

Transaction prices for Antiretroviral Medicines and HIV Diagnostics from 2008 to March 2010



A summary report from the Global
Price Reporting Mechanism
May 2010

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The Global Price Reporting Mechanism (GPRM) contains information on transaction prices and quantities of antiretrovirals (ARVs), tuberculosis drugs, malaria drugs and HIV, TB and Malaria diagnostics purchased by HIV/AIDS, TB and Malaria programmes in low-income countries*, lower middle-income countries† and upper middle-income countries‡.

The country classification is done using the World Bank Atlas calculation and classification method^{1,2}, with the exception of sub-Saharan African countries which are all considered low-income-countries according to the pricing policies of the ARV manufacturer⁶: these countries should all have access to the lowest price of ARV's, regardless of their world bank classification.

South Africa is an exception among Sub Saharan Africa and is kept in the category of upper middle income countries as South Africa has had a different procurement policy favoring procurement from local manufacturers. In this case the competitive pricing policy from companies doesn't apply and South Africa should stay in the category of UMIC as their transaction prices fit well in UMIC.

The GPRM complements reports of price quotes from pharmaceutical companies^{3,4,5,6,7,8,9} as well as smaller sets of transaction prices published by other sources^{10,11,12,§}.

Based on assessment done using the full data set in the GPRM for year 2008 and 2009**, GPRM currently represents at least 75% of all public procurement of ARV, 50% of all public procurement of TB medicines and 30% of anti malaria (ACTs) public procurement.

This summary report features the transactions data of ARVs and HIV diagnostics in 2008, 2009 and the first quarter of 2010, and is based on information received by 25th April 2010 from the partners[§].

All transaction data have been compiled and stored in the searchable database developed and maintained by the AIDS Medicines & Diagnostics Service (AMDS) of WHO HIV/AIDS Department and is available at <http://apps.who.int/hiv/amds/price/hdd/>.

The information provided in this report reflects transactions of

- thirty-nine formulations used for adult HIV ARV treatment^{13,14} and recommended by WHO for the first and/or second-line regimens
- thirty-three formulations for paediatric ARV treatment recommended by WHO for the first and/or second-line regimens^{15,14}
- twenty five HIV serology tests (fifteen rapid, six ELISA, and four confirmatory) purchased by low-income, lower middle-income and upper-middle-income countries.

The GPRM contains also data for less frequently used but WHO recommended

* countries with a gross national income (GNI) per capita of US\$ 935 or less

† countries with a GNI per capita between US\$ 936 and US\$ 3,705

‡ countries with a GNI per capita between US\$ 3,706 and US\$ 11,455

§ The transaction data in the GPRM are provided by the following organizations: the Clinton Foundation; HIV/AIDS Initiative/UNITAID; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the International Dispensary Association; USAID/deliver (former John Snow Inc./deliver); Management Sciences for Health; Missionpharma; Supply Chain Management System; the United Nations Children's Fund; and the World Health Organization's Contracting and Procurement Service.

** For single dose formulation, we divided the number of patients that could be treated per year using the total number of tablets or capsules from that formulation by three, and by two for the fixed dose combination made of two drugs and by 1 for the fixed dose made of three drugs. From the sum of the number of patient, we derived the percentage from the estimated number of patients reported on treatment those years

ARV formulations, medicine for opportunistic infections, medicines for malaria and tuberculosis treatment, and other health commodities related to the treatment of HIV, TB and malaria. However, the present summary report is for ARVs and HIV serology tests only. The analysis for TB and malaria commodities, and HIV opportunistic infections medicines will be available later in 2010.

The transaction prices were analysed using the statistics below:

- The median price for each formulation (represents the price separating the 50% transaction with higher prices from the 50% with lower prices).
- The range between the 25th and 75th percentiles called the inter-quartile range (IQR, also called the midspread, a measure of statistical dispersion being equal to the difference between the third and first quartiles),

The combination of the median value and the IQR, instead of the mean \pm standard deviation, was selected for this analysis in view of the asymmetrically distributed nature of the data.

For the interpretation and use of the data in this report, it is important to note that:

- 1) All prices are shown in US Dollars (US\$) per patient per year of a defined daily dose of each medicine for adults or children.
- 2) The statistics are not calculated for formulations with less than five worldwide transaction lines.
- 3) All sub-Saharan African countries, except South Africa, are considered low-income countries regardless of their World Bank Atlas classification.
- 4) Other countries are classified using the World Bank Atlas calculation method.

5) The prices in this report are international transaction prices, and not the prices paid by end-users at country level. End-user prices are often higher than international transaction prices due to tariffs, taxes, transportation costs, and mark-ups. However, in certain instances, end-user prices could be lower than international transaction prices due to subsidies. More information on end-user prices can be found on the Health Action International website at <http://www.haiweb.org/medicineprices/>¹⁶.

Taxes, tariffs, and/or International Commercial Terms (INCOTERMS: cost or condition of transport, insurance, etc.) are not consistently reported, and therefore are not considered^{††}.

6) All transactions listed in the GPRM with a price of US\$ 0, or appearing as duplications, can be either ARV donations or erroneous information. Such transactions are removed from the analysis, along with their corresponding purchased volumes.

7) When no price is mentioned in the tables, no transaction of the formulation was recorded for that specific category.

8) Median prices published in this report for a specific year can be different from the one published in previous reports for the same year. This is due to availability of more complete data.

This summary report is intended to provide the pricing data of key ARVs and HIV diagnostics to governments, non-governmental organizations, donors, international organizations, academia, and individuals or institutions directly involved or interested in the procurement of ARVs in resource-poor settings.

Comments and suggestions would be greatly appreciated. Please send comments to Mr Boniface Dongmo Nguimfack at dongmonguimfackb@who.int.

^{††} Previous investigations by the U.S. Government Accounting Office and Management Sciences for Health suggested that any variation in INCOTERMS constituted a 3% -15% increases over the factory or ex works (EXW) price¹².

Table of abbreviations

International Non-proprietary Name (INN)	Abbreviation
abacavir	ABC
atazanavir	ATV
darunavir	DRV
didanosine	ddI
didanosine enteric-coated	ddI EC
efavirenz	EFV
emtricitabine	FTC
fos-amprenavir	FPV
indinavir	IDV
lamivudine	3TC
lopinavir	LPV
nelfinavir	NFV
nevirapine	NVP
ritonavir	RTV
saquinavir	SQV
stavudine	d4T
tenofovir	TDF
zidovudine	ZDV

