

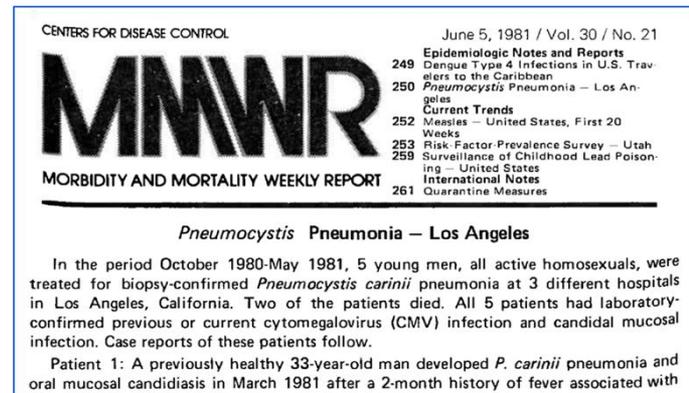
***“Nothing is impossible,
especially
if it is inevitable.”***

Outline

- The struggle for treatment access
- The role of community and civil society
- Drug development and treatment policies
- Reflections

How it started

- June 1981: 5 men confirmed with *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California
- In the US, by 1985, 12,000 people had died due to HIV
- The virus was spreading to hemophiliacs, people who inject drugs, gay men...



Source: Michael Ward/Getty Images

What was happening in Asia

- 1984: The first case of HIV diagnosed in Thailand
- 1986: First cases in Malaysia and India
- 1987: First case in Indonesia
- 1988: First case in Myanmar
- 1990: First case in Vietnam



Source: amfAR

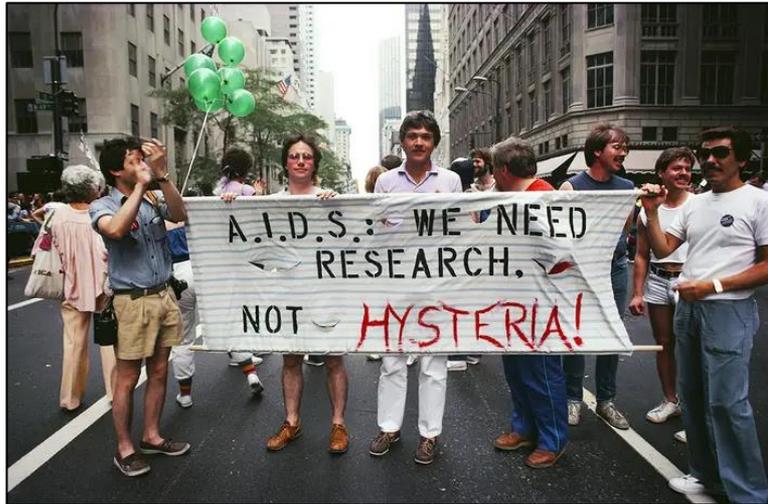
Antiretrovirals to treat HIV

- 1987: Zidovudine (azidothymidine; AZT) was approved by the US FDA as the first medication to treat HIV
- ***At a cost of 10,000 USD per person per year***
- ***With limited availability in the US and a few high-income countries***



Source: NMAH

An emerging “HIV community” demands action



Source: PBS



Source: ACT UP

Civil society responses in Asia

Case of Malaysia

1986+: Rationing of ART due to high prices of patented drugs

2002: Civil society groups demanded expanded access to ART

2003: Country issued a compulsory license to import generic antiretrovirals from India

→ Increased numbers of patients on treatment

→ Patent holders dropped prices on branded drugs by up to 57%



Source: MSF

Case of Thailand

1999: Patented drugs extremely expensive

1999: World Bank- would need nearly half the national health budget and 2000% of the AIDS budget to treat 100,000 PLHIV

