

Global Treatment Access Campaign

REPORT CARD

DO THESE MEN MAKE A DIFFERENCE TO PEOPLE WITH HIV/AIDS?

DATE: DECEMBER 1, 2000 (WORLD AIDS DAY)

The year 2000 has been a banner year for pronouncements from the major multinational pharmaceutical companies regarding 'commitments' to make a difference in the global HIV/AIDS epidemic.

However, a closer look reveals little has happened in the past year that makes a difference in the lives of millions of poor people with HIV. There are many reasons why poor people throughout the world don't have access to the lifesaving medication and care that have transformed the lives of many people with HIV/AIDS in wealthier countries. However, pharmaceutical company inaction and obstruction of efforts to increase treatment access is a major reason why little has changed.

Drug donation or price reduction programs have been announced, but little or no HIV treatment has reached people in the developing world. The very design of these programs serve as an obstacle to timely start up. Analyses of these programs demonstrate that donation programs are designed to maximize tax benefits to the pharmaceutical company, at greater cost to US taxpayers than direct grants to purchase low price generics.

Drug price reductions have been announced with few specifics and a great deal of vague language. While the pharmaceutical companies – and headlines in the world's leading papers – boast of humanitarian intents and goals, the industry has been on the offensive in a number of countries to block the manufacture, import, and use of lower priced versions of HIV treatments.

So far, there is little evidence that the men rated below are actually making a difference. In fact, there is continuing evidence that they are doing harm.

1. WERNER GERSTENBERG CEO BOEHRINGER-INGELHEIM (NEVIRAPINE)

- THEORETICAL:** July 2000 offered free nevirapine to prevent mother to child transmission (MTCT), to all developing countries.
- ACTIVITIES:** Is working with the interagency UN/WHO team on how this donation program might be implemented at the country level. Is registering nevirapine in developing countries (20 so far).
- LIMITATIONS:** Only for prevention of MTCT, not for ongoing treatment of the mother, so number of orphans will likely increase. Will 'enter into separate negotiations' for use in treatment.
- IMPACT:** No one has actually received medication yet.

OVERALL GRADE: D

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**2. RAYMOND V. GILMARTIN, CHAIRMAN, PRESIDENT AND CEO
MERCK & CO, INC (INDINIVIR AND EFAVIRENZ)**

THEORETICAL: \$50 million over 5 years offered to match Gates Foundation donation for Botswana for treatment, care and prevention. Also, 66% price drops for indinivir and efavirenz in Senegal.

ACTIVITIES: President of Merck joined U.S. Dept of State officials to pressure Brazil to drop legislation that would increase access to HIV/AIDS medications.

LIMITATIONS: Total of donation per year is \$10 million from Gates/Merck combined.
As 290,000 out of 1.5 million people in Botswana are HIV infected, if the entire Gates/Merck yearly program went towards medications, only 8300 people would benefit (at the 85% price drops for HIV drugs described), and leave no resources for other necessary parts of care.
The dollar value of Merck's 'donation' is based upon U.S. pharmaceutical price, and not on the cost of production or best world price for generics.

IMPACT: No one has actually received medication yet. Actively blocking access.

OVERALL GRADE: F

3. CHARLES A. HEIMBOLD JR. PRESIDENT BRISTOL-MYERS SQUIBB (DDI AND D4T)

THEORETICAL: Announced "Secure the Future," a \$100 million program for HIV treatment, prevention, research programs, clinical trials, and physician training in South Africa, Botswana, Namibia, Lesotho, and Swaziland.

ACTIVITIES: Reduced the price of d4t and ddl to \$584 per year (\$1.60 per day) in Senegal.
In addition, has actively lobbied to block legal local production of generic HIV drugs in Costa Rica by telling people with HIV that generics will be inferior products. BMS worked to block government production of ddl in Thailand by incorrectly asserting that ddl is under patent.

