Africa's sick

to death

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Christoper Ouma is a young

Kenyan medical doctor who recently stumbled upon the

World Trade Organisation

(WTO) Agreement on Trade

Related Aspects of Intellectual Property Rtghts (TRIPS). He has taken up the fight to ensure that his patients from the poorer neighbourhoods of Nairobi do not get robbed of their medicine.

"Since medicines are out of reach for the majority, doctors have been reduced to

counselling patients and their relatives to plan for inevitable death rather than manage diseases," says Dr Ouma.

The Kenyan doctor, who works with the Belgium-based

NGO Medicin San Frontier, is seconded to the Infectious

Diseases Hospital that was recently renamed Mbagathi District Hospital. In addition to treating people with opportunistic infections, he is also having to deal with the testing, counselling and care of his patients and their families who cannot afford essential drugs to alleviate their suffering. "How do you tell a patient who will never handle that kind of money that he or she is going to require at least Sh 66,000/- a month (US$ 1,000) for the management of HIV/AIDS with a standard cocktail of anti-retroviral drugs?"

Anti-retroviral therapy prevents the HIV virus from multiplying further in the body.

In Europe HlV/Aids is treated as

a chronic condition in the category of hypertension or diabetes. Sufferers are living longer productive live~ and the disease is not considered life threatening - ranking at number 15.

In Kenya, the reverse is true.

HIV/Aids is the number one health problem killing more Kenyans that any other disease. It costs the country Sh 200 million a day (US $ 3 Million) in terms of absence from work, insurance, funerals and loss of future earnings. "But Kenyans are unaware that HIV/Aids can be managed," Ouma says.

Medicin Sans Frontier is running a programme at the hospital that seeks to ensure that essential drugs are available and accessible to those who need them most. Invariably these are the poor of Nairobi and its environs.

Dr Ouma's pressing concern about TRIPs is that should a new treatment, cure or vaccine be found for deadly diseases such as

HIV/Aids, countries like Kenya will be robbed of their contributions to medical research and the eventual control over appropriate, safe and affordable medication.

“Currently Africa consumes only one per cent of pharmaceutical products while pharmaceutical companies in the

United States of America spend four per cent of their profits on advertising alone. Intellectual property rights given to

Inventors and designers of products, for their Inventions, designs or any creations. These include software, clothes, music

and medicines."

The TRIPS agreement, which came into effect on I January, 1995 is an integral and legally binding part of the new WTO. It provides comprehensive rules and standard patenting among other forms of intellectual property.

All WTO members, including Kenya, must implement TRIPs without exception. Intellectual property rights, protection and enforcement are not the same in every country. Due to trade, it became important for those countries that are looking for a market for their products in other countries to push for an international set of rules that would be uniform.

Whereas developed countries had one year to comply with them terms of TRIPs, developing countries were given five years

-meaning that Kenya will have to apply the terms of the agreement

By the year 2000. Least developed countries were given six years with a provision for further extension.

Dr Ouma, who has followed the debate around WTO and

TRIPs keenly, says that Kenya's and Africa's salvation is in empowering local pharmaceutical companies to source cheaper drugs through the compulsory licensing option and parallel importing - an option available to governments bogged down by WTO requirements.

Essentially, parallel importing or compulsory licensing allows cash-strapped governments to import pharmaceutical drugs and medical supplies from a third country that houses 'the subsidiary of the parent pharmaceutical company.

"In the current scenario, the multi-national pharmaceutical companies have convinced the

WTO that importing countries must source their supplies from the parent companies at several times the cost of the drugs."

Dr Ouma says that in the

Kenyan context, the Ministry of

Health does not have a clue about the implications of the WTO agreement signed by Kenya nearly five years ago because the agreement was hammered out by trade officials and lawyers who did not consult important stakeholders in Kenya.

"Obviously, on the eve of the third Ministerial Conference at the end of November in Seattle, the Kenya government will find itself between a rock and a hard place,' adds Dr Ouma, "And the

African position is already compromised by threats of sanctions from interested parties in the countries of the North."

While the horse trading continues, doctors like Ouma and their patients are left to manage their lives- and deaths- within an environment of fatalism. AWC Features