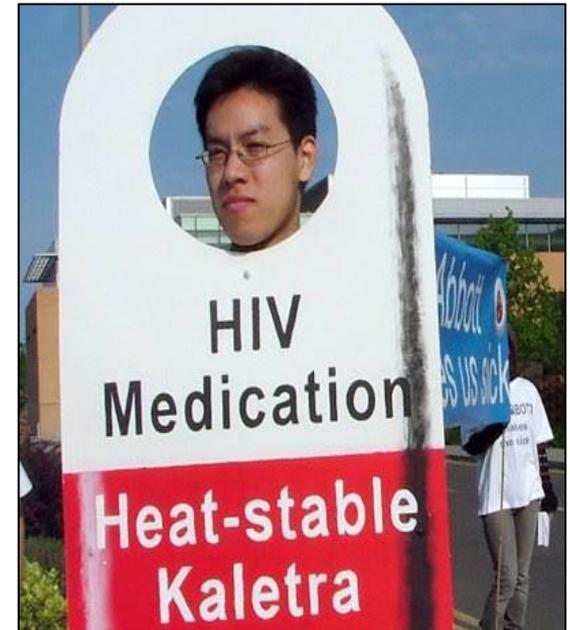
2001: Two PLHIV challenge patent on didanosine (ddl)

2001: Universal Health Coverage begun

2003: Two PLHIV won the case on ddl

2003: Triple-combination ARVs included in national essential medicines list

2005: Working group established to negotiate price reductions



Source: Make Medicines Affordable

Case of Thailand

- **2006-2007:** Thailand issue compulsory license for efavirenz and lopinavir/ritonavir
- **2007:** Imports efavirenz from India
 - Price drops from 1400 THB to 650 THB per bottle
- **2007:** Patented Kaletra price dropped to from 2000 USD to 1000 USD per person per year
- **2010-2014:** Thailand saved 339 million USD on drug costs
- These actions in Thailand had global impact on price drop of patented drugs
- Knowledge/evidence, civil movement/ public support, and leadership of policy makers

Case of India

Pharmacy of the developing world



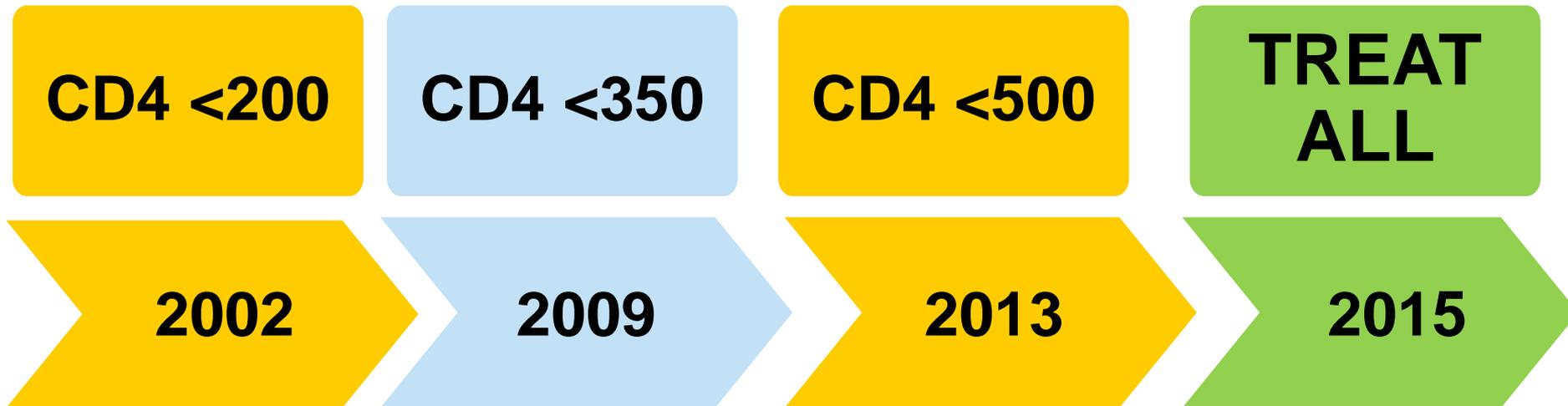
Source: DNP+

- **1947:** Independence from Britain
- **1947-1972:** Retained British patent laws; relied on imported drugs; one of the highest medicine prices in the world
- **1972:** Patent law reformed and patent on products abolished while allowing patent on process
- **2001:** First fixed-dose pill
- **2003:** 39% of overall global ARV market vs 61% of innovator
- **2008:** 87% of overall global ARV market vs 5% of innovator

