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## Ugandan ARV Manufacturers Struggling To Market Drugs



Locally manufactured drugs are proving more expensive than generic imports. Credit: J. McKellar

By Wambi Michael

Kampala – The Ugandan government is struggling to live up to its promises to protect the local production of antiretrovirals and anti-malarials from competition from abroad.

Following a 2008 agreement with Indian generic drug maker Cipla Limited, a Ugandan company, Quality Chemicals Limited (QCIL), began manufacturing antiretrovirals (ARVs) and artemesinin-based combination therapies (ACTs) in 2009.

But locally manufactured drugs are proving more expensive than generic ARVs produced in India, China and Pakistan, and even by big pharmaceutical firms in the West.

According to the Uganda Pharmaceutical Manufacturers Association, in 2010 Uganda's pharmaceutical market was worth an estimated 276 million dollars; 90 percent of these medicines were imported.

Paul Asiimwe, a Ugandan lawyer knowledgeable about intellectual property laws and access to medicines, says QCIL and other pharmaceutical manufacturers in Uganda have not been given

enough protection from foreign generic manufacturers eager to cash in on the multi-million dollar Ugandan pharmaceutical market.

But he concedes the government has limited room to influence this. "The problem is that the government does not actually purchase most of these drugs, since they are largely paid for by donors and the Global Fund for AIDS, Tuberculosis and Malaria, which has insisted that all procurement should be competitively tendered out," Asiimwe explained.

Denis Kibira, the Medicines Advisor with Coalition for Health Promotion and Social Development (HEPS-Uganda), said prices for locally produced ARVs in Uganda will remain high until government and its partners such as the World Health Organisation [WHO] address what he referred to as "niggling concerns".

"Prices of locally-produced medicines will only come down if costs of production are reduced through availability of affordable financing for the sector, improved road infrastructure as well as local production of active pharmaceutical ingredients," Kibira said, adding that local pharmaceutical manufacturers still incur high costs for raw materials whose prices fluctuate widely depending on demand from other countries.

Emmanuel Katongole, QCIL's chief executive officer, recently asked the government to intervene to help his firm strengthen local sourcing of raw materials.

"It is becoming too costly to import raw materials from India," explained Katongole.

He added that the cultivation of Artemisia in parts of Uganda has not helped to lower the cost of producing anti-malarial medicine as raw Artemisia from Uganda was yet to be approved by the WHO.

Dr Gilbert Ohairwe, a board member of the Pharmaceutical Society of Uganda, explained that in addition to competition from manufacturers in India, China and Pakistan, the local pharmaceutical industry has had to contend with cheap drugs reaching Uganda via voluntary pooled procurement.

The Global Fund relies on pooled procurement, which secures medicines in bulk at preferential prices from the world's leading drug companies, as an effective way to solve challenges of both prices and quality control.

*Continued on page 2*

# New female condom: Keeping your underwear on during sex

By Wambi Michael and Mercedes Sayagues

**C**APE TOWN – All conventional female condoms currently on the market come with a ring or sponge that is inserted deep into the vagina to hold the contraceptive in place.

But with many users resenting the ring and sponge, Colombian experts have now devised a new solution: a thong panty (tanga in Latin America, G-string elsewhere) that a woman can wear during sex to hold the female condom in place. No more rings and sponges.

The panty – in sheer white material, with a tiny bow and a sexy allure – has a strategic slit that fits over the vagina. The female condom adheres to the panty like a pad, with adhesive, on top of the slit, on the panty's inside.

When penetration occurs, the penis goes through the slit and the female condom ‘balloons’ inside the vagina, accommodating the penis and protecting both lovers. After sex, the user will just have to discard the condom and wash the panty for re-use.

The panty-condom comes in one size and is manufactured and distributed in Colombia, not yet approved for global distribution by the World Health Organisation.

Researchers and scientists are yet to establish the number of washes the sheer white material can take before the adhesive loses its grip.

