Briefing Paper

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HIV/AIDS Drug Donations

Throughout 2000 and 2001, the issue of global access to HIV/AIDS treatments for PLWHAs has risen in importance and visibility. The dramatic contrast between PLWHAs in countries like Australia who are benefiting from new drug treatments and PLWHAs who are dying without proper treatments has lead to a global movement for improved treatment access. It is an issue that has touched many people on an ethical level and an emotional level: *Can I stand by and watch while people die unnecessarily? What can I do to help?*

With this movement to improved treatment access have come suggestions for getting drugs directly to PLWHAs from the Asia Pacific region who cannot afford them and have no access to them through their local healthcare infrastructure. AIDS Councils are sometimes asked whether there is a program for donating drugs. At the 2001 NAPWA Conference, a delegate asked conference attendees to find ways of getting medicine to an Asian PLWHA activist.

Various informal programs of drug donations have taken place for years in various locations. Individuals or groups have gathered unused drugs from individuals or sympathetic healthcare professionals for redistribution to PLWHAs who need them. Californian activists have been bringing unused drugs to Mexico for years. A story posted to e-mail by Richard Stern reported of a black market in Central America where individuals collect and resell HIV/AIDS medicines. Direct help to individual PLWHAs takes place across borders, and probably within borders, for example, in the USA to people without healthcare.

On a global level, organisations like the World Health Organisation, issue their own warnings to those trying to manage drug donations. They make a plea to donors to ensure that their donations:

- are of maximum benefit to the recipient;
- respect the wishes and authority of the recipient;
- strictly avoid any double standards in quality;
- are based on effective communication between donor and recipient.

However, a recent survey by the World Health Organization (WHO) of 108 drug donation lists submitted to the Albanian Ministry of Health during May 1999 found that: some 50% of these lists only mentioned trade names, many of which were unknown to local health professionals; only 56% included information on shelf-life, of which about 41% of the drugs had a remaining shelf-life of less than one year; and 18% of donations contained small packs of free samples or drugs returned to pharmacies. None of these practices are acceptable, WHO argues.

Australia has its own organisation that works in this area: OPAL Return Unwanted Medicines Limited, based in South Australia However, they follow the World Health Organisation's "Guidelines for Drug Donations" which states that medicines returned or handled by a consumer must not be recycled.

Since major organisations cannot handle individual drug donations, is there a way that smaller organisations could do so? The Global Network of People Living with HIV/AIDS (GNP+) recently published its own guidelines for the Donation of Medication. This document aims to give practical advice to donors and recipients. They recommend that the following issues be given consideration:

- Donated drugs must correspond to recipients' specific needs
- The supply of donated medications must be ensured for at least six months
- There are legal issues for donors to consider
- There are legal issues for recipients to consider
- Donors and recipients must take note of expiry dates, packaging and labelling, mixing open bottles, transportation and storage facilities.
- Medication should be accompanied by medical supervision and diagnostic testing, as well as treatment information.

AFAO would raise similar and different questions:

- Sustainability of treatment – can a steady supply of HIV/AIDS drugs be assured for individuals? For how long a period?
- Is there proper support available to ensure that the drugs are taken properly? Drug regimes are complicated and often need medical support and counselling. They are potentially harmful if taken improperly, especially if side-effects arise. Resistance can also occur if drugs are taken improperly. Other considerations are if the drug has certain dietary requirements or dosages that the individual would not be able to maintain.

- Are there mechanisms in place for sufficient monitoring of the recipient's health? Does the individual have access to CD4 and viral load testing? If not, how can effective treatment be monitored?
- How to identify individuals who would receive the drugs? Anecdotal evidence shows that with limited access to HIV drugs, individuals share their drugs with family members or friends, sell or store the drugs for future usage.
- How could we ensure that the drugs are used by the intended recipients. There have been cases where returned pharmaceuticals have found their way onto the black market once they have been shipped leading to situations where treatment is made available to only those who could pay.

To ensure the donations comply with the recommendations on the previous page, an effective communication process would need to be set up between Australian donors and recipients in other countries. This would probably require financial resources, time, immense cultural sensitivity, and strong management and administrative skills.

There is also the question of where these drugs might come from. In earlier days of the epidemic, HIV drugs became available when PWAs died. Now, with more effective treatments, this is certainly not as frequent. Some drugs may become available if people change their treatments. If people take drug holidays, it is likely that they would continue to use the drugs eventually. Even if individuals do find themselves with extra stocks of drugs, it is unlikely that they would be enough to continually supply someone else to go on that particular drug regime. So, a sufficient supply of drugs through individual donations seems unlikely. Some hearsay describes sympathetic healthcare professionals obtaining extra supplies of drugs for donations, but unless this is done in an authorised and legal manner, an organisation would be unable to work with them. It is also illegal at the state level to "administer or use" certain drugs for which a prescription has not been obtained (see addendum).

Furthermore, there are other ways to support increased treatment access to HIV/AIDS drugs. In 2000 and in early 2001, AFAO supported the South African Treatment Access Campaign for a program of advocacy for the prevention of mother-to-child transmission. The global treatment access movement includes discussions of intellectual property rights, improved healthcare systems, and lower prices for essential drugs. Australian organisations may choose to tackle a structural issue for a constituency (PLWHAs in the region) rather than on drug donations, which might be more on an individual basis.

On the other hand, dedicated individuals and organisations have set up drug donation programs. At the Durban World AIDS Conference, a program was described with donated drugs from European sources to a group of up to 40 PLWHAs in Africa. A PLWHA group based out of the USA aims to get HIV drugs specifically to PLWHA activists who are crucial to the international PLWHA movement and their national movements. It is possible that this

model works due to locale - the lack of healthcare in the USA may have meant that American activists are experience in collecting unused medicines, while the size of the US population means that an adequate supply of medicines can be gathered.)

Identifying PLWHA activists as the recipients for the drugs is one way to deal with the tricky question of who gets treatment. However, it is still a difficult moral and ethical question: where access to pharmaceuticals for life threatening conditions is limited, on what basis is the decision made to treat one individual over another? It is possible that inequity might be created (where a small number of PLWHA are receiving treatment while the majority are not) in spite of an aim to work towards a situation of more equitable treatment access within the region.

So, the question remains that while AFAO is clearly committed to equity of access to treatment and health care services to PLWHA in the region, what is the best way to go about this? In the end, it is unlikely that AFAO would actively support a drug donation program even in the face of great individual need from PLWHAs for HIV/AIDS medicines. Any initial program would be limited, unguaranteed and lack monitoring and accountability. While a further exploration and discussion of these issues may be needed, when balancing pros and cons, the difficulties, both practical and ethical are likely to outweigh the advantages.

References:

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Websites:

http://www.who.org
http://www.drugdonations.org/

Addendum:

Because the distribution and administration of pharmaceuticals is a state issue there is no federal provision but each state would have a version of the following, which is the relevant provision for Victoria:

Drugs, Poisons and Controlled Substances Regulations 1995

Division 6 - Administration

44. Use of drugs and poisons restricted to person named in prescription

A person must not administer or use a drug of dependence, Schedule 4 poison, schedule 8 poison or schedule 9 poison obtained or supplied on a prescription other than for the treatment of the person named on that prescription.