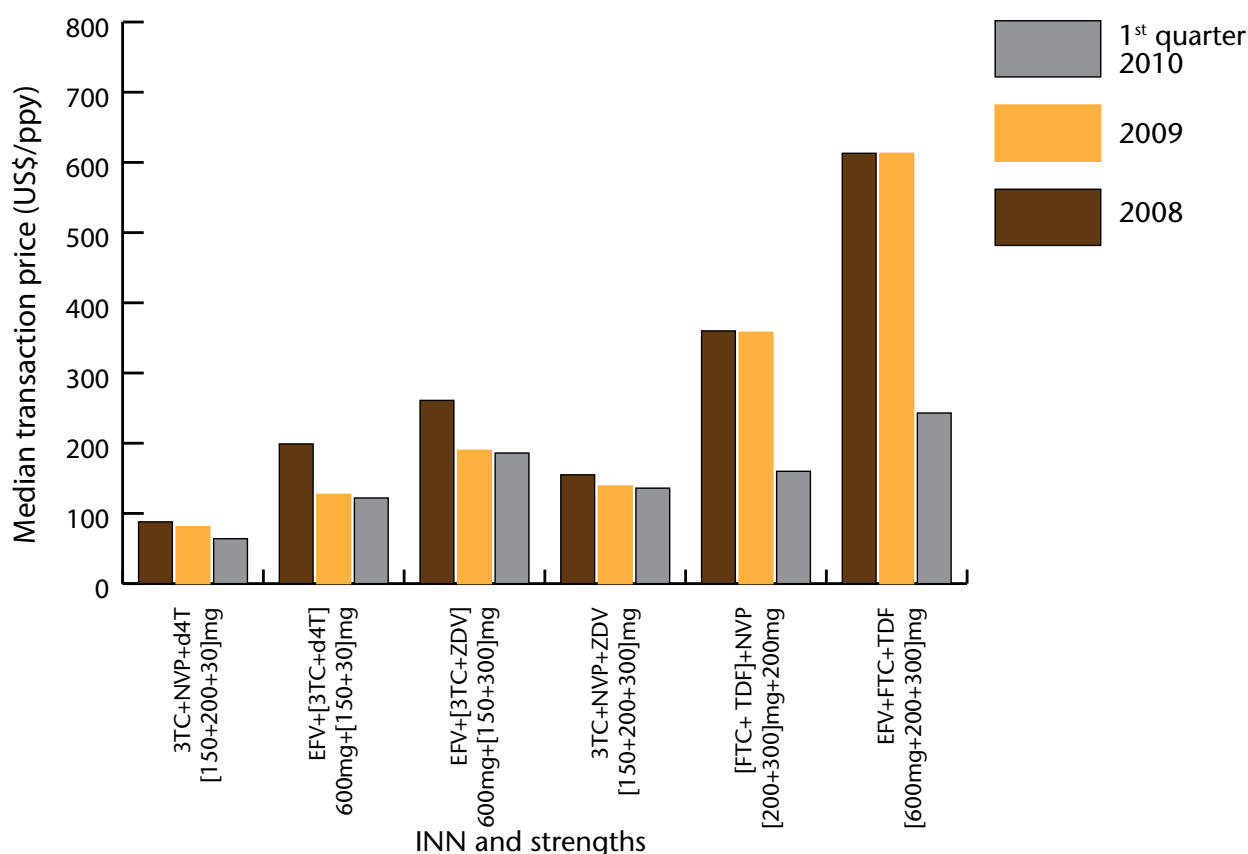


In this summary report, the emphasis has been put in illustrating the price trend for the main used ARV regimens recommended by WHO. Ranking of regimens is based on the results of the WHO survey (SIR/HIV¹⁷) on the country use of ARVs. The regimens represented in the graph are ranked from the most used regimen to the least used regimen. The tables in annexes provide information on median for all formulations and drugs matching the criteria of at least five transactions.

The data use for 2008 and 2009 are based on full years while 2010 is based only on data reported for the three first month of 2010.

1. Price trend for adult ARV treatment per country income level

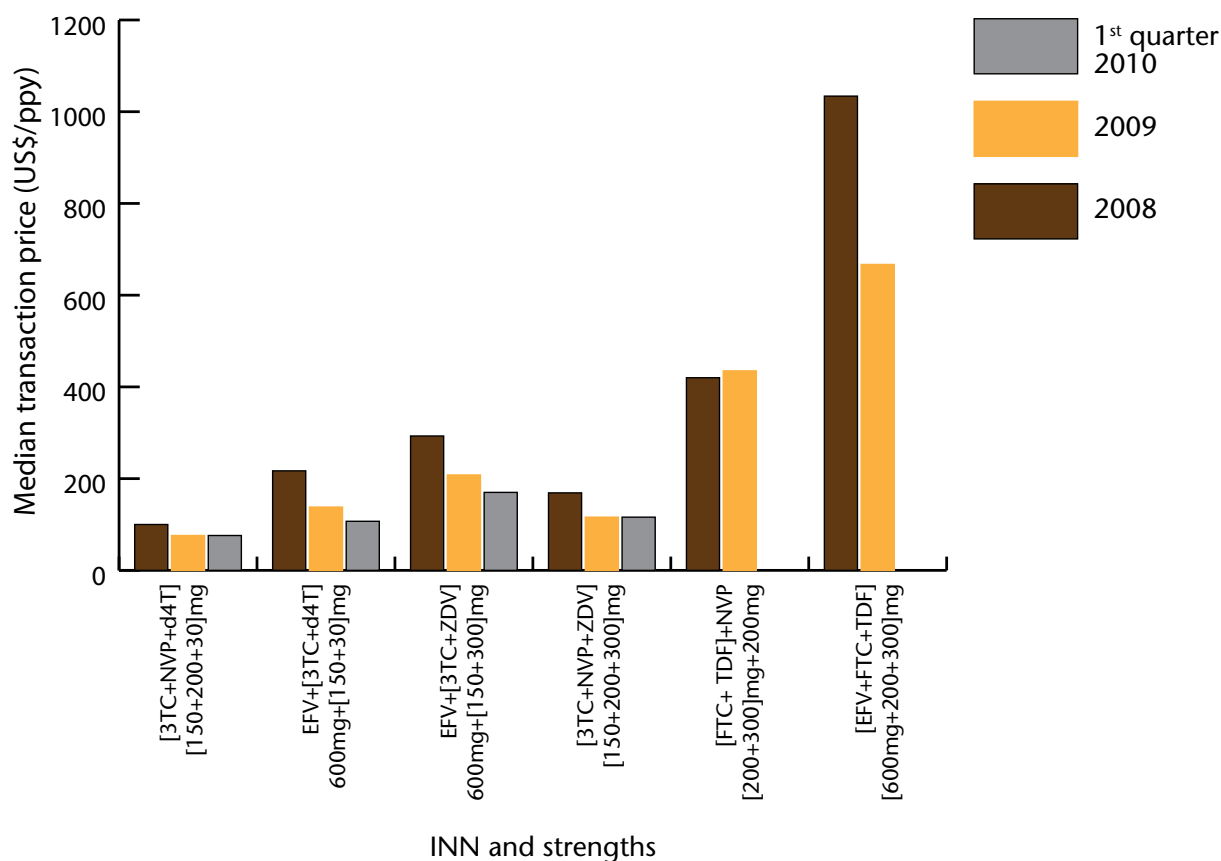
Fig. 1a: The price trend for the most commonly used *first-line regimens in low-income countries (LIC)* for adult patients.



The median price of medicines for adult major first-line regimens continued to decrease in low-income countries (LIC) between 2008 and March 2010. Within that period, the median price of the most commonly prescribed regimen for adults use¹⁷ : 3TC+NVP+d4T (150+200+30 mg), has dropped from US\$ 88 in 2008 to US\$ 64. The same downward trend has been observed with the second most commonly used regimens EFV+[3TC+d4T] 600mg+[150+30]mg which dropped from US\$ 199 to US\$ 122. The third most used regimen EFV+[3TC+ZDV] 600mg+[150+300]mg dropped from US\$ 261 to US\$ 186 and the fourth 3TC+NVP+ZDV 150+200+300 mg dropped from US\$ 155 to US\$ 136. These reductions in price represent 27%, 39%, 29% and 12% respectively of the 2008 prices.

