

Brazil proves developing countries can use generic medicines to fight HIV/AIDS epidemic

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Brazil's nearly two-decade effort to treat people living with HIV and AIDS shows that developing countries can successfully combat the epidemic. Inexpensive generic medicines are a large part of the solution, say researchers from Brown University and the Harvard School of Public Health.

Brazil did this, researchers said, largely by pursuing controversial policies that prompted pharmaceutical companies with exclusive drugs to lower their prices dramatically and generic companies to develop lower-cost alternatives for use in emerging markets.

"Brazil has proved it is possible to treat people with AIDS in [developing countries](#)," said lead author Amy Nunn, assistant professor of medicine (research) at The Warren Alpert Medical School of Brown University. She added that the country saved more than \$1 billion as a result of bargaining with multinational pharmaceutical companies, resulting in significant changes in global AIDS policy.

That effort, Nunn said, has had a wide impact.

"Before Brazil's efforts, as recently as the year 2000," she said, "most people living with HIV/AIDS in developing countries died without receiving treatment."

Details of their findings will be published in the July/August issue of *Health Affairs*. Francisco Bastos, a well-known AIDS epidemiologist at the Oswaldo Cruz Foundation in Rio de Janeiro, and Elize da Fonseca at the University of Edinburgh in Scotland also participated in the research. Senior author Sofia Gruskin is an associate professor of health and human rights at the Harvard School of Public Health in Boston, where the initial research began.

One of the biggest advances in Brazil's push to address the advance of HIV and AIDS came in the 1990s, when the country passed a law guaranteeing free, universal access to drugs for AIDS treatment. The country also began producing generic AIDS medicines in public factories. Brazilian authorities also pressured drug companies to reduce their prices drastically for patented medicines by threatening to produce generic versions of those drugs.

Brazil was working to contain the virus years before taking that step. Researchers noted that Brazil began its HIV education and prevention campaigns early in the 1980s, focusing on condom distribution and HIV testing. Health officials also targeted prevention campaigns to those vulnerable to contracting HIV, including sex workers, injecting drug users and men who have sex with men.

The results were enormously beneficial. Researchers said the country's¹ treatment initiatives also helped minimize the spread of the virus in Brazil. In doing so, health officials proved AIDS treatment was possible in a developing country. The example helped prompt sweeping changes in global public health policy and foreign aid relating to global health, with Brazil's actions as an example of how to make HIV/AIDS policies more effective.

Gruskin said that Brazil also spearheaded important changes in global health, trade policies, and international human rights protections related

to medicines, and the country forced greater transparency about global drug prices.

An example of the change: Since 2003, the United States and other developed countries once opposed to Brazil¹'s policies have invested billions of dollars annually to provide generic AIDS medicines to people in developing countries.

At home, Brazil kept its HIV/AIDS epidemic confined to .5 percent of the population. Today, about 660,000 Brazilians live with the disease.

Nunn said the study's findings show that developing countries around the world can dramatically reduce AIDS-related deaths by treating patients. She added that the research highlights the value of strategic global political engagement by developing countries.

Still, there are challenges ahead. The study shows that the cost of treating HIV/AIDS patients in Brazil has risen in recent years. The long-term costs of treating people living with [HIV/AIDS](#) will continue to rise in other countries as more people receive treatment, life expectancy is extended, and patients require more costly and often patented medicines.

Source: Brown University ([news](#) : [web](#))

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