

Questioning the UNAIDS/Pharmaceutical Industry Initiative

Seven months and counting. . .

Health GAP Coalition
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In May 2000 UNAIDS announced a HIV drug price reduction initiative in partnership with major multinational drug companies. The announcement, regarded with much fanfare by the American media, promised “slashed drug prices”¹ and followed mounting international criticism of the global pricing strategies of the pharmaceutical industry.

AIDS activist, humanitarian, and public health organizations reacted to the announcement with deep skepticism and many unanswered questions². Seven months after the announcement, the initiative as executed by UNAIDS and the pharmaceutical industry has not made substantial progress in achieving the goal of broad, sustainable access to HIV medication in developing countries. Instead, many of the same deadly flaws of the UNAIDS pilot project on antiretroviral drug access will be repeated.

Only Senegal has concluded negotiations with participating drug companies; Senegal’s deal, seven months in coming, will only provide anti-HIV medication to an estimated one per cent of its infected population once implemented³.

In contrast, since the UNAIDS announcement in May, Brazil has confirmed the success of its national provision of combination antiretroviral therapy: broad access to affordable generic antiretroviral medication has resulted in a drop in AIDS related mortality by at least 50 per cent, a \$442 million savings in hospitalization fees.

Health GAP Coalition is opposed to the following aspects of the UNAIDS/pharmaceutical industry initiative:

- 1. The UNAIDS/Industry initiative is designed to meet the needs of the pharmaceutical industry, not people with AIDS.** The pharmaceutical industry is explicitly driven to protect its intellectual property, and to protect and increase its profits. In the midst of a devastating global health crisis, these interests must not be allowed to power efforts by UNAIDS to increase affordable drug access.

However the initiative as currently structured is based in cumbersome, non-transparent and unbalanced negotiations between developing countries and extraordinarily wealthy pharmaceutical companies on a country-by-country basis. Drug companies cannot be expected to negotiate in good faith with poor countries. UNAIDS refuses to provide poor countries with the leverage they need in order to obtain the deepest possible price reductions, in the most expedited fashion. **UNAIDS must insist that participating drug companies comply with uniform price reductions from the outset, for all drugs and for all poor countries that wish to participate in the initiative.**

- 2. Generic HIV drug manufacturers must not be shut out of the initiative. UNAIDS must publicly endorse the importance of partnerships with generic manufacturers, as it has readily endorsed the involvement of the multinational drug companies.** Big Pharma is not pleased by the price reductions created by competition from generic producers around the world. UNAIDS drug access policies are currently being structured, by and large, in response to Big Pharma’s displeasure. Health GAP is outraged by reports that generic manufacturers are being kept from negotiating drug price reductions as part of the UNAIDS initiative.
- 3. Without reform from UNAIDS, the gravest defects of the UNAIDS pilot project on antiretroviral drug access will be repeated.**
 - In Uganda, antiretroviral drugs obtained from the UNAIDS pilot project at “discount” were actually more expensive in some cases than drugs obtained from local pharmacies—because UNAIDS did not do its job and require drug companies to adhere to their “promised” price reductions. People with AIDS could not afford their treatment, and drug company lies resulted in interrupted care, bankrupt households, the development of drug-resistant virus, and

¹ Waldholdz, M. “Makers of AIDS Drugs Agree to Slash Prices in the Third World”. *Wall Street Journal* 11 May 2000

² cf, www.globaltreatmentaccess.org/content/press_releases/051100_AU_PR_UNAIDS_ARV_.html

³ Harrington, M. “Brazil: What Went Right?” 10th National Meeting of People Living with HIV and AIDS www.aidsinfonyc.org/tag/activism/brazil.html

untimely death. Dr. Peter Muygenyi of the Joint Clinical Research Center in Kamapla, Uganda pronounced the pilot project “a miserable failure” and called the new initiative “more political than practical; it was done for the media.”⁴

- In Côte d’Ivoire, the director of AfriCASO, Moustapha Gueye, reports that “a breakdown in the supply of antiretrovirals for HIV infected people who took part in the drug access initiative supported by UNAIDS” has resulted in a four month drug shortage and the recent deaths of about ninety people with HIV. HIV-positive Ivoirians are participating in a hunger strike in protest. Gueye places blame for the interruption on both the Ivoirian government and poor planning of the initiative⁵. Drug companies have already proven they do not respond when life-extending medication access is interrupted. **If UNAIDS cannot correct this debacle in Côte d’Ivoire, how can they assure sustained access to affordable therapy for all countries participating in the initiative?**
- 4. The same drug companies promising increased access through the UNAIDS initiative are preventing life-extending medications from reaching people with AIDS in the developing world.** In Ghana, importation of generic, low cost AZT/3TC from India’s Cipla, Inc. has been squelched by Glaxo Wellcome’s bogus claim of “patent infringement.” Recent reports indicate Glaxo Wellcome’s patent claims to AZT/3TC in Ghana are nonexistent; but their actions against Cipla and the Ghanaian drug distributor have halted drug distribution and are resulting in needless death⁶.

Meanwhile, Glaxo Wellcome continues hypocritical negotiations to provide brand-name Combivir at reduced cost to countries participating in the UNAIDS initiative. **UNAIDS must insist that Glaxo Wellcome, as a partner in the access initiative, immediately abandon its lawsuit against Cipla, Inc. and assure the Healthcare, Inc, the Ghanaian distributor, that it can distribute generic AZT/3TC without retaliation.**

- 5. UNAIDS is not advising countries entering industry negotiations against adopting overly restrictive domestic patent laws.** UNAIDS must state that the public health interests of developing countries are not served by adopting laws above and beyond that which is dictated by relevant international agreements. **UNAIDS must proactively support countries in efforts to obtain model, “best practice” domestic intellectual property legislation, and must proactively advise and support countries in enacting access strategies such as manufacture and importation of generics, and compulsory licensing.**
- 6. UNAIDS must act on the criticisms of people with AIDS in the Third World** who have spoken out in disappointment against the UNAIDS initiative and who are being shut out of negotiations⁷. Inexcusably, the current non-transparent structure of the UNAIDS initiative excludes people with AIDS while favoring the pharmaceutical industry.

Health GAP Coalition (Global Access Project) is a US-based organization comprising AIDS activists, public health experts, fair trade advocates, and concerned individuals who are dedicated to fighting for global access to affordable HIV medication.

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⁴ Médecins sans Frontières/Treatment Action Campaign Satellite Conference on Improved Access to HIV/AIDS Drugs in Developing Countries, 9 July 2000

⁵ Gueye, M. “Disruption of ARV stock in Cote d’Ivoire” Posting to Nigeria-AIDS list serv 18 October 2000

⁶ Schoofs, M. “Glaxo Attempts to Block Access to Generic AIDS Drugs in Ghana” *Wall Street Journal* 1 December 2000

⁷ Kenya Coalition on Access to Essential Medicines “Kenya Coalition Urges Government not to Trade Long-term Rights in Deal with Drug Companies” 7 November 2000 www.accessmed-msf.org/msf/accessmed/accessmed.nsf/html/4DTSR2?OpenDocument