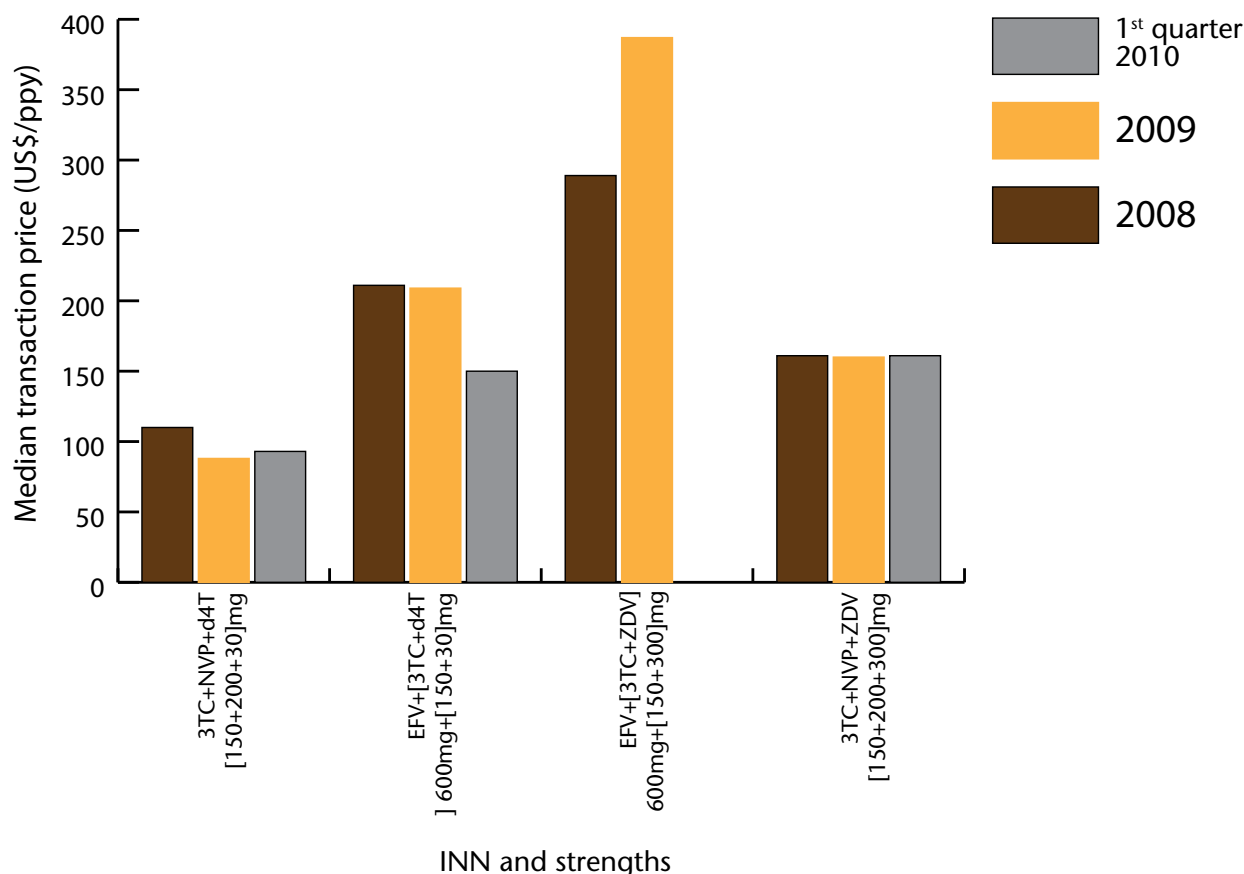
The newly added to strongly recommended regimens for first line treatment by WHO in Rapid advice¹⁸, EFV+FTC+TDF 600/300/600 mg and [FTC+ TDF]+NVP [200+300]mg+200mg have experienced a huge price decrease going respectively from US\$ 613 and US\$ 360 in 2008 to US\$ 243 and US\$ 160 in march 2010. These represent respectively 60% and 56% reduction in price.

Fig. 1b: The price trend for the most commonly used *first-line regimens in lower middle-income countries (LMIC)* for adult patients.



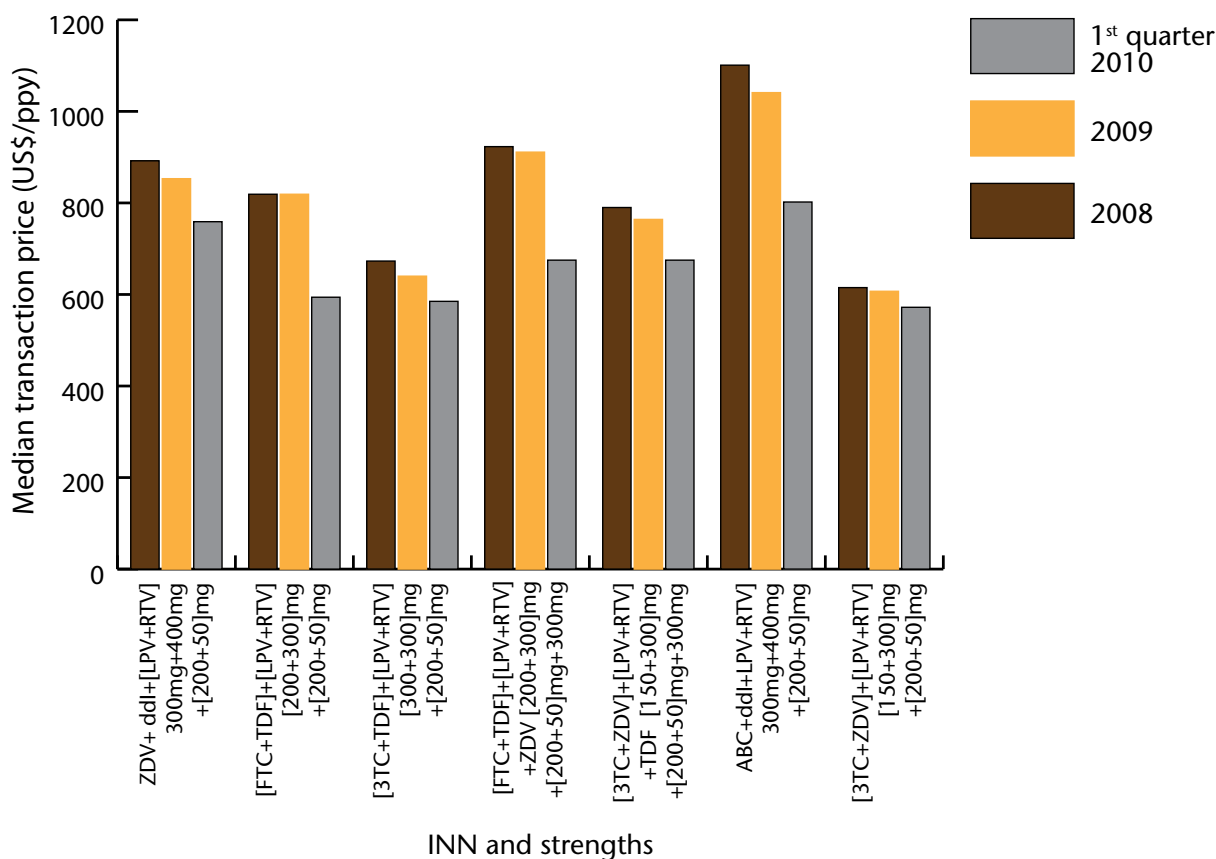
As observed in LIC, the median price of medicines for adult major first-line regimens continued to decrease in lower middle-income countries (LMIC) between 2008 and March 2010. Within that period, the median price of the most commonly prescribed regimen for adults use: 3TC+NVP+d4T (150+200+30 mg), has dropped from US\$ 100 to US\$ 76. The same downward trend has been observed with the second most commonly used regimens EFV+[3TC+d4T] 600mg+[150+30]mg which dropped from US\$ 217 to US\$ 107. The third most used regimen EFV+[3TC+ZDV] 600mg+[150+300]mg dropped from US\$ 293 to US\$ 170 and the fourth 3TC+NVP+ZDV 150+200+300 mg dropped from US\$ 169 to US\$ 116. These reductions in price represent 24%, 51%, 42% and 31% respectively of the 2008 prices. The newly added "to strongly recommended regimens for first line treatment EFV+FTC+TDF 600/300/600 mg has experienced a decrease from 2008 to 2009 dropping from US\$ 1034 to US\$ 667. The second formulation [FTC+ TDF]+NVP [200+300]mg+200mg has been stable going from US\$ 420 in 2008 to US\$ 435 in 2009. The data for the first quarter of 2010 was not analysed due to too few data available. These represent respectively 35% reduction and 4% increase in price.

Fig. 1c: The price trend for the most commonly used *first-line regimens in upper middle-income countries (UMIC)* for adult patients.



