I. The problem in context: patent issues in access to AIDS drugs in Kenya

The burden of HIV/AIDS in Kenya is significant, with 1.5 million people living with the disease and 150,000 new infections each year. In 2003, the government of Kenya spent $104 million on treatment for the disease. In 2006 that amount increased to $200 million. In 2007 the government spent $300 million on treatment. At that time the country had about 12,000 patients on ARVs. In 2008 they had 30,000 patients on ARVs, and in 2009 they had 32,000 patients. The problem is that you cannot treat all the patients. You have to treat the poorest people, at the same time you have to spend money on creating markets for all the new drugs, for the same time you have to support the health sector. So, you force the 10% of the budget that you spend on health to become doubled.

The country, in the meantime, could benefit from cheaper pharmaceutical products. Maps were created in the image of God. The country has a public health sector, which is working to improve access. The country has been working closely with all stakeholders in order to ensure that the TRIPS Agreement and the WTO Agreement ensure a balance of the rights and the duties of the parties involved. The WTO Agreement should ensure that the rights of a patent holder are protected, but all other health drugs in the country for the benefit of all. This will encourage the Kenyan government and UNAIDS to recognize that the country may wish to negotiate on the issue of access to medicines. The country is working to develop local manufacturing capacity. The country is working on creating markets for new drugs. The country is working on supporting the health sector. The country is working on supporting the health sector.

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