Joy Lynn Alegarbes, director of global operations for The Condom Project, is cheerfully promoting all kinds of condoms – including the female condom – at the Condomize corner of the ongoing 17th International Conference on AIDS and STIs [ICASA] in Cape Town, South Africa.

Her demonstrations of the new panty condom are always attracting the widest spectrum of viewers. “The advantage of the female condom is that it allows women to have choice to protect themselves during sexual activity because, as women, we cannot really guarantee that a male partner will put on a male condom,” she told ICASA-Terraviva.

“But you can still be proactive about your



Female panty condom. Credit: J. McKellar

own sexual health and your safety by inserting a female condom and negotiating its use with the partner. So, the panty-condom is just another option for women.”

At the time of initial purchase, each panty comes with three female condoms. “Once widely availed on the market, a refill pack will be sold just like other female and male condoms,” explained Alegarbes.

## Ugandan ARV Manufacturers Struggling To Market Drugs

*Continued from page 1 ...* But Ohairwe said with Big Pharma capturing the lion's share of the nearly US\$ 20 billion spent by the Global Fund on drugs for 144 countries in 2010, local producers are disadvantaged.

Advocates for better access to ARVs and other medicines suggest that Uganda should take better advantage of exemptions for least developed countries under World Trade Organization regulations – which were recently extended to 2021 – to acquire technology to produce high-quality, inexpensive medication.

Moses Mulumba, the executive director of the Centre for Human Rights and Development (CE-

HURD), which advocates for local generic manufacturing, said:

“We can't rely on importation of medicines for ever. This is why I think that we need to deal with the challenges that make our ARVs more expensive. The time is now, when we have the policy space under the TRIPS (trade-related aspects of intellectual property rights) agreement, as recently extended. It will be more challenging to deal with these concerns when the policy space is finally closed.”

Sarah Opendi, the country's national minister for health, agreed that the local pharmaceutical sector is facing challenges. “But nobody can say we have

not supported Quality Chemicals Limited to reach where it is now. It is definitely in our interest to have more medicine manufactured here,” she said.

Dr Gordon Sematiko, director of the National Drug Authority, revealed that the NDA was formulating a new national pharmaceutical strategy in co-operation with the Ministry of Health.

The new policy, according to Sematiko, will put measures in place to reduce dependence on imported medicines.

“It is hoped that the plan will improve their manufacturing practices and thus enhance their competitiveness on the domestic market,” he said.

## TERRAVIVA

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# Des lois strictes contre les minorités sexuelles freinent la lutte anti-SIDA, selon Mogae

Par Ignatius Banda

**L**E CAP - L'ancien président du Botswana, Festus Mogae, a conseillé aux gouvernements africains d'assouplir leur position contre l'homosexualité et de protéger les droits des minorités sexuelles si le continent veut gagner la bataille contre le VIH et le SIDA.

Mogae, qui est le président des Champions pour une génération sans VIH - une association d'anciens présidents - a déclaré que les lois anti-homosexuels strictes ont seulement aidé à freiner la lutte contre le VIH et le SIDA.

"Notre continent africain devient un lit chaud pour des lois répressives, discriminatoires et des politiques qui marginalisent. Nous devons nous rappeler que ce

sont des citoyens aussi et [ils] ont droit aux droits humains et à la dignité", a souligné Mogae aux délégués à la Conférence internationale sur le SIDA et les IST en Afrique (ICASA) en cours au Cap, en Afrique du Sud. "L'énergie que nous consacrons à marginaliser nos propres [gens] est un coût d'opportunité pour faire avancer notre humanité".

Dans plusieurs pays africains, y compris le Zimbabwe, la Zambie et le Malawi, des hommes qui ont des rapports sexuels avec des hommes (HSH) ont été qualifiés de criminels et dans certains cas écopent de longues peines d'emprisonnement à cause de leur orientation sexuelle, alors que dans d'autres pays, ils sont devenus des cibles des lyncheurs.