LIMITATIONS: The cost of two-drug therapy in Senegal with this price reduction is still greater than the median income of \$510 per year. Since three drug therapy is standard of care, actual cost of appropriate treatment will be much greater. Estimate is that 900 adults and children will receive treatment by 2003, out of 79,000 people with HIV in Senegal.

IMPACT: No one has actually received medication yet.
Actively blocking access to drugs in some countries.

OVERALL GRADE: F

4. ROBERT A. INGRAM, CEO GLAXO WELLCOME (AZT, 3TC, AND COMBIVIR)

THEORETICAL: Announced price cuts for Combivir (AZT/3TC) from \$16 to \$2 per day in selected poor countries.
Announced free start up supply of AZT for pregnant women to prevent mother-to-child transmission.

ACTIVITIES: Has gone to court to prevent Indian generic producer CIPLA from exporting generic AZT/3TC combination to Ghana, even though no patent is held in either country. This export is legal under World Trade Organization rules, but Glaxo's actions are putting on hold an effort to make this drug affordable in Ghana.

LIMITATIONS: \$730 per year for double therapy (less than standard of care) likely is several times the median income in many developing countries.

IMPACT: No one has actually received medication yet. Actively blocking access.

OVERALL GRADE: F

- 5. PETER PIOT NAIDS DRUG ACCESS INITIATIVE**
- THEORETICAL:** Pilot programs to work out implementation issues for provision of HIV treatment.
- ACTIVITIES:** Started in November 1997, with pilot programs in Chile, Cote D'Ivoire, Uganda and Vietnam.
- LIMITATIONS:** HIV medications purchased at minimal price reductions from patent holders.
- IMPACT:** Uganda: estimated 1200 people with HIV receiving treatment by end of 2000. There are an estimated 930,000 people with HIV infection in Uganda. Cote D'Ivoire: Estimate of 1500 of 800,000 HIV infected people receiving treatment by end of 2000.
Vietnam: estimated 400 people with HIV receiving treatment by end of 2000.
Chile: estimated 1800 people receiving treatment by end of 2000
- OVERALL GRADE: C (extra credit for 'effort')**
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- 6. WILLIAM STEERE CEO PFIZER, INC.(FLUCONAZOLE)**
- THEORETICAL:** Has agreed to provide free fluconazole (Diflucan) to South Africans with cryptococcal meningitis.
- ACTIVITIES:** Has gone to court to block 1997 South African Medicines Act which would have allowed compulsory licensing/generic production or parallel importing. Is pressuring South Africa to not to grant an exemption to permit the AIDS advocacy group TAC from distributing generic fluconazole.
- LIMITATIONS:** Fluconazole will only be available for patients in public sector, and only for limited uses.
- IMPACT:** No one has received medication yet. Access from other methods actually blocked.
- OVERALL GRADE: F**
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- 7. MILES D. WHITE, CHAIRMAN AND CEO ABBOTT LABORATORIES (RITONAVIR)**
- THEORETICAL:** Agreement reached in June 2000 to provide initial grants in a region with high numbers of people with HIV infection. Announced willingness to participate in price discounts.
- ACTIVITIES:** None
- LIMITATIONS:** No details revealed. Potential discounts of up to 85% would still keep ritonavir unaffordable.
- IMPACT:** No one has received medication yet.
- OVERALL GRADE: D**
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- 8. PATRICK J. ZENNER PRESIDENT AND CEO HOFFMAN LAROCHE (SAQUINAVIR AND NELFINAVIR)**
- THEORETICAL:** Has promised discounts on saquinavir and nelfinavir to be sold at 'reduced prices' in some countries.
- ACTIVITIES:** None
- LIMITATIONS:** No prices or locations announced yet. Is also participating in a International AIDS Society (IAS) health care education program called SHARE, which gives grants to community based organizations in USA, Brazil, South Africa, Eastern Europe.
- IMPACT:** No one has actually received medication yet.
- OVERALL GRADE: D**