

Access to fluconazole in less-developed countries

Sir—When life-saving medicines are unaffordable because of high prices resulting from exclusive marketing rights (patents), intellectual property protection threatens people's health. If the price of medicines puts them out of reach of those in need, national governments should be encouraged to produce or import generic versions, as is their right within international World Trade Organisation agreements.¹ This issue has been highlighted through the high price of fluconazole in South Africa.² Médecins Sans Frontières (MSF) assessed the price variation of fluconazole and investigated alternative sources in different countries to help to increase access to life-saving drugs. Affordable fluconazole has been introduced in MSF projects in Cambodia and Guatemala. We would like to extend this example to other countries.

Fluconazole is a key drug in the treatment of cryptococcal meningitis. This disorder affects around one in ten people who have AIDS. In some countries, the prevalence is up to 25%. Without treatment, life expectancy is less than 1 month. The recommended regimen is 400 mg fluconazole daily for 12 weeks, followed by lifelong maintenance therapy (200 mg daily).³

In many countries that recognise medicine patents, Pfizer has had a market monopoly for fluconazole for the past 12 years. Their patent will not expire before 2004 in the USA and even later in some countries. Worldwide sales of Pfizer's fluconazole made US\$1002 million in 1999 (www.pfizer.com accessed Nov 28, 2000). Pfizer sells fluconazole in less-developed countries at the same prices as those in more-developed countries and has so far refused to offer voluntary licences in poor countries so that other health ministries could arrange for production or importation of an affordable generic supply.

Manufacturer (country of production)	Country of distribution	Price per unit (US\$)
Biolab (Thailand)	Thailand	0.29
Cipla (India)	India	0.64
Bussie (Colombia)	Guatemala (negotiated)	3.00
Pfizer	Thailand	6.20
Vita (Spain)	Spain	6.29
Pfizer	South Africa	8.25
Pfizer	Kenya	10.50
Pfizer	Spain	10.57
Pfizer	Guatemala (negotiated)	11.84
Pfizer	USA	12.20
Pfizer	Guatemala (not negotiated)	27.60

Wholesale prices of 200 mg fluconazole capsules in June, 2000

We limited the study to eight countries where MSF runs HIV and AIDS programmes or that produce, and so could supply, fluconazole. In those countries where fluconazole is not patented, we obtained generic and Pfizer's private wholesale prices. In all cases, generic drug supplies came from manufacturers that have Good Manufacturing Practices approval and have their product registered in the country of origin. The comparison of prices is shown in the table. If South Africa were to import generic fluconazole from Thailand, the cost of 1 year's maintenance treatment would drop from \$2970 to \$104. This change would have a striking effect on access and adherence to treatment.

In less-developed countries, where fluconazole is patent-protected, Pfizer should lower the price to generic levels so that people can access this life-saving treatment, but so far has refused to do so. In South Africa, the Treatment Access Campaign (a local activist group) asked for a price reduction or a voluntary licence to allow generic production. This request was supported internationally by MSF. Pfizer responded by announcing that it would provide a donation,⁴ but no drug has yet reached patients.

An adequate response to the overwhelming burden of infectious diseases will never be possible through limited donations from multinational pharmaceutical companies. Ultimately, the power to ensure access to affordable essential medicines remains with national governments that can negotiate prices based on comparative price data, register generic producers when possible, and issue compulsory licences when necessary. International organisations such as WHO and UNAIDS have an important role in gathering objective price data and providing technical support to activate World Trade Organisation safeguards to override patents when necessary.

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- 1 WHO. Globalization and Access to Drugs: implications of the WTO/TRIPS agreement/WHO/DAP.98.9. Geneva: WHO, 1997.
- 2 Baleta A. AIDS activists force attention to fluconazole in South Africa. *Lancet* 2000; **356**: 1584.
- 3 WHO. Drugs used in HIV-related infections, WHO model prescribing information, DMP/DSI/99.2. Geneva: WHO, 1999.
- 4 Waldholz M. Pfizer plans to provide Diflucan drug at no cost to South Africans with AIDS. *Wall Street Journal* 2000; March 4.

Health and human rights

Sir—We are surprised that Richard Horton, in his report (Sept 30, p 1186),¹ suggests that those who work in the health professions should join the debate on domestic health issues as energetically as they have that on human rights issues abroad.

Physicians for Human Rights (PHR-UK) is committed to the protection of human rights wherever they may be threatened. We have focused on countries such as Rwanda, Kashmir, Palestine, Armenia, Egypt, South Africa, and Kuwait, as well as the UK.

We welcome your prescription that the European Convention on Human Rights should be amended to include a statement about health as a basic enforceable right. With a reported 12 000 petitions pending before the European Court of Human Rights, however, a reform of that nature in the near future is difficult to envisage. We think that consideration should be given to other human rights instruments.

The European Convention's sister treaty, the European Social Charter of 1961, makes provision for health in Articles 11 and 13, with special provision for elderly people in Article 4 of its 1988 additional protocol. The Charter has been amended to permit complaints by non-governmental organisations such as human rights groups.

A further measure is the UN Covenant on Economic, Social and Cultural Rights. The UK last reported to the UN on its progress in implementing this treaty, in November, 1997. At that time, several UK human rights organisations produced a joint response to the Government's report that discussed correlations between health and poverty, the rise in psychosocial disorders among young people, and the impact of National Health Service identity checks on people seeking medical attention. The UN Committee on Economic, Social and Cultural Rights has provided detailed guidance on how UK citizens can draw the attention of the Committee to any shortcomings they perceive in the UK's implementation of the covenant.

We believe that greater awareness of the existing international mechanisms and a readiness to use them is needed.

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- 1 Horton R. Health and the UK Human Rights Act 1998. *Lancet* 2000; **356**: 1186–88.