Mogae a affirmé que la criminalisation des populations minoritaires à la fois viole les droits humains et affecte la façon dont les gouvernements abordent le VIH et le SIDA sur le continent.

Des organisations non gouvernementales et des activistes des droits des homosexuels ont continué à faire pression sur les gouvernements pour des lois qui interdisent la discrimination des lesbiennes, gays, bisexuels et transgenres (LGBT).

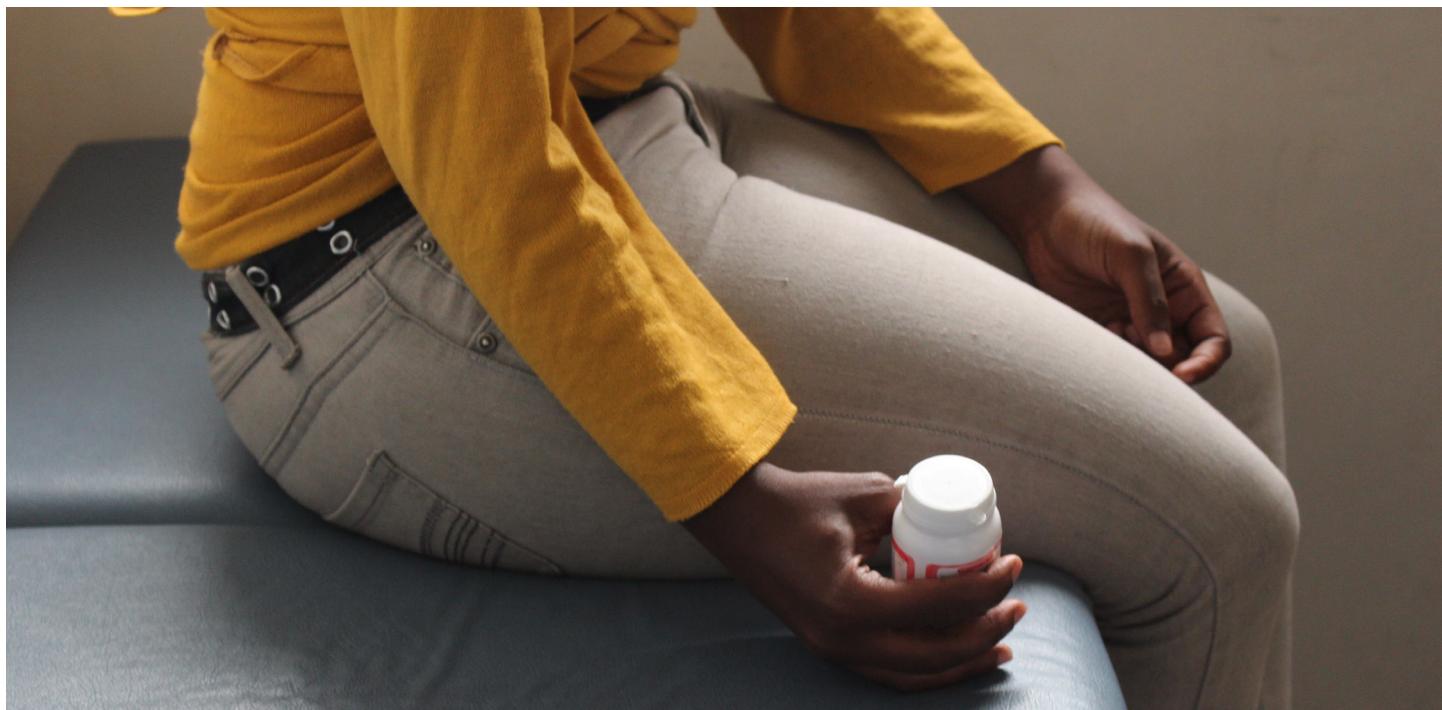
Le Conseil pour l'égalité dans le monde, qui lutte pour l'inclusion de l'orientation sexuelle et l'identité de genre dans l'agenda du développement, indique que 37 pays africains criminalisent actuellement l'homosexualité.