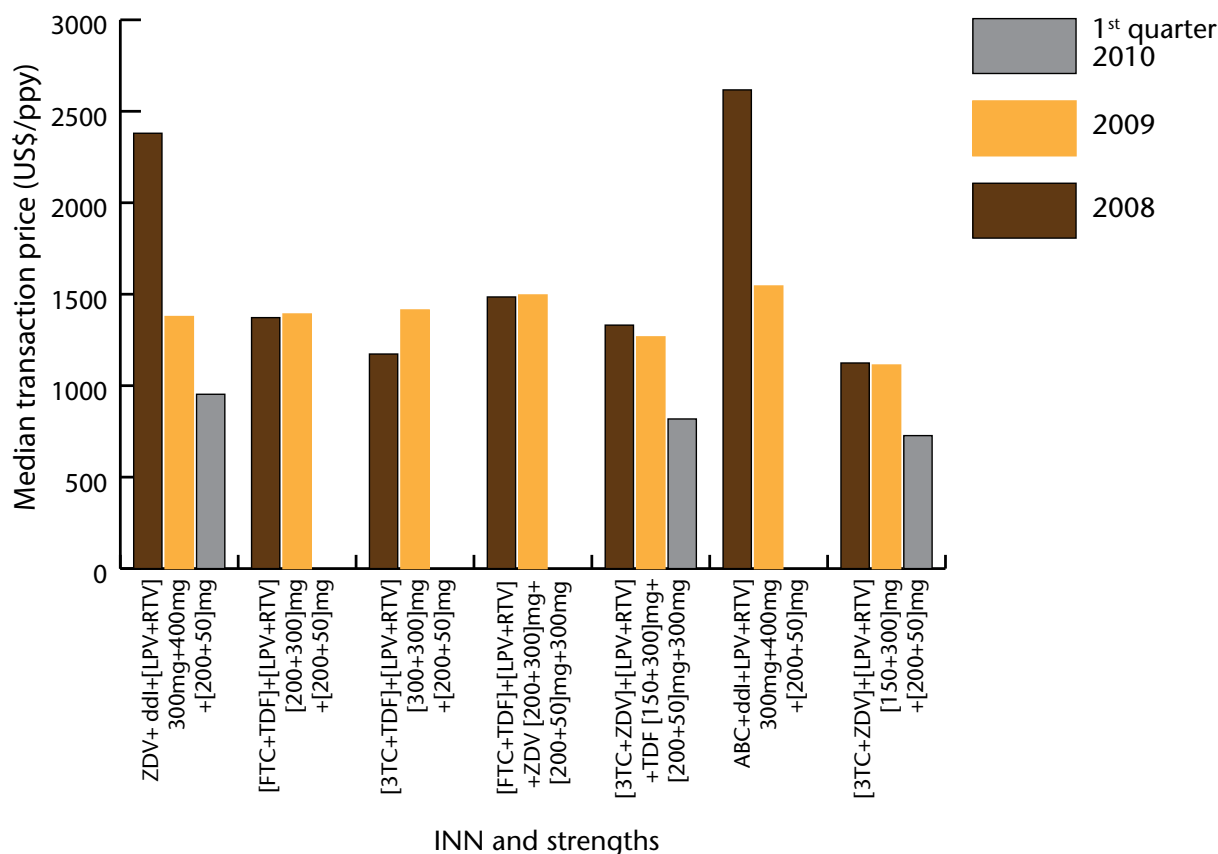
The median price of medicines for adult major first-line regimens has been in general stable in upper middle-income countries (UMIC) between 2008 and March 2010 when data were reported. Within that period, the median price of the most commonly prescribed regimen for adults use: 3TC+NVP+d4T (150+200+30 mg), has dropped from US\$ 110 to US\$ 93. The same downward trend has been observed with the second most commonly used regimens EFV+[3TC+d4T] 600mg+[150+30]mg which dropped from US\$ 211 to US\$ 150. The third most used regimen EFV+[3TC+ZDV] 600mg+[150+300]mg increase from US\$ 289 to US\$ 387 in 2009 and the fourth 3TC+NVP+ZDV 150+200+300 mg was stable at US\$ 161. These reductions in price represent 15%, 29%, increase of 34% and 0% respectively of the 2008 prices. The data for newly added "to strongly recommended regimens for first line treatment EFV+FTC+TDF 600/300/600 mg and [FTC+ TDF]+NVP [200+300]mg+200mg have not been reported.

Fig. 1d: The price trend for the most commonly used *second-line regimens in low-income countries (LIC)* for adult patients.



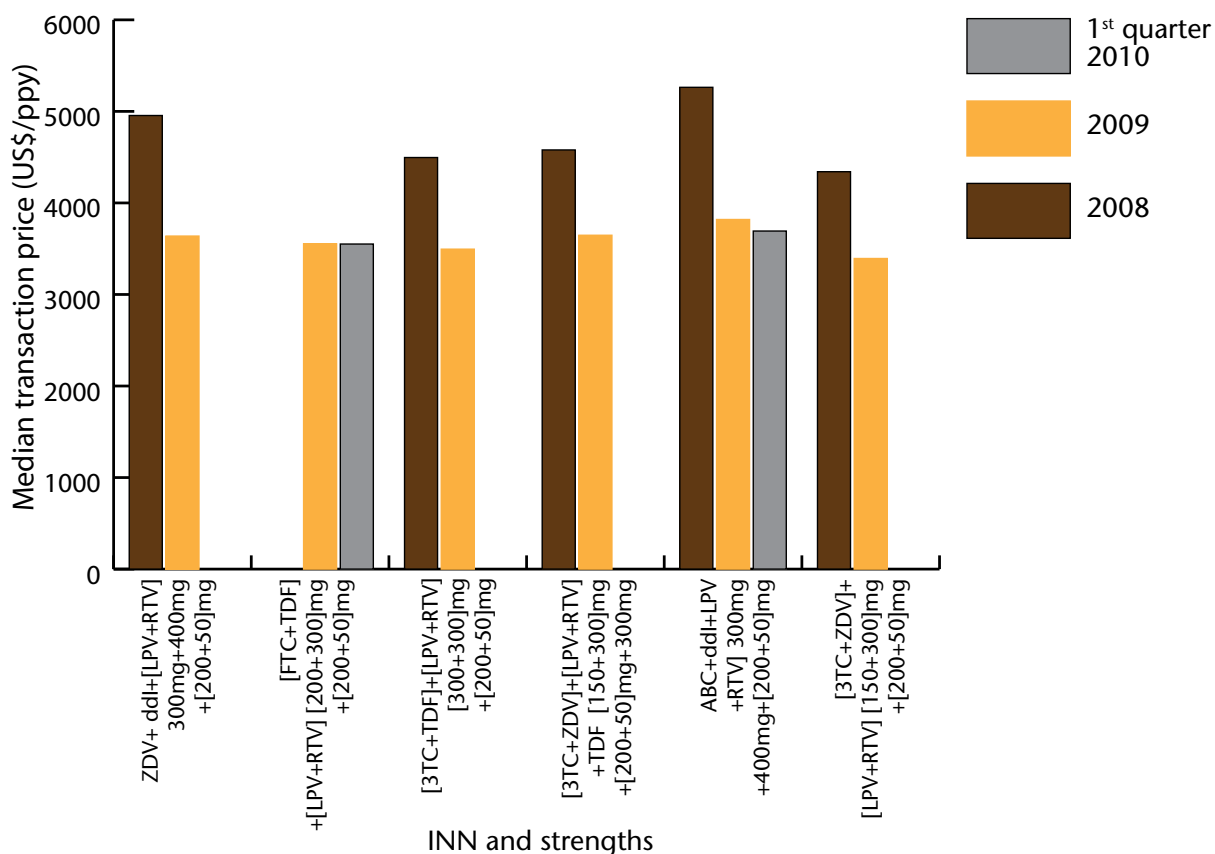
The median price of medicines for adult major second-line regimens continued to decrease in low-income countries (LIC) between 2008 and March 2010. Within that period, the median price of the most commonly prescribed regimen for adults use: ZDV+ ddi+[LPV+RTV] 300mg+400mg+[200+50]mg, has dropped from US\$ 892 to US\$ 759. The same downward trend has been observed with the second most commonly used regimens [FTC+TDF]+[LPV+RTV] [200+300]mg+[200+50]mg which dropped from US\$ 1107 to US\$ 803. The third most used regimen [3TC+ZDV]+[LPV+RTV]+TDF [150+300]mg+[200+50]mg+300mg dropped from US\$ 790 to US\$ 675, the fourth ABC+ddi+LPV+RTV] 300mg+400mg+[200+50]mg dropped from US\$ 1101 to US\$ 802 and the fifth regimen made of [3TC+ZDV]+[LPV+RTV] [150+300] mg+[200+50]mg dropped from US\$ 615 to US\$ 572. These reductions in price represent 15%, 27%, 15%, 27% and 7% respectively of the 2008 prices.

