

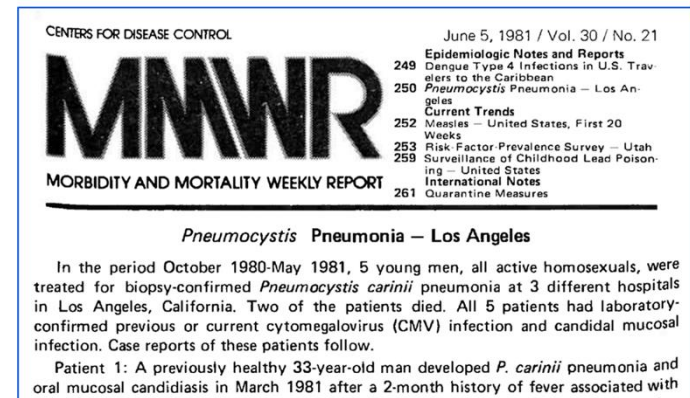
***“Nothing is impossible,  
especially  
if it is inevitable.”***

# 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

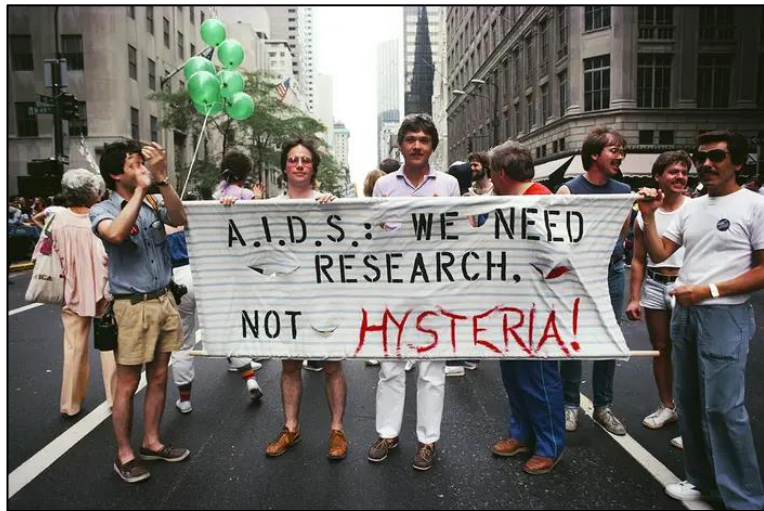
- 1987: Zidovudine (azidothymidine; AZT) was approved by the US FDA as the first medication to treat HIV
- ***At a cost of 10,000 USD per person per year***
- ***With limited availability in the US and a few high-income countries***



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

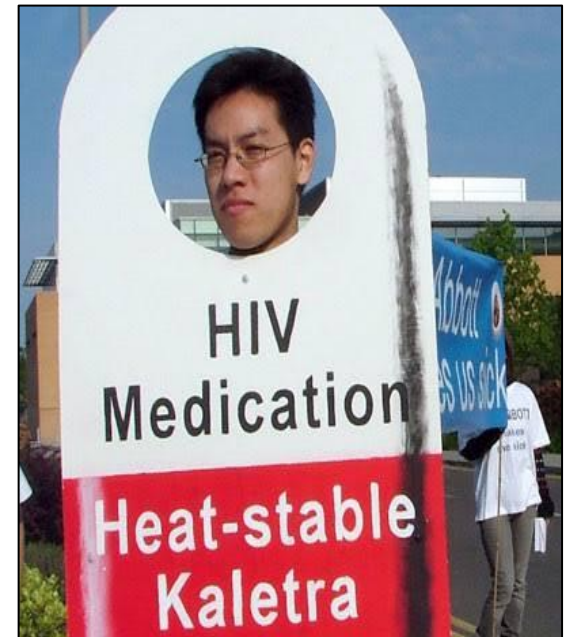
**2001:** Two PLHIV challenge patent on didanosine (ddI)