## Civil Society March on Human Rights Day



To mark Human Rights Day, 10 December, civil society held a protest march at the ICASA conference demanding access to treatment, prevention, care and support for all.

# Drug Stock Outs Haunting AIDS Patients – Report



Patients who do not take their ART consistently are at risk of developing drug resistance. Credit: J. McKellar

By Erick Kabendera

**C**APE TOWN – As many as 420,000 South Africans living with HIV and AIDS could be at risk of developing resistance to treatment following the inconsistent availability of drugs in health facilities.

A new report, “Stock Outs In South Africa A National Crisis” released by the Stop Stock Outs Project, a consortium of civil society organisations monitoring and advocating the availability of medicines in health facilities, said six out of nine provinces recorded stock outs in at least 17 percent of their facilities. The findings were based on a research conducted over the past three month.

“More than one in five facilities (459/ 2,139 – 21%) reported a stock out or shortage of ARV and/ or TB medicines in the preceding three months, of which half (242/ 459 – 52.7%) were still facing shortages at the time of survey,” reads the report in part.

“Six out of the nine South African provinces had more than 17% of their facilities reporting shortages, with provincial percentages ranging from 53.9% in the Free State to 4.4% in North-West.”

A patient living with HIV and on antiretroviral [ARVs] treatment in Eastern Cape is quoted in the report as saying, “I have had difficulty getting my treatment since January

2013. In January, my clinic ran out of 3TC and I had to borrow pills from my neighbour. In February, my clinic ran out of Kaletra.”

Another patient on ARVs in Gauteng said: “I am on Truvada and EFV. In June for 2 weeks, I went to the clinic for medication and we were sent back without anything.”

In facilities that had drugs, patients often complained of extreme rationing which forced them to take weekly sprees to the health facilities – coming with a cost that those out of employment were unable to meet.

Mark Heywood, executive director for Section 27, a South African human rights organisation which is part of the Stop Stock Outs Project, said many people were dying as a result of stock outs.

“We don’t know how many people have died while on treatment or dropped out but we have seen people at health centres queu-

ing for many hours to get services.

“HIV and AIDS has taught us that our systems are dilapidated. Health facilities are understaffed and health workers are poorly-remunerated,” Heywood said.

He called on the Health ministry and all relevant authorities to urgently introduce systems to prevent shortages of drugs in health institutions.

“This must be treated as a priority. There has to be urgency in planning and putting in a system to prevent the stock out. There are multiple causes of the stock outs, including bad planning, corruption and bad ordering but it has bad consequences at the end,” said Heywood.

Approximately 2.4 million people are on ART in South Africa and 300,000 are treated for tuberculosis TB every year, one of the largest HIV treatment rates in the world, according to the Stop Stock Outs Project.



## COUNTDOWN TO ZERO

Stories on the global plan to eliminate new HIV infections among children and keep mothers living with HIV alive

Find more stories on Getting to Zero at [www.ipsnews.net/africa](http://www.ipsnews.net/africa)

You can also follow the Conference on Twitter @NoNewHIV or using #ICASA2013

## VOICES FROM THE CONFERENCE

# Stop Denying Us Healthcare Services – LGBTIs

By Erick Kabendera

CAPETOWN – Members of sexual minorities – lesbians, gays, bisexuals, transgender and Intersexes (LGBTIs) – have complained of being denied access to social services and healthcare systems, which poses a challenge in dealing with HIV and AIDS.

Speaking at a symposium entitled “realising the sexual and rights of LGBTI people in Africa” at the 17th International Conference on AIDS and STIs (ICASA) in Cape Town, South Africa, Pepe Julian Onziemana, a transgender person of Uganda, said he had repeatedly suffered stigma and discrimination ever since he went public about his being gay.