Fig. 1e: The price trend for the most commonly used *second-line regimens in lower middle-income countries (LMIC)* for adult patients



The median price of medicines for adult major second-line regimens continued to decrease or stabilized in lower middle-income countries (LMIC) between 2008 and March 2010. Within that period, the median price of the most commonly prescribed regimen for adults use: ZDV+ddI+[LPV+RTV] 300mg+400mg+[200+50]mg, has dropped from US\$ 2380 to US\$ 963. The second most commonly used regimens [FTC+TDF]+[LPV+RTV] [200+300]mg+[200+50]mg was very stable between 2008 and 2009 going from US\$ 1372 to US\$ 1392 as the first quarter 2010 data were not reported. The third most used regimen [3TC+ZDV]+[LPV+RTV]+TDF [150+300] mg+[200+50]mg+300mg dropped from US\$ 1331 to US\$ 818. the fourth ABC+ddI+LPV+RTV] 300mg+400mg+[200+50]mg dropped from US\$ 2617 to US\$ 1545 in 2009 and the fifth regimen made of [3TC+ZDV]+[LPV+RTV] [150+300]mg+[200+50]mg rose from US\$ 1124 to US\$ 1414. These reductions in price represent 60%, -1%, 5%, 41% and increase by 21% respectively of the 2008 prices.

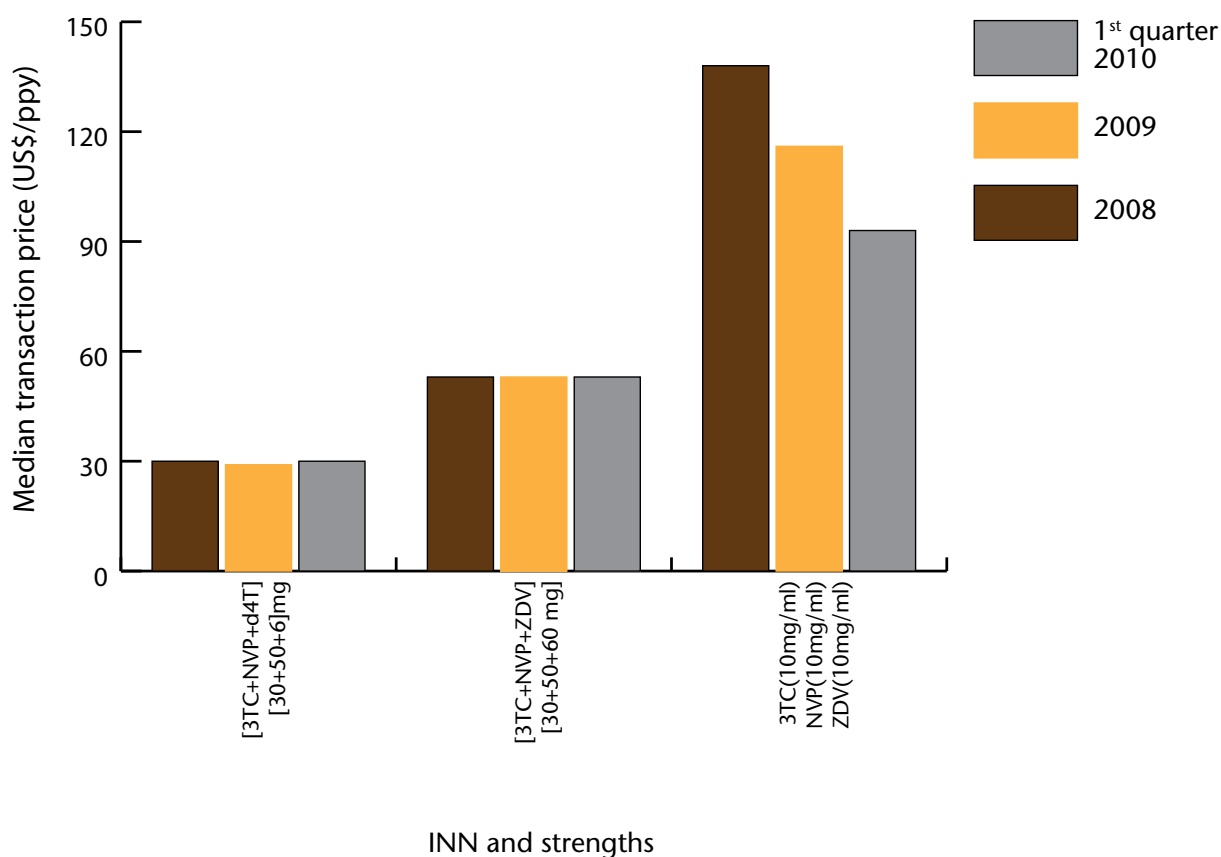
Fig. 1f: The price trend for the most commonly used *second-line regimens in upper middle-income countries (UMIC)* for adult patients.



The median price of medicines for adult major second-line regimens continued to decrease in upper middle-income countries (UMIC) between 2008 and 2009 as the first quarter 2010 data were reported only for ABC+ddi+LPV+RTV] 300mg+400mg+[200+50]mg. Within that period, the median price of the most commonly prescribed regimen for adults use: ZDV+ ddi+[LPV+RTV] 300mg+400mg+[200+50]mg, has dropped from US\$ 4955 to US\$ 3638. The same downward trend has been observed with the second most commonly used regimens [FTC+TDF]+[LPV+RTV] [200+300]mg+[200+50]mg which dropped from US\$ 3553 to US\$ 3551. The third most used regimen [3TC+ZDV]+[LPV+RTV]+TDF [150+300]mg+[200+50]mg+300mg dropped from US\$ 4579 to US\$ 3647. The fourth most cABC+ddi+LPV+RTV] 300mg+400mg+[200+50]mg dropped from US\$ 5263 to US\$ 3693 and the fifth regimen made of [3TC+ZDV]+[LPV+RTV] [150+300]mg+[200+50]mg dropped from US\$ 4341 to US\$ 3393. These reductions in price represent 27%, 0%, 20%, 22% and 22% respectively of the 2008 prices.

