

Refugees are often left out of AIDS plans, report says

A new international expert group under the leadership of the UN High Commissioner for Refugees (UNHCR) is to be established to focus on refugees and internally displaced people who are often excluded from national AIDS strategy plans.

“Unfortunately, many countries with refugee populations neither include them specifically in their national HIV/AIDS control strategies nor take them into consideration when they make proposals to donors”, said UNHCR chief Rudd Lubbers.

Earlier this month Lubbers told a meeting of the Inter-Agency Advisory Group on AIDS in Geneva that “more needs to be done” to ensure refugees and other groups affected by conflict and displacement are included in strategic plans, proposals, and action programmes organised by governments, UN agencies, or multilateral funding bodies.

The Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the World Bank have funded HIV/AIDS projects in 26 of the 29 African countries that host refugees.

But Paul Spiegel, senior HIV/AIDS Officer at UNHCR, noted in a new policy paper in which he reviewed 22 African countries, that only 14 HIV/AIDS National Strategic Plans mention refugees.

Furthermore, of the eight countries that do not mention refugees in their AIDS plans, half included no mention any specific activities for refugees at all.

Urban refugees not living in camps are often undocumented—meaning they do not receive support from UNHCR and rely upon host government services, which may discriminate against them.

Internally displaced people are also often excluded from their government’s

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programmes, Spiegel’s paper notes.

To help redress the situation, Spiegel suggests that UN country teams should work with national governments to ensure that refugees are included in AIDS plans.

Policies and programmes to reduce the stigma associated with HIV/AIDS and discrimination towards displaced population should also be studied, Spiegel added.

John Zarocostas

Antidepressants are sold as antiretrovirals in DR Congo

The emergence of counterfeit antiretroviral drugs in Democratic Republic of Congo has prompted serious concern among groups that advocate widespread distribution of these drugs in HIV-affected countries.

Médecins Sans Frontières (MSF), which is running an HIV/AIDS programme in the country, called for stricter controls to prevent such compounds entering the market. “The best way this problem could be prevented is to have effective local drug regulatory authority and a supply of good-quality, affordable antiretrovirals to satisfy local demand”, Ellen ‘t Hoen, acting director of the MSF Campaign for Access to Essential Medicines, told *The Lancet*.

According to MSF, fluvoxamine (an antidepressant) and cyclobenzaprine HCl (a muscle relaxant) had been labeled as either “Triomune” (a combination of stavudine, lamivudine, and nevirapine) or “Duovir” (a combination of zidovudine and lamivudine), the two commonly prescribed antiretroviral brands that are manufactured by Indian

pharmaceutical company Cipla.

Krisana Kraisintu—former director of Thailand’s Research and Development Institute—who is helping to produce antiretrovirals in Democratic Republic of Congo said she was not surprised by the reports because even drugs far cheaper than antiretrovirals, such as quinine, had been faked in Africa in the past.

“It is very difficult to prevent these fake drugs, but as for my products in three countries, we have marks on tablets themselves plus some indications on the boxes which are unique to the companies and cannot be copied”, she explained. According to Kraisintu, the only way to prevent this problem is to educate the patients and health workers who dispense these drugs.

The Democratic Republic of Congo, with an estimated population of 60 million people, has been embroiled in civil war since 1996—a situation that has fueled the HIV epidemic. The overall prevalence of HIV among adults aged 15–49 years is around 5% but in some

regions it is reportedly as high as 20%.

Many people with HIV/AIDS in Democratic Republic of Congo rely on counterfeit medicines because there is a shortage of good-quality antiretrovirals, the price of existing drugs is too high, and the local regulatory authorities are not equipped to deal with the problem.

Daniela Bagozzi, a spokesperson for WHO said that her agency is working to build regulatory capacity in regions where counterfeit drugs are a problem.

Currently, antiretroviral drugs are assessed by WHO’s prequalification project before they reach the market. The process, she explained, excludes counterfeit and substandard products. “Recent reports of combination products in Africa that are not on the WHO list of prequalified products and that contain either the wrong or no active ingredients, demonstrate the need for products to be properly assessed before reaching the market”, Bagozzi commented.

Khabir Ahmad