



# ASEAN Activities on Increasing Access to ARV and HIV Related Supplies

Consultation on Integrating Prevention and Management of  
STI/HIV/AIDS into Reproductive, Maternal and Newborn Health  
Services and the 6<sup>th</sup> Asia-Pacific UN TMTCT Task Force Meeting

6-10 November 2006, Kuala Lumpur, Malaysia



# ASEAN mandates

- ASEAN Summit Declaration on HIV/AIDS adopted by the 7th ASEAN Summit in 2001 acknowledges that prevention is the only effective way to combat the spread of HIV and AIDS.
  - ASEAN Member Governments pledged to “ **Lead and guide** the national responses to the HIV and AIDS epidemic as a national priority to prevent the spread of HIV infection and reduce the impact of the epidemic by **integrating HIV and AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of national development planning, including poverty eradication strategies and sectoral development plans**”



# What ASEAN bodies have decided to do following 2001 Summit?

## **The ASEAN Task Force on AIDS (ATFOA)**

- established in 1993, ATFOA is the key ASEAN body coordinating regional cooperation on HIV and AIDS, following directives set by ASEAN Leaders.
- ATFOA is now preparing key outcome documents for the 12th ASEAN Summit Special Session on HIV and AIDS scheduled for December 2006 in Cebu, Philippines. This is the second time Leaders are convening a Special Session.

## **The ASEAN Senior Labour Officials Meeting (SLOM)**

- has jointly undertaken with ILO, a focused study on the response of ASEAN Labour Ministries in dealing with HIV in the work place.



# Strategic Framework for the 3rd ASEAN Work Programme on HIV and AIDS (AWPIII) (2006-2010)

**AWPIII provides an integrated regional approach to help Member Countries:**

- **improve enabling environments for effective responses;**
- **increase the involvement of people living with HIV in national and regional responses;**
- **improve leadership in responding to the HIV epidemic, through collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Asia Pacific Leadership Forum on HIV/AIDS; and**
- **learn from each other in implementing policies and programmes, and thus strengthen inter-country collaboration.**



# Operational Work Plan for AWPIII (2007-2008)

1. Leadership development: The Three Ones ( Regional and comparative analysis and development of what works in different countries to ensure effective implementation of the Three Ones)
2. Civil society leadership (Strengthen civil society leadership through improving civil society capacity for advocacy and partnerships for input into policy making)
3. Involvement of people living with HIV ( More effective involvement of people living with HIV in country response to HIV epidemic)
4. Prevention of maternal to child transmission ( Prevention of primary transmission of HIV to women of reproductive age)
5. Mobility and HIV in the ASEAN region ( Mobility and infrastructure development, Mobility and early warning of changes to mobility systems, Mobility and migration and Mobility and sex workers).



# Operational Work Plan for AWPIII (2007-2008) (continued)

- 6. Access to affordable medicines ( Improve Member Countries' access to affordable medicines. Strategies to obtain or produce drugs, technical assistance, legal and administrative developments, ASEAN guidelines, strengthen inter-country collaboration, potential regional purchase of drugs to reduce price)**
- 7. Mainstreaming HIV and AIDS in National Development (The Three Ones, Mobility, Integration of responses to HIV with ASEAN strategies on narrowing the development gaps; and tourism vulnerability to HIV transmission ( Resource mobilisation will aim to increase**
- 8. Youth reducing support for young people to prevent HIV transmission and to attain education and employment that will reduce their vulnerability related risk behavior. Focus will be on out of school youth).**
- 9. Drug use and HIV ( Develop ongoing high level policy dialogue to develop consistent strategies)**
- 10. Workplace policies and programmes on HIV**
- 11. Monitoring and Evaluation**



# ASEAN Cooperation on Intellectual Property

- IP cooperation shall be promoted among government agencies, private sectors and professional bodies;
- Member countries shall implement intra-ASEAN IPR arrangements;
- Member states shall recognize and respect:
  - Protection and enforcement of IPR in each member states;
  - Adoption of measures to protect of public health and nutrition;
  - Promotion of the public interests in sectors that important to
  - member state' socio-economic and technological development.
- ASEAN Framework Agreement on IP Cooperation was adopted in 1995:



## ASEAN Joint Actions to Increase Access to Affordable Drugs

### **Two regional workshops in June 2002**

- o One on exchanging information on increasing access to drugs.
- o The second to exchange experiencing on improving access to treatment and care for people living with HIV/AIDS (PLWHA).



The workshops agreed to work towards joint negotiation between ASEAN Member Countries and pharmaceutical sector to:

- Enhance understanding of TRIPS and its implications for access to drugs, including options available to improve access;
- Compile baseline information from all ASEAN countries (i.e. ARV requirements, availability of generic drugs, prices of ARVs, local production capacity, national patents laws, status of current negotiations with pharmaceutical companies, capacity and mechanisms for financing drug purchases).