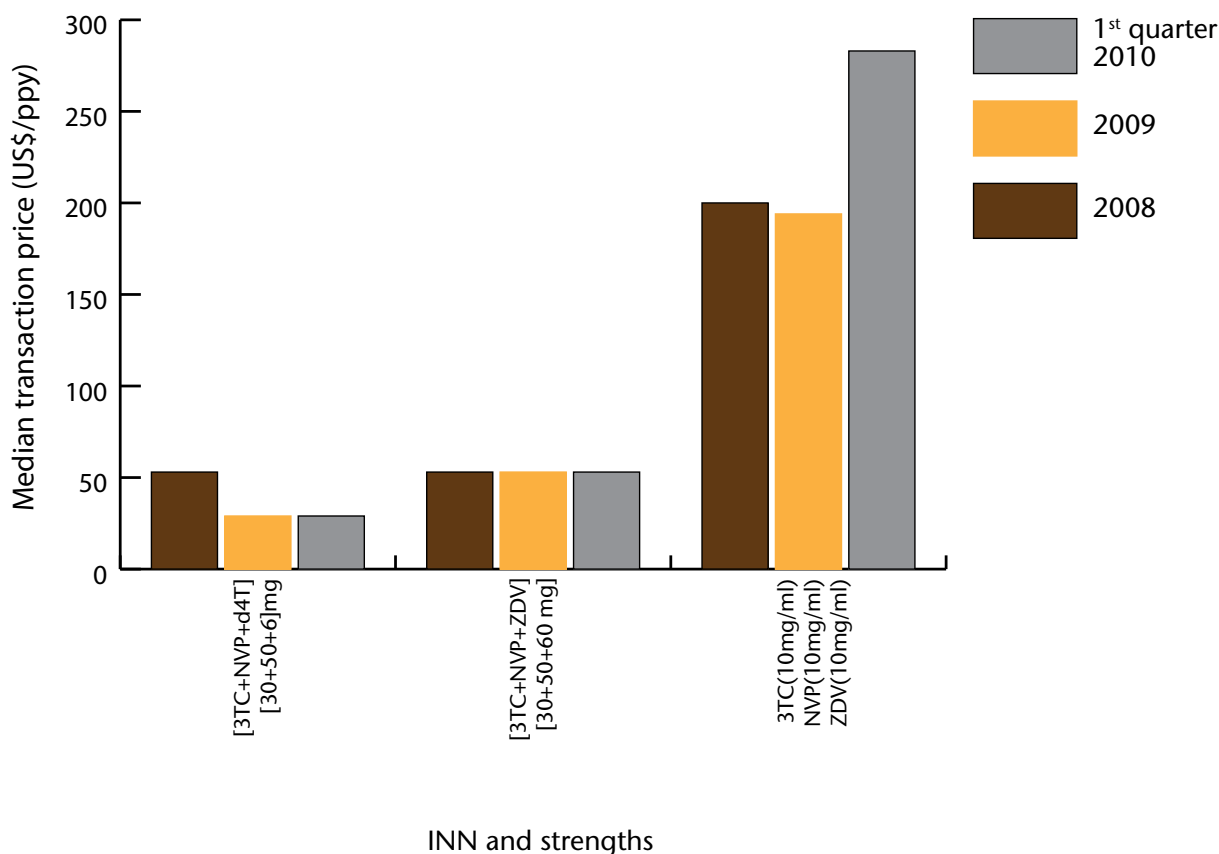
2. Price trend for paediatric ARV Treatment per country income level (5 kg)

Fig. 2a: The price trend for the most commonly used *first-line regimens* for paediatric patients in LIC (*infant of 5 kg*)



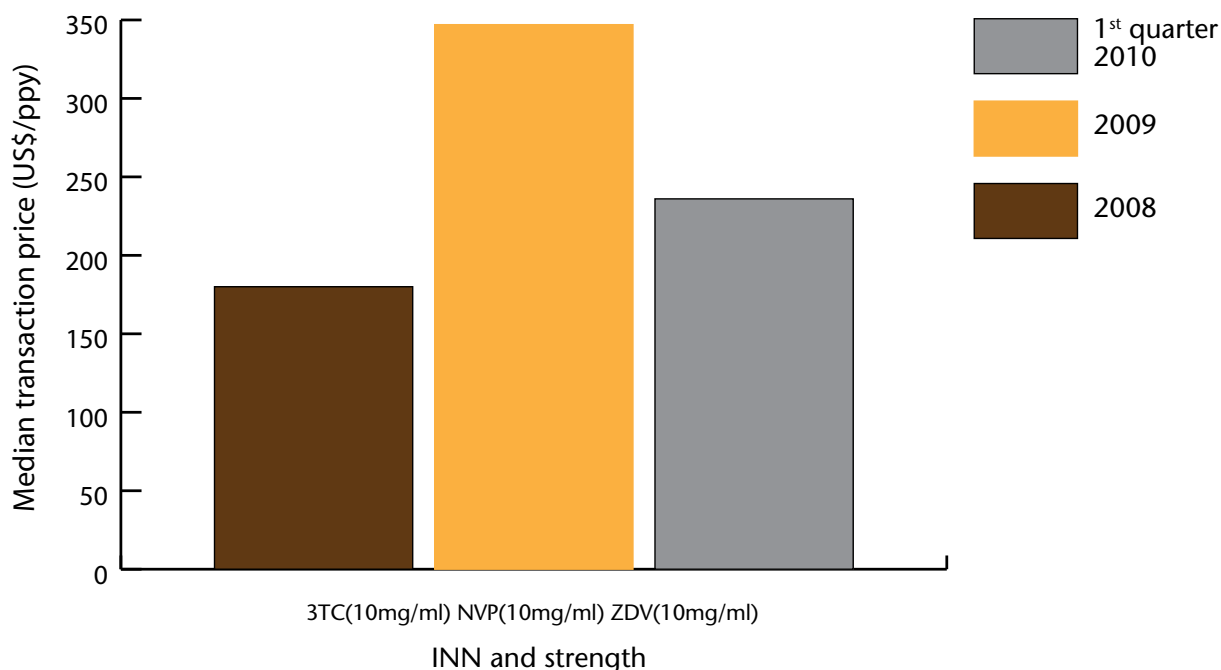
The introduction of low-dose FDCs in solid form has enabled a rapid decrease in the cost of treating children, especially very young children (body weight of less or equal to 5 kg) who, in the past, were only able to use liquid formulations. A new low-dose FDC recommended by WHO for paediatric treatment¹⁰, 3TC+NVP+d4T (30+50+6mg), has become available on the market. The cost of the first-line regimen (FDC consisting of 3TC+NVP+d4T) to treat young children with 5 kg body weight has fallen by 95 % between 2004 and 2008 and has now stabilized at US\$ 30 in low-income. The cost per patient treatment year in the first quarter of 2010 was US\$ 30. The same observation is valid for [3TC+NVP+ZDV] [30+50+60 mg] the cost per patient treatment year in the first quarter of 2010 was US\$ 53 LIC. The price of oral liquid formulation 3TC(10mg/ml) NVP(10mg/ml) ZDV(10mg/ml) has dropped in LIC from US\$ 136 to US\$ 93

Fig. 2b: The price trend for the most commonly used *first-line regimens* for paediatric patients in LMIC (*infant of 5 kg*)



