the payment of adequate compensation to the owner of the patent in accordance with this section.

The main concern with this provision is that it subjects the government to consultation with the patent owner. This may give the patent owner the opportunity to make objections thus failing the policy goal of the government. Such an obligation is not a requirement under TRIPS. Enacting it makes the patent law TRIPS Plus meaning that it is more restrictive than TRIPS requires.

Proposed wording:

Where:

a) the competent authority determines that the manner of exploitation of an invention by the owner of the patent or his or her licensee is not competitive, the Minister may, upon application to him or her in the prescribed form and after consultation with the Industrial Property Department, order that the protected invention shall be exploited by Government Ministry, Department, agency or other person as the Minister may designate in the order

Provided that the patent owner shall be informed of such decision and paid adequate compensation in accordance with this section

Utilising the Extension Period

The Doha Declaration allows the least developed countries not to grant or enforce patents on medicine until 2016 or any further period as the TRIPS Council may determine. While it is desirable that Uganda takes advantage of this extension, the draft bill has extended the grace period to 2016 without providing for any extension that may be sought and granted by the TRIPS Council. Leaving it at 2016 may mean that the Parliament will have to first amend the law in case there is further extension.

In addition, the exclusion of patents on medicine is placed in the section of articles which are not regarded as inventions. The may be interpreted to mean that medicines are not inventions, which is not the case.

Medicines are inventions, which for the time being are excluded from patentability until. It may b the transitional period indicated above.

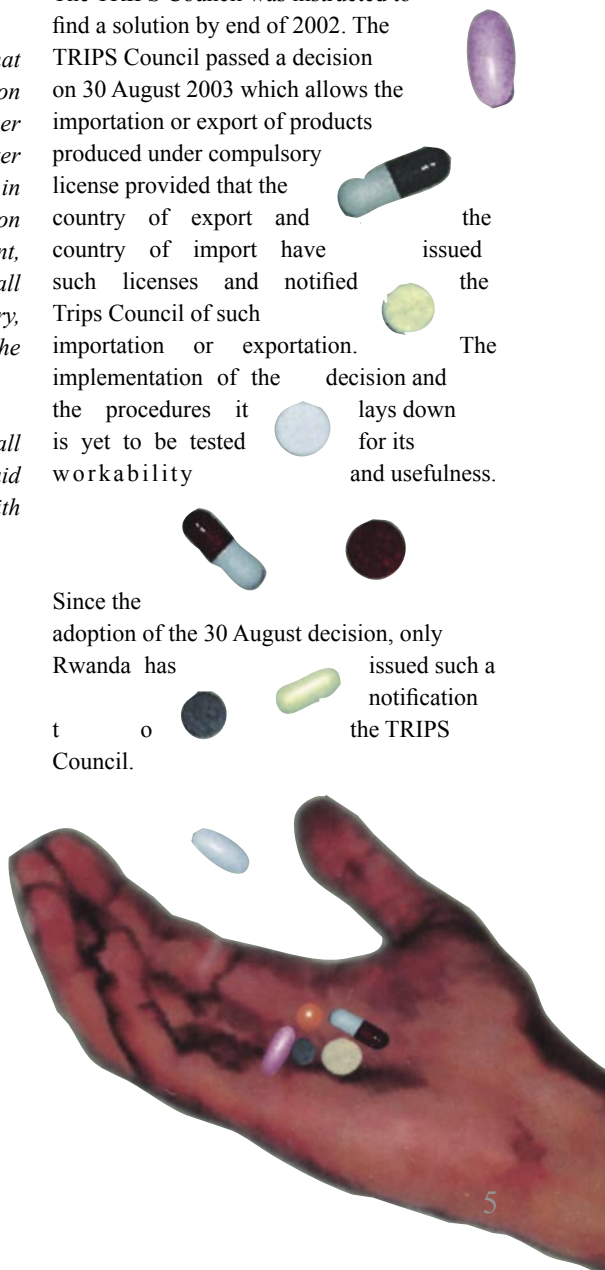
It will suffice to make a stand-alone provision which recognises medicine as a patentable invention but which will not be operational until 2016 or any further period as the Trips Council may determine.

The Solution for a Country with Insufficient or no Manufacturing Capacity

This is the subject under the Paragraph six of the Doha Declaration. Paragraph 6 acknowledged that countries with insufficient or no manufacturing capacity may find it difficult to make use of compulsory license.

The TRIPS Council was instructed to find a solution by end of 2002. The TRIPS Council passed a decision on 30 August 2003 which allows the importation or export of products produced under compulsory license provided that the country of export and the country of import have issued such licenses and notified the Trips Council of such importation or exportation. The implementation of the decision and the procedures it lays down is yet to be tested for its workability and usefulness.