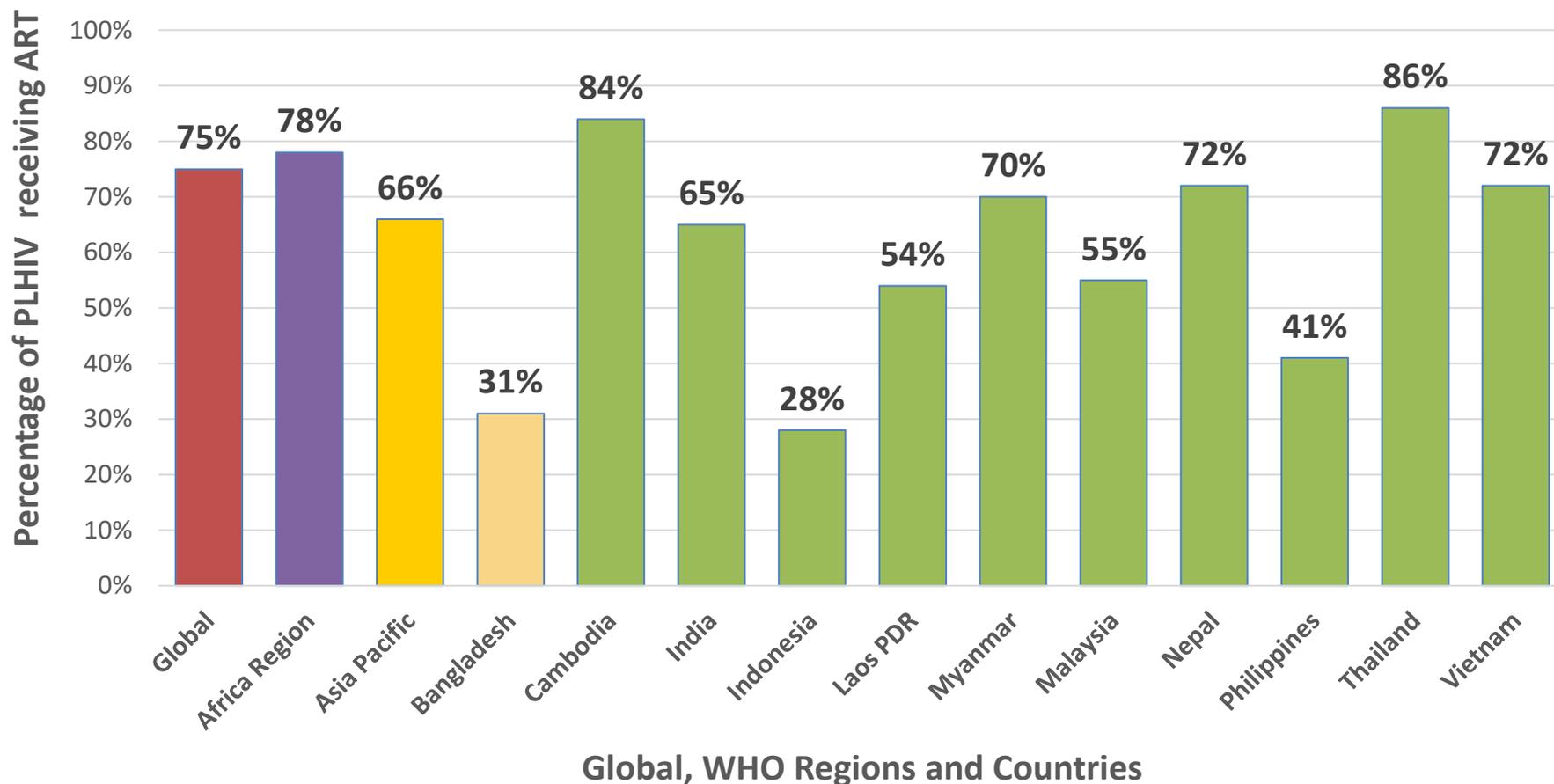
Case of India

- **1995:** India joined World Trade Organization (WTO)
- **2005:** Became compliant with WTO requirements and had to rework the patent law
- **2005:** PLHIV groups marched in 10 Indian cities protesting changes in the patent law
- **2006:** PLHIV groups filed first patent opposition
- **2006 to 2013:** Fought to defend sections in the patent law
- **2006 to present:** Has been in the forefront fighting for access
 - Phase out of d4t, ensuring continuous supply, opposing free trade agreements, upholding India's flexibilities in patent law.....

WHO policy changes for HIV treatment initiation



Treatment coverage in Asia



How far have we come?