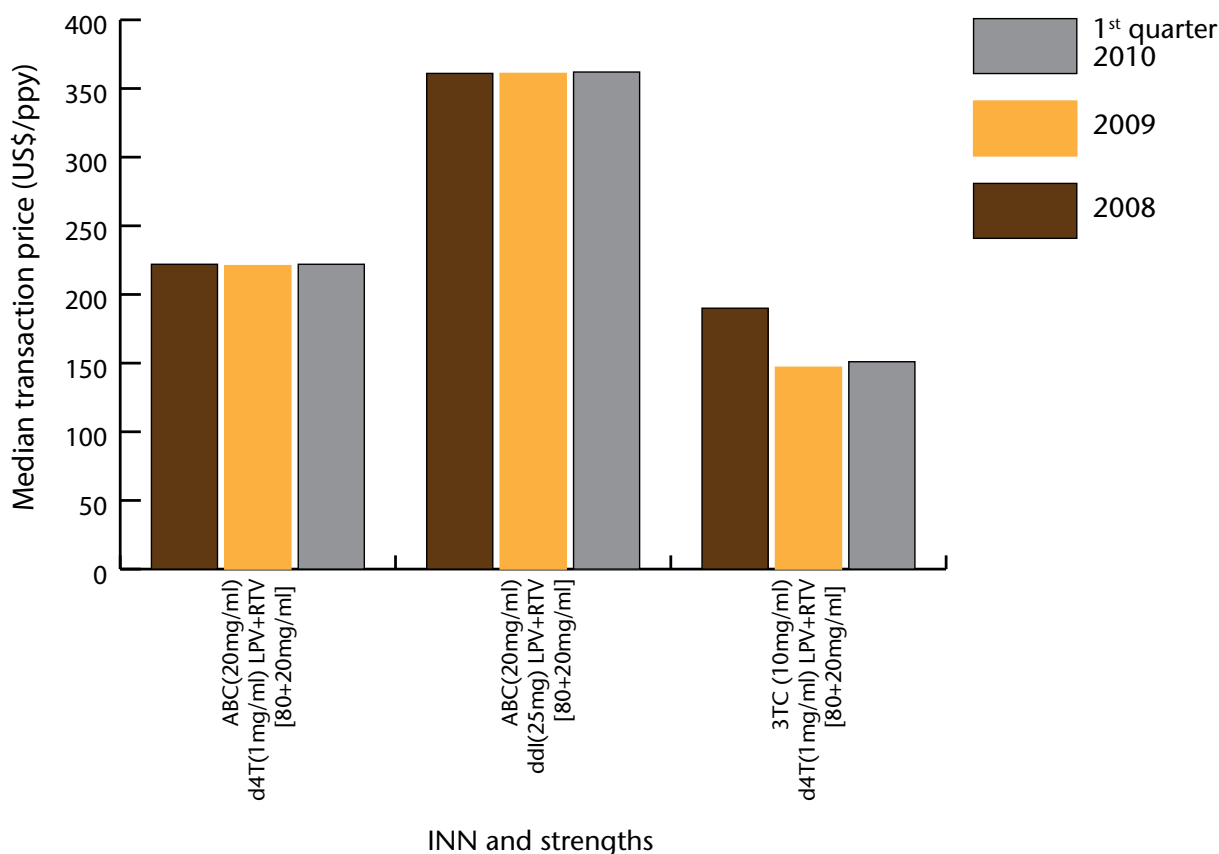
3TC+NVP+d4T (30+50+6mg) and [3TC+NVP+ZDV] [30+50+60 mg] has become also available on the LMIC market. The cost of the first-line regimen (FDC consisting of 3TC+NVP+d4T) has stabilized around US\$ 29 per patient treatment year in the first quarter of 2010. The same observation is valid for [3TC+NVP+ZDV] [30+50+60 mg] were the cost per patient treatment year in the first quarter of 2010 was US\$ 53. The price of oral liquid formulation 3TC(10mg/ml) NVP(10mg/ml) ZDV(10mg/ml) has increase in the first quarter of 2010 US\$ from 200 to US\$ 283. This is due to weight of procurement from originators in the data set of 2010 while that was not the case in 2008 and 2009.

Fig. 2c: The price trend for the most commonly used *first-line regimens* for paediatric patients in UMIC (*infant of 5 kg*)



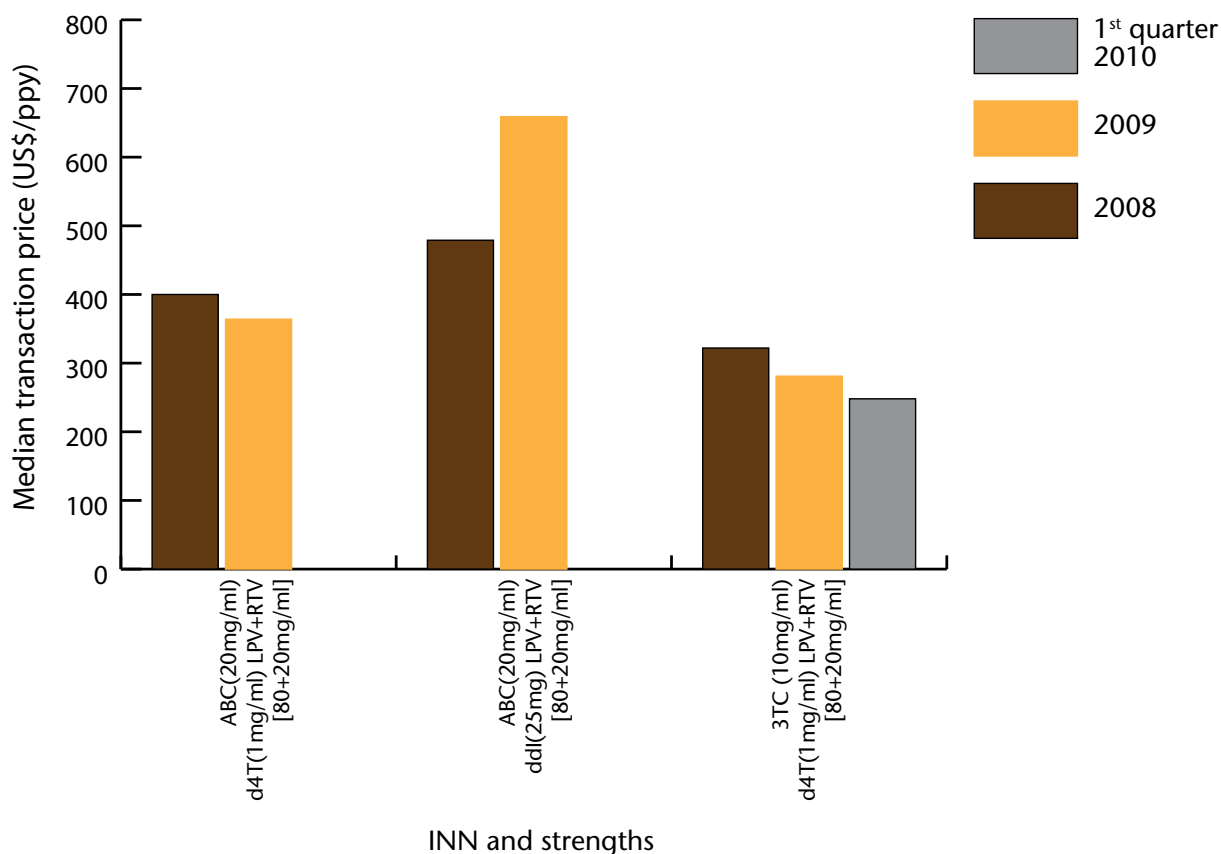
3TC+NVP+d4T (30+50+6mg) and [3TC+NVP+ZDV] [30+50+60 mg] are not available in the UMIC market. The oral liquid formulation remains the only option in this market segment. The data shows that the price of oral liquid formulation 3TC(10mg/ml) NVP(10mg/ml) ZDV(10mg/ml) has increased between 2008 and 2009, from US\$ 180 to US\$ 347 and has seen a decrease in the first quarter 2010 to US\$ 236. This median cost is very sensitive to the source of procurement as the more transaction is done through originator drug the higher the median. In this market segment, most of the countries are limited by patent and can only buy originator drugs.

Fig. 2d: The price trend for the most commonly used *second-line regimens* for paediatric patients in LIC (*infant of 5 kg*)



Paediatric second-line treatment is still significantly more expensive than first-line treatment in low. The median price of the main second line regimens has remained very stable in LIC. The cost of the most used second line to treat children with body weight of less or equal to 5 kg, ABC(20mg/ml) d4T(1mg/ml) LPV+RTV is US\$ 222 in low-income. The second most used second line to treat children, ABC(20mg/ml) ddi(25mg) LPV+RTV [80+20mg/ml] has also stabilized around US\$ 362 in low-income while the the third most used regimen 3TC (10mg/ml) d4T(1mg/ml) LPV+RTV has dropped from US\$ 190 to US\$ 151.