**2001:** Universal Health Coverage begun

**2003:** Two PLHIV won the case on ddI

**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

**CD4 <200**

**CD4 <350**

**CD4 <500**

**TREAT  
ALL**

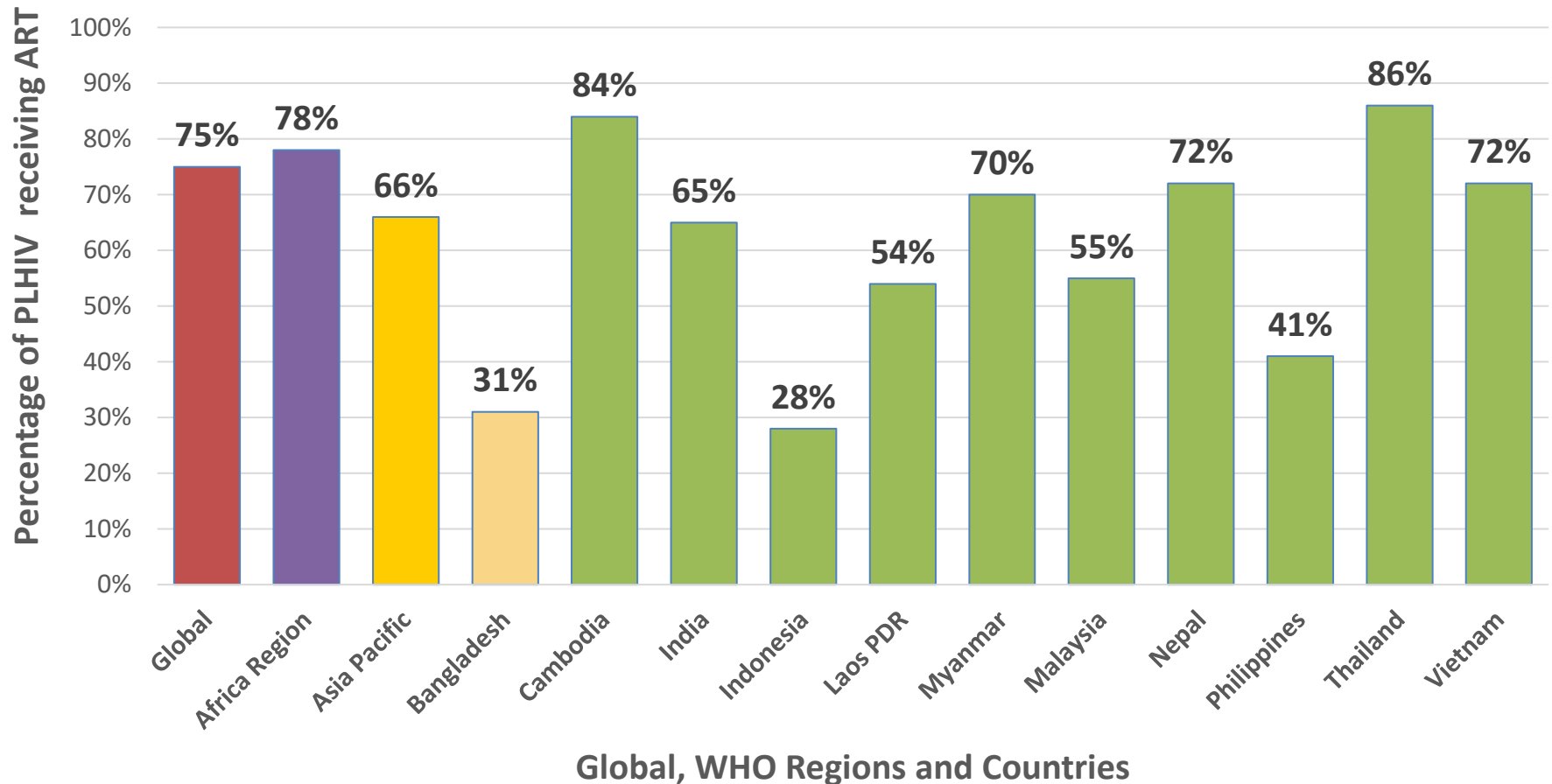
**2002**

**2009**

**2013**

**2015**

# Treatment coverage in Asia





# How far have we come?



