

Demographic Impact of HIV/AIDS

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Studies relating to AIDS are unanimous that the disease leads to reduced life expectancy. Higher female and child mortality rates are a distinct possibility. Medicines that have been developed to treat people affected with AIDS are very expensive and hence not suitable for low-income countries. Vaccines cannot be invented quickly because some people must get affected and then recover to facilitate the manufacture of the vaccine. Here there is no patient who has recovered. The World Bank initiative in developing a remedial vaccine is commendable in the sense that it has already announced a pre-committed price and liberal grant to the pharmaceutical company that can come up with the vaccine first.

We are all aware that HIV/AIDS has become a real social problem in a country like ours. At the global level 34 million people are infected with the AIDS virus. Out of this 34 million at the world level 43 per cent are females. One-third is from age group 15-24. 40 lacs are from the age group 0-15. Till 1998, 25 lacs deaths had taken place. One hundred and thirty-nine lac people have died so far, and most of them are from Africa itself.

Out of this total 3.4 million are in India. If you take into account the Adult Prevalence Rate, it is 0.7. But, in absolute numbers this is the largest among countries in the world. And 3.4 million is itself a very staggering figure. Maharashtra accounts for 40% of this number. And out of this 40%, 80% alone is accounted for by Mumbai. The rest is mostly in Poona, Sangli & Kolhapur. Now at the global level the scenario is that the WHO does not coordinate this programme any more. It is the UNAID, a special organisation established at the global level under the auspices of the World Bank, WHO and USA, which monitors and guides this programme.

This is one disease, for which there is no cure, no vaccine. And therefore this is defeating all planning at all national levels. The group of medicines used to treat people infected with the AIDS virus is called as Anti-retro viral. These medicines have been developed in Western Countries and are sold by only 4 multinationals, which own patents for this class of drugs. These drugs cost \$12,000 to \$13,000 per year per patient. This price structure is very inappropriate for places like Africa and India with an annual per capita health expenditure of \$4 and \$ 14 respectively. It is to be noted that because of the high cost even the World Bank's project profiles do not include Anti retro-viral drugs for AIDS patients.

The 'mother to child transfusion' in most countries is to the tune of 30 percent. There is a specific Anti-retro viral for tackling this phenomenon known as HAT. But, the cost is also very high. It is \$ 45 per patient. It has to be given 3 times before pregnancy and after pregnancy. The high cost is a huge economic problem. One solution which has been proposed by countries, like Thailand, Brazil, Paraguay and India is to relax the IPR (Intellectual Property Rights). In this regard former US President Bill Clinton has been very sympathetic. The four firms which were producing these drugs were resisting the relaxation of IPRs. Bill Clinton passed an executive order, which facilitated relaxation. And now, we have two facilities under the TRIPS, which can be used by underdeveloped countries. One provision is parallel importing. This has been already availed by Brazil, Paraguay and South Africa. And then there is the another provision under TRIPS which is

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