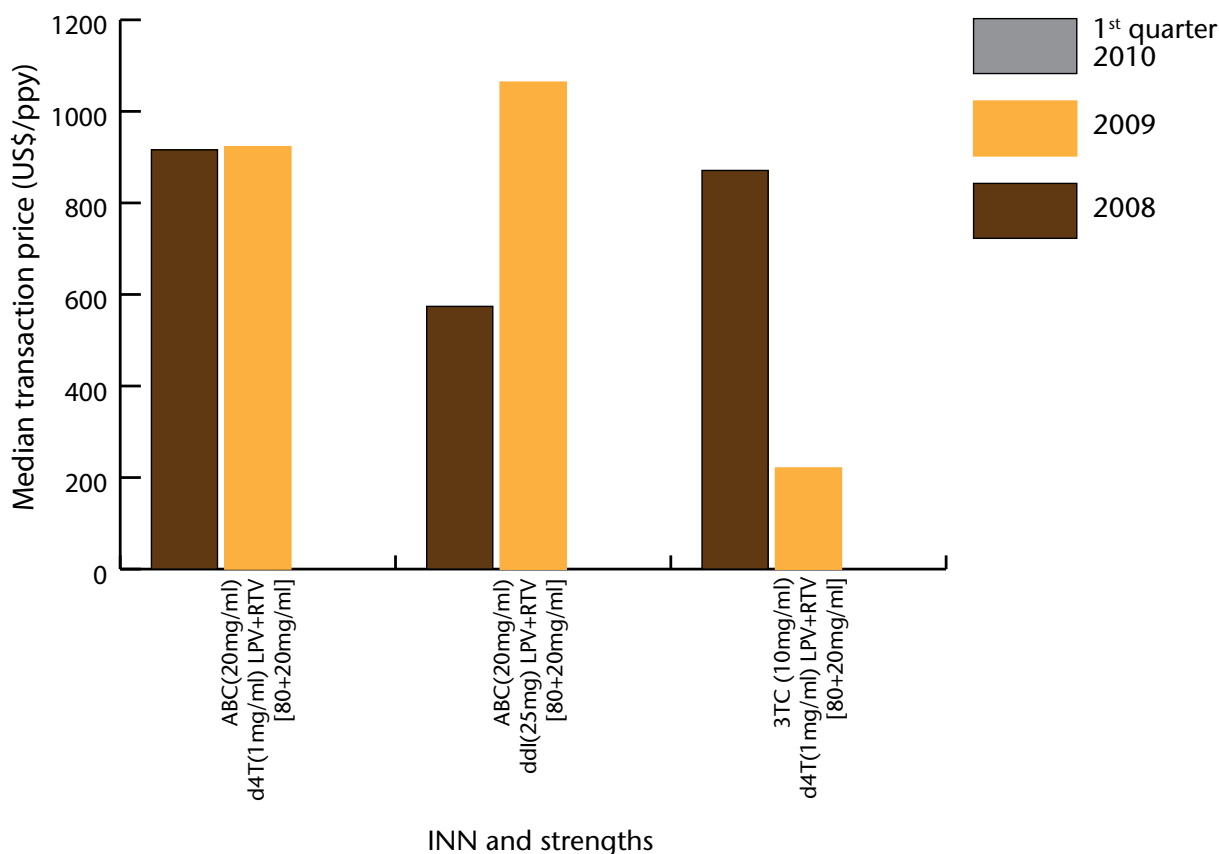
Fig. 2e: The price trend for the most commonly used *second-line regimens* for paediatric patients in LMIC (*infant of 5 kg*)



Paediatric second-line treatment is still significantly more expensive than first-line treatment in lower middle-income countries.

The cost of the most used second line to treat children with body weight of less or equal to 5 kg, ABC(20mg/ml) d4T(1mg/ml) LPV+RTV dropped from US\$ 400 to US\$ 364 in lower middle-income countries. The median price for the second most used second line to treat children, ABC(20mg/ml) ddl(25mg) LPV+RTV [80+20mg/ml] has increased from US\$ 479 to US\$ 659 in 2009. this is due to an increase in the price of ddl 25 mg were most of the procurement were done from the originator. The median price of 3TC (10mg/ml) d4T(1mg/ml) LPV+RTV dropped from US\$ 322 to US\$ 248.

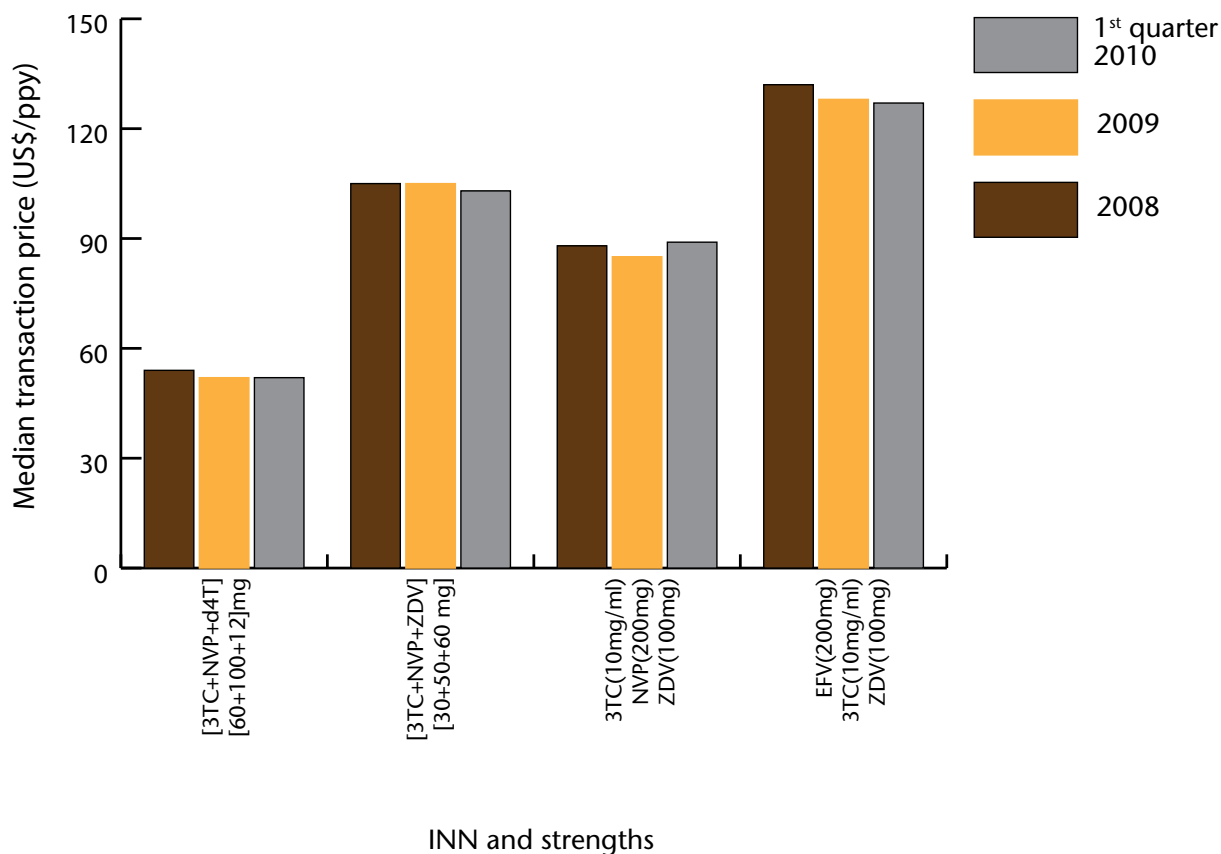
Fig. 2f: The price trend for the most commonly used *second-line regimens* for paediatric patients in UMIC (*infant of 5 kg*)



Paediatric second-line treatment is still also significantly more expensive than first-line treatment in upper middle-income countries. The price fluctuate a lot year after year due to the weight of different player (originator vs generic) in the data set. The cost of the most used second line to treat children of 5 kg, ABC(20mg/ml) d4T(1mg/ml) LPV+RTV has now stabilized around US\$ 923 in upper middle income. The price of the second most used second line to treat children, ABC(20mg/ml) ddI(25mg) LPV+RTV [80+20mg/ml] has increased considerably in upper middle income from US\$ 574 to US\$ 1064. This is due to the price of ABC that has gone up by 7 fold due to strategic choice of the dominant country in this data set to do local procurement. 3TC (10mg/ml) d4T(1mg/ml) LPV+RTV which is the third option is the only second line that has dropped in the three group. The cost per patient treatment has dropped from US\$ 871 to US\$ 221. this is due to the fact that 3TC (10mg/ml) d4T(1mg/ml) were predominantly generic.