“I am always treated like a human being with a social problem chiefly because of the rising religious fundamentalism, stigma and homophobic inclinations in my country. We are [as LGBT] always being marginalised and left out of crucial health care services,” said Onziema, who is HIV/AIDS and human rights co-ordinator for the Sexual Minorities Uganda, a rights-based organisation.

“Religious leaders are given the high seats at all social functions and we are not counted. This open discrimination makes LGBT fail to utilise the public sphere and limit our access to the health service providers.”

In 2009, an Anti-Homosexuality Bill was tabled in the Ugandan Parliament which sought to criminalise sexual minority groups and Onziema said if it passes, the law could contribute to fuelling further discrimination and



Pepe Julian Onziemana, human rights coordinator for the Sexual Minorities Uganda, a rights-based organisation.  
Credit: Erick Kabendera

general resentment of LGBTIs in the country.

“The media has been naming and shaming people, and I am one of the victims,” he complained.

Trish Dzingirayi, co-ordinator of the Coalition of African Lesbians, said in most African countries, politicians pushing for policy changes to embrace and protect the rights of LGBTIs faced serious challenges, including losing popularity and votes of the public that is generally hostile to homosexuality.

“I am a woman and any issue that affects other women affects me, including HIV/AIDS, but I suffer more because I am lesbian. Why not be part of the change we want to see? Don’t discriminate, don’t stigmatise and don’t use sexual orientation as a scapegoat to avoid

dealing with the issues on the ground such as poverty and lack of jobs,” said Dzingirayi.

Felicity Daly, a PhD candidate of public health at the London School of Hygiene and Tropical Medicine who is currently conducting a qualitative analysis of South Africa’s national strategic plan on HIV and AIDS in relation to the LGBTIs community, said treatment and services for sexual minorities are also a low priority when it comes to funding.

“Lesbians are still victims of rape and are marginalised in the healthcare system. There are very clear anecdotal accounts that women who have sex with women are targeted by rapists, are marginalised in the healthcare system. They are living with HIV and AIDS and [some of them] don’t understand the risks,” Daly commented.



### Getting to Zero means...

By Nqabomzi Bikitsha



For me it means people playing it safe every time they have sex and stopping the abuse and rape of our women.

Sithembele



Making better choices and having the right to health.

Darren



It means governments forgetting about profiteering and focus on getting ARVs to where they are needed.

Lighthouse Aids Unit

# Début d'une reconnaissance des besoins de santé des minorités sexuelles

Por Wambi Michael

**K**AMPALA – Dans un bureau banal de 'Bukoto Street', à Kampala, la capitale ougandaise, des agents de santé et activistes de la société civile assistent à une réunion régulière pour fournir des informations et des conseils sur la vie avec le VIH et le SIDA. Ce qui est inhabituel, c'est que ces séances d'information s'adressent à un groupe d'environ 50 femmes transgenres.

"Come Out Post-test Club", le nom du groupe, a été créé au début de cette année comme un espace sûr et un groupe de plaidoyer pour les travailleuses du sexe transgenres vivant avec le VIH. Secrétaire exécutive du club, Bad Black, déclare que le groupe vient comme un grand soulagement pour les membres.

"C'est une étape dans la bonne direction", indique Black. "Nous organisons des discussions en ligne. Nous avons également des réunions physiques régulières dans un espace sécurisé. Nous sommes environ 50 membres, à la date de juin 2013, bien que le nombre augmente".

Selon elle, beaucoup de femmes transgenres sont mortes en Ouganda à cause de la discrimination dans les services de santé publique. "Nous avons perdu sept de nos collègues cette année seule", souligne-t-elle. "Le plus gros problème était la négligence des médecins. Ils n'ont jamais voulu nous soigner à cause de notre orientation sexuelle. Nous avons estimé que beaucoup d'entre nous allaient mourir si nous demeurions dans la clandestinité".

Le moment décisif pour le groupe était en avril lorsqu'une collègue, Abbey Mukasa Love, est décédée.