**March 2001**

**Dec 2009**

**Jan 2010**

**Jan 2010**

**Dec 2022**

**d4T/3TC/NVP**

**1 USD a day,  
350 USD pppy**

**d4T/3TC/NVP**

**80 USD pppy**

**AZT/3TC/NVP**

**137 USD pppy**

**TDF/FTC/EFV**

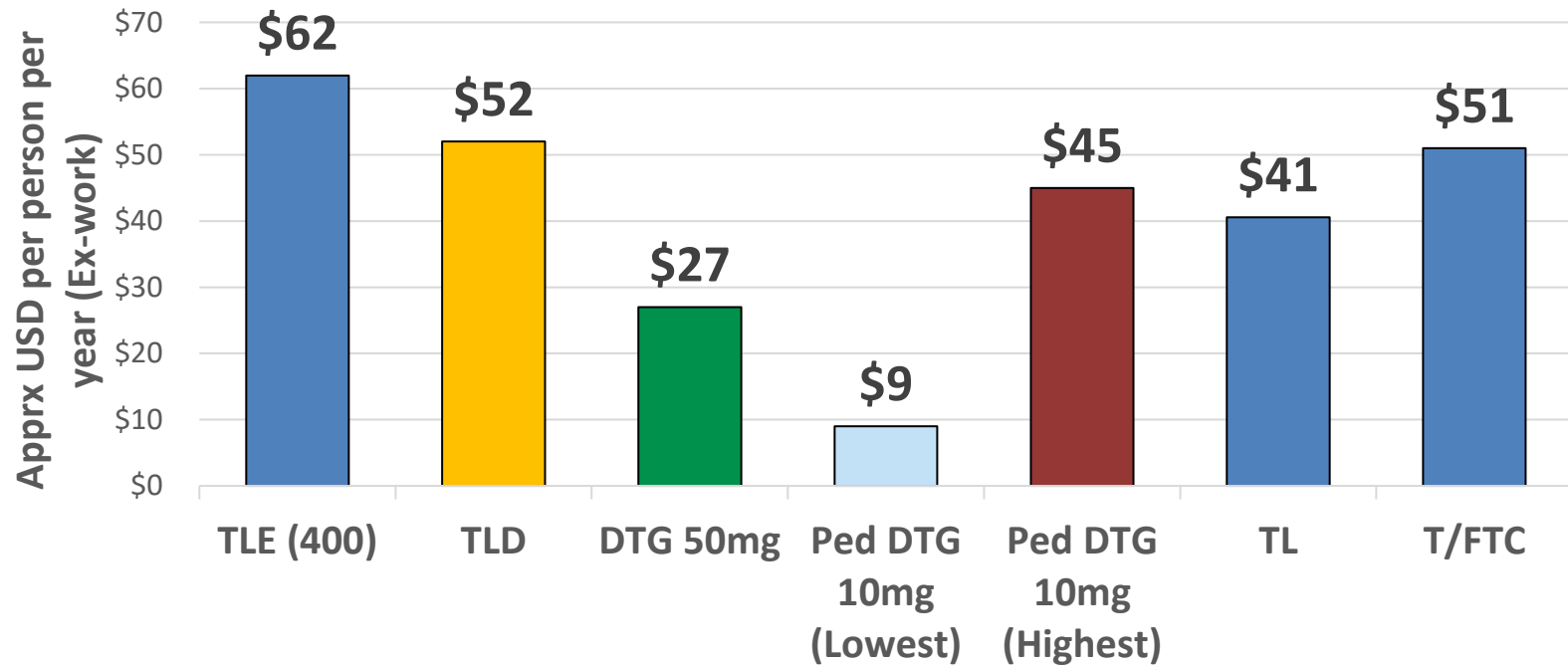
**219 USD pppy**

**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”***