## The 10th Meeting of the ASEAN Task Force on AIDS in October 2002

- Agreed that the ASEAN Secretariat work with the Rockefeller Foundation to develop a project to review IPRs and conduct capacity building activities to enhance access to drugs.

## ASEAN-Rockefeller Foundation Project started in May 2003

- Objectives:
  - Review of countries' patent laws by international experts (working in pair with experts from the region), to identify options available for enhancing access to drugs;
  - Build local, legal capacity in ASEAN countries on IPR and access to medicines through workshops at national and regional levels.



- **Participants:**
  - Ministries of health, food and drug departments, ministries of justice, attorney general's offices, ministries of trade/commerce, ministries of science and technology, and pharmaceutical sector.
  
- **Outputs:**
  - Regional Workshop's Recommendations on how to enhance access to affordable drugs;
  - Mission reports as the results of in-country consultations;
  - Country reports by the participating ASEAN countries;
  - Regional synthesis report.



# Main Findings

- The actual use of TRIPS safeguards have to follow national laws.
- Most ASEAN countries lack of legal experts with good understanding of public health issues to carry out legal assessment of IP laws and determine feasible legal options.
- There is an increasing number of NGOs active in promoting access to medicines, treatment and care. However, many of these NGOs do not have the capacity to analyze the IPR laws of their own country.



# ASEAN –USAID Cooperation to operationalise AWP II

1. ASEAN Regional Technical Meeting to Develop a Framework for Increasing Access to Antiretroviral (ARVs) and Diagnostic Reagents” Jakarta, 19-21 October 2005
2. ASEAN Workshop for Policy Makers for Establishing a Mechanism to Increase Access to Antiretrovirals and Diagnostic Reagents, 3 February 2006, Bangkok, Thailand
3. ASEAN Workshop on Compulsory Licensing to Increase Access to Antiretrovirals (ARVs) and Diagnostic Reagents, 23-24 May 2006, Kuala Lumpur, Malaysia
4. ASEAN Regional Consultation on Available Procurement Options and Practical Steps for Increasing Access to Antiretrovirals and Diagnostic Reagents, 24-25 August 2006, Siem Reap, Cambodia



# **ASEAN Regional Framework on Increasing Access to Antiretrovirals and Diagnostic Reagents**



**Strategy 1:** Establish of national and regional committee of experts for regional cooperation

**Strategy 2:** Strengthen communication and Information Management

**Strategy 3:** Promote: a) the adoption of TRIPS safeguards into national legislation (based on review of intellectual property rights laws), and  
b) the actual use of safeguards that already exist in the law.

**Strategy 4:** Develop regional action plan to include different options for drug procurement

**Strategy 5:** Establish fast tract registration mechanism of ARV drugs

**Strategy 6:** Advocate selected, specific issues related to increasing access to Antiretrovirals

**Strategy 7:** Establish and make use of an effective monitoring and evaluation system

**Strategy 8:** Build capacity on: a) IPR and access to medicines,  
b) logistics management of medicines and diagnostics, and  
c) ethical aspects of the use, prescription and trade in medicines

**Strategy 9:** Surveillance of ARVs and Research (this additional strategy is proposed by Group I and will be written in detail by Indonesia and ASEAN Secretariat for further agreement)



# BARRIERS TO ACCESS

- TRIPS & Doha Declaration has not significantly improved ACCESS TO ESSENTIAL MEDICINES in poor resource countries
- Countries & patients face the reality of shortages of Essential Medicines
- Financing public or private health is a major issue
- Poverty and high prices are major constraints



# BARRIERS TO IMPLEMENTATION

- Lack of knowledge or scanty data on local capacity
- Poor utilisation of local resources for manufacturing and Research
- Legislation inconsistent with TRIPS & DOHA
- Euphoria on Short term gains e.g. Global Fund negative effect on sustainability
- Poor planning and forecasting e.g. post 2005 scenario: likely monopoly / high prices as (India not an LDC)



# BARRIERS TO IMPLEMENTATION cont...

- Lack of Administrative /Legal capacity
- Fear and/or threats of sanctions
- Lack of Transfer of Technology/ cooperation from patent holders
- Small Market size without economy of scale
- Enactment of 'TRIPS plus' provisions e.g. ever greening or extended flexibility for LDCs



- Need to develop and design IP Policy and rules appropriate to country needs and level of development.
- VL and CL are not universal solutions to access of medicines ( 98% of drugs in the WHO essential drugs list are available to only two thirds of the world population. A similar situation has been seen in India where access to ARV's is similar to that in Africa).

THANK YOU