"Abbey ne serait pas morte si les infirmiers et les médecins ne l'avaient pas stigmatisée", affirme Black. "Ils ont écrit le mot 'gay' sur son dossier. Nous avons décidé de nous déclarer publiquement et de former un groupe de soutien et 20 d'entre nous ont commencé à organiser des réunions tous les dimanches. Nous invitons des gens pour nous parler du traitement et de la prévention. Ce n'était pas facile pour beaucoup d'entre nous de se déclarer publiquement".

L'interaction du club avec les agents de santé au bureau de 'Bukoto Street' - a ap-



Gay rights activists launch a campaign against HIV and AIDS in Kampala, Uganda. Credit: Wambi Michael

porté un peu de changement. Selon Black, certains agents de santé s'ouvrent à offrir un meilleur traitement et un soutien aux membres des minorités sexuelles.

"Pour nous, c'est une étape importante, parce que très peu de gens s'associaient même avec nous une fois que le Projet de loi anti-homosexualité a été déposé au parlement en 2009", ajoute Black.

Ce projet de loi, qui est toujours devant le parlement ougandais, imposerait des sanctions sévères contre les minorités sexuelles. Il propose la peine de mort pour l'infraction "homosexualité aggravée".

Une enquête menée par la Faculté des sciences de santé publique de l'Université de Makerere sur l'infection au VIH chez les hommes qui ont des rapports sexuels avec des hommes [HSH] à Kampala, de 2008 à 2009, a révélé que les taux d'infection chez ce groupe étaient presque deux fois plus élevés que la moyenne nationale. Alors que le taux national d'infection est de 7,5 pour cent en moyenne, selon la Commission ougandaise de lutte contre le SIDA, l'enquête de l'Université de Makerere estime ce taux à environ 13 pour cent pour les HSH.

Beyonce Karungi Tushabe, la directrice exécutive de 'Transgender Equality Uganda', une ONG œuvrant pour les droits des personnes transgenres, déclare qu'il est difficile pour les personnes transgenres de vivre avec le VIH dans un environnement où elles sont obligées de cacher leur identité.

"Les restrictions sont toujours les mêmes (depuis l'étude). La stigmatisation est encore plus grande (pour les transgenres) dans les hôpitaux. Alors, les quelques-

unes d'entre nous qui sont sous traitement (anti-rétroviral) ne sont que la partie visible de l'iceberg", souligne Tushabe.

Cependant, il y a eu certains progrès pour ce groupe minoritaire.

Selon Flavia Kyomukama, un membre de la Coalition mondiale des femmes contre le SIDA, le nouveau plan stratégique de l'Ouganda sur la lutte contre le VIH/SIDA mentionne les HSH parmi les groupes très exposés dont la prévalence du VIH se situe au-delà de la moyenne nationale.

Dans leur message à l'occasion de la Journée mondiale de lutte contre le SIDA, une coalition de 14 organisations de la société civile a déclaré qu'elles voyaient certains développements positifs vers l'intégration des HSH et d'autres populations exposées dans la politique de traitement et de lutte contre le VIH et le SIDA du ministère de la Santé et d'autres acteurs.

Moses Kimbugwe, un activiste à Spectrum, une ONG qui fournit l'éducation et la prévention du VIH et du SIDA pour les HSH à Kampala et ses environs, déclare: "Nous sommes heureux que le ministère de la Santé s'engage à créer des centres de santé pour les HSH et les travailleuses du sexe à Kampala".

Le ministère mène également une enquête épidémiologique sur des populations exposées clé afin de déterminer une estimation de leur taille et mieux définir leurs besoins de santé publique non satisfaits.

Le secrétariat des populations les plus exposées – dont le bureau de 'Bukoto Street' est utilisé par "Come Out Post-test Club" pour ses réunions - est maintenant financé en partie par le ministère de la Santé et la Commission ougandaise de lutte contre le SIDA.