March 2001

d4T/3TC/NVP
1 USD a day,
350 USD pppy



Dec 2009

d4T/3TC/NVP
80 USD pppy



Jan 2010

AZT/3TC/NVP
137 USD pppy



Jan 2010

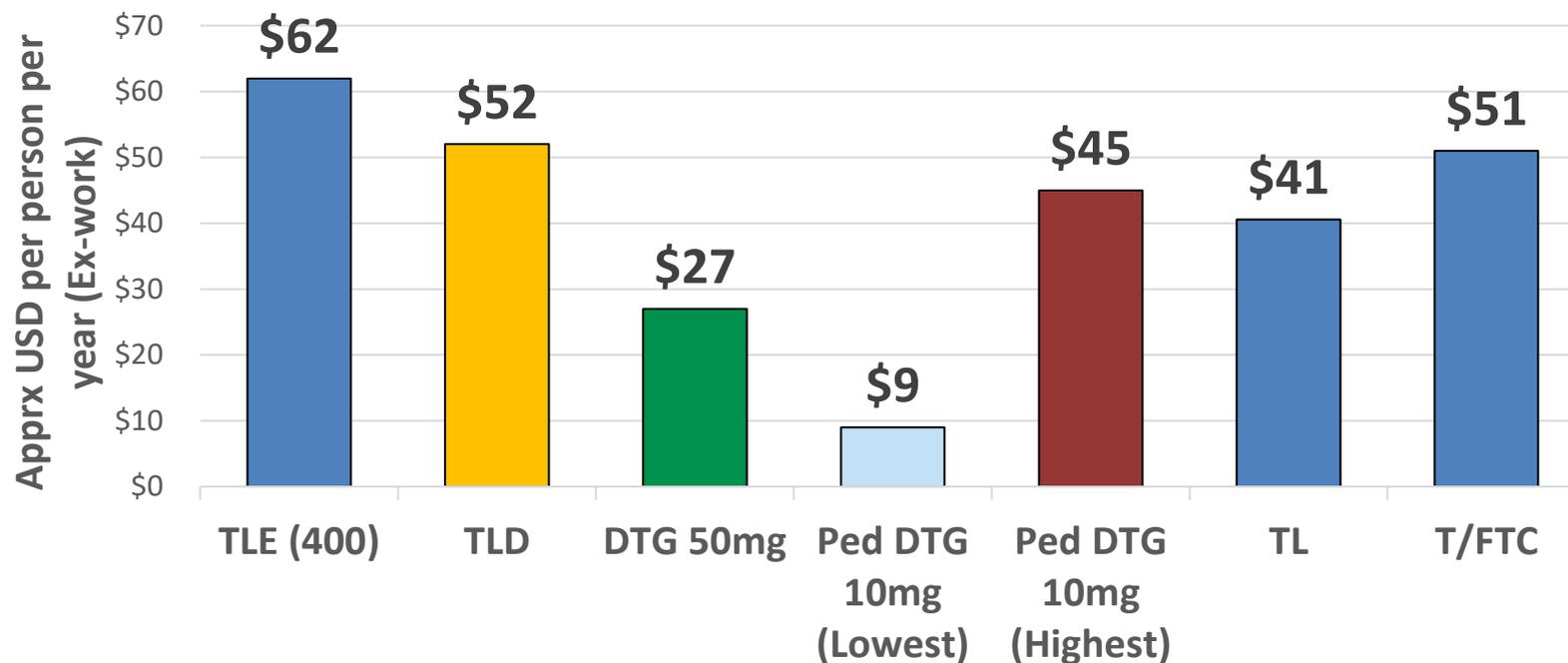
TDF/FTC/EFV
219 USD pppy

Dec 2022

TDF/3TC/DTG
52 USD pppy*

pppy: per person, per year; *Global Fund procurement

Pricing comparison of ARVs



Source: Global Fund
reference pricing, October 2022

TLE (400): Tenofovir/lamivudine/efavirenz 400mg; TLD: Tenofovir/lamivudine/dolutegravir;
DTG: Dolutegravir; TL: Tenofovir/lamivudine; T/FTC: Tenofovir/emtricitabine

“Nothing is impossible, especially if it is inevitable.”



“If we can get cold Coca-Cola and beer to every remote corner of Africa, [and Asia] it should not be impossible to do the same with drugs”