Since the adoption of the 30 August decision, only Rwanda has issued such a notification to the TRIPS Council.



ICW/TAG strengthens HEPS' HIV/AIDS advocacy



Claire Winfred of TAG talking to participants at the Addis Ababa meet

HEPS-Uganda's HIV/TB advocacy campaign is set to grow stronger following the participation of two members of staff in a range of capacity building activities sponsored by the International Community of Women Living with HIV/AIDS East Africa (ICW) and the

Treatment Action Group (TAG), a US-based organisation that advocates for new TB drugs.

Advocacy Officer Mr Aaron Muhinda and Community Outreach Officer Mrs Prima Kazoora participated in the first and second training for TB/HIV advocates held respectively in Kampala in September 2007 and in Addis Ababa (Ethiopia) in March 2008. They also participated in the Global Conference on TB and HIV/AIDS, held in Cape Town (South Africa) in November 2007.

The trainings were part of the ICW East Africa-TAG African Advocacy Project. The project focuses on training and supporting African community-based HIV activist organisations and networks of people living with HIV/AIDS to incorporate TB/HIV priorities into their advocacy work in order to contribute to the scale-up of HIV/AIDS prevention, care and treatment.

The trainings empowered HEPS-Uganda with skills and knowledge on technical TB and TB/HIV information, and increased their ability to collect and translate data into policy advocacy resources, among others.

National Meeting Sets Action Priorities on Health Equity



Dr David M. Serwadda (centre), the Dean of the School of Public Health officiated at the opening of the meeting. Left is HEPS-Uganda's Rosette Mutambi and right, the School of Public Health's Dr Christopher Orach

The delegates to the recently concluded National Meeting to assess the progress of equity in health in Uganda identified six areas for follow up work on equity for health in Uganda. These areas include: resource mobilisation and allocation to the health sector; health needs of the vulnerable groups; trade and health; governance and health rights.

The meeting was organised by

HEPS-Uganda and Makerere University School of Public Health, in co-operation with Regional Network for Equity in Health in East and Southern Africa (EQUINET), March 27-28, 2008.

The meeting was convened to, among other things, review the gaps and needs in the health sector in Uganda; and to develop ways to strengthen networking and communication between people and institutions working in areas relevant to health equity.

The meeting involved presentation and discussion of papers of work going on in Uganda around equity in health.

While officially opening the meeting, the Dean of Makerere University School of Public Health, Dr David M. Serwadda disclosed that he was glad that civil society organisations (CSO's) were collaborating with his School on issues of public importance

The Executive Director of EQUINET, Dr. Dr Rene Loewenson, pointed out that Equity is not a technical issue but rather a social issue which is about fairness and health systems that empower society.

At the same meeting, a book produced by EQUINET entitled "Reclaiming the Resources for Health – a Regional Analysis of Equity in Health in East and Southern Africa" was launched by HEPS-Uganda Chairperson Rev. Canon John Kateeba, who appealed to the Ministry of Finance to heed the book's message: "Global and national resources should be used for health".

HEPS-Uganda's HIV/AIDS advocacy campaign grows stronger with ITPC

The sixth edition of Missing the Target collaborative study series is underway, as HEPS-Uganda's HIV/AIDS advocacy campaign gains strength thanks to the partnership with US-based International Treatment Preparedness Coalition (ITPC). HEPS-Uganda is implementing Uganda chapter, in the seven-country project, which is focusing on health systems.

Born in 2003, ITPC is a grouping of more than 1000 AIDS activists from more than 125 countries with its secretariat in New York. Under the Missing the Target project, ITPC works with partners resident in target countries to monitor the HIV/AIDS treatment effort around the world, the results of which are published at six-month

intervals to show progress on the commitment by the governments and international agencies to ensuring universal access to HIV/AIDS and TB treatment.

The project has so far published five reports on the status of access to AIDS and TB treatment in over 14 countries. The reports have been used to lobby international donor and local governments to improve access to HIV/AIDS and TB treatment.

The theme for Missing the Target No. 6 is "HIV/AIDS and health care delivery system strengthening"

Study on CSO role on CCM starts

HEPS-Uganda, with support from US-based International Treatment Preparedness Coalition (ITPC), a global organisation that monitors HIV/AIDS treatment around the world, has launched a study that will assess the role of civil society in the management of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in Uganda. It is part of a seven-country study which is also taking place in Cameroon, India, Argentina, Jamaica, Cambodia and Romania.

Civil Society rallies for transparency in medicine procurement



CSO delegates at the MeTA medicine access training

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aiming to use a multi-stakeholder approach towards increasing transparency around the regulation, selection, procurement, sale, distribution and use of medicines in developing countries, thereby strengthening governance, encouraging responsible business practices and ultimately improving access to medicines, especially for the poor.

The MeTA project is being piloted in Ghana and discussions are going on for it to be launched in Uganda as well.

Funded by DFID, the workshop was hosted by HEPS-Uganda, working in partnership with Health Research for Action (www.herabelgium.com) and Healthlink Worldwide (www.healthlink.org.uk).

The CSO delegates gained skills in monitoring prices, interpreting data, networking and collaboration, negotiating policies, working with media, advocacy, understanding policy processes, interview techniques, computer and knowledge management skills, documentation and effective communication.

The Uganda CSOs that were represented at the workshop formed a medicine transparency coalition, with HEPS-Uganda as the lead organisation. The coalition's Interim Taskforce consists of:

- Uganda national Health Consumers Organisation (UNCHO)
- Malaria and Child illness NGO Secretariat (MACIS)
- Action Group for human Rights (AGHA)
- Action for Development (ACFODE)
- Net Work for Human Rights research and Advocacy (NHRRN)
- Net work of Ugandan researchers and Research Users (NURRU)
- National community of women living with HIV/AIDS (NACWOLA)

The CSOs will operate under the umbrella of Uganda Civil Society Medicine Access Alliance. HEPS-Uganda was selected as the lead organisation and a series of meetings have been held and a joint work plan submitted to the office of the Assistant Commissioner, Pharmacy Department, Ministry of Health.

MeTA project will officially be launched on 15th-16th May 2008 and HEPS-Uganda Executive Director Ms Rosette Mutambi will represent CSOs in Uganda.



FROM THE EXECUTIVE DIRECTOR

Let the Local Manufacture of ARVs be an Opportunity to Increase Access to ART



Medicine Access Digest
is quarterly newsletter of

HEPS-Uganda

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On April 16th, The New Vision reported the NRM caucus in Parliament backing a \$4.8 million government guarantee for a loan to Quality Chemicals, to ensure “steady supply of cheap ARVs and other generic drugs”. HEPS-Uganda supports every effort in increasing access to essential medicines, and sincerely hopes that any loans that Quality Chemicals contracts on government guarantee will purely be use in achieving the stated objective - the steady supply of cheap ARVs.

Quality Chemicals is a local partner of India's Cipla, the world's single largest producer of generic antiretroviral drugs (ARVs). The company commissioned a pharmaceutical factory last October to produce ARVs for the African region, raising hope that the people living with HIV/AIDS who need but have been failing to access ARVs, will finally get a change to get life-prolonging drugs. It is a concern that six months down the road, Quality Chemicals has not yet started production of the badly needed drugs.

It is commendable that government and donors have played a crucial role in achieving the current levels of access to ARVs, from 399 in 1998 to 105,000 in 2007. However, this number is still far below the estimated 250,000 of Ugandans living with HIV/AIDS who need ARVs, basically because demand outstrips supply.

Many Ugandans especially in rural settings are in need of the treatment but cannot access it and continue to die unnecessary. HEPS believes this is not only a violation of people's right to health but also government failure to protect and defend the its citizen's social-economic status of which it's expected to do.

The New Vision quoted Finance State Minister Fred Omach saying the cost of importing ARVs had increased from \$3 million in 2004/05 to \$ 54 million in the current financial year. The minister said under a 2005 agreement, government committed itself to buying ARVs worth \$45 million from the new investor per year for seven years, which is slightly below the amount it has been spending to import

ARVs from overseas.

The reduced bill resulting from the local production of the drugs as opposed to importing suggests that indeed the ARVs from Quality Chemicals will be far cheaper. In addition, we hope that the \$45 million bill will be to buy quantities that are enough for all Ugandans who need ARVs to access them.

With the eagerly awaited commencement of local production of ARVs, HEPS-Uganda are also expecting an end to the interruptions in supply, which have been causing stock-outs.

The effort to have ARVs manufactured locally comes at a crucial time given that the number of people in need is growing faster each year than care and systems for helping them. The move is also timely given the fact that World Trade Organisation's (WTO) TRIPS Agreement poses a great threat to generic drug factories in China, India and Brazil where Uganda has been importing cheap ARVs and other medicines.

This should be a turning point where government prioritises AIDS treatment and invests as much money as is needed for all Ugandans in need of ARVs to access them.

And from Quality Chemicals, we expect priority to be first and foremost given to Ugandans before consideration is given to outside markets.

Now that Uganda is set to start manufacturing its own ARVs, the government should ensure the development increases access to HIV/AIDS treatment to all Ugandans to achieve the goal of “Moving Towards Universal Access” as stated in the Uganda AIDS Commission 2007/08-2011/12 Strategic Plan.

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'Medicine Access Digest'
is edited, designed and printed
by
New Enterprise Publications
(Tel: +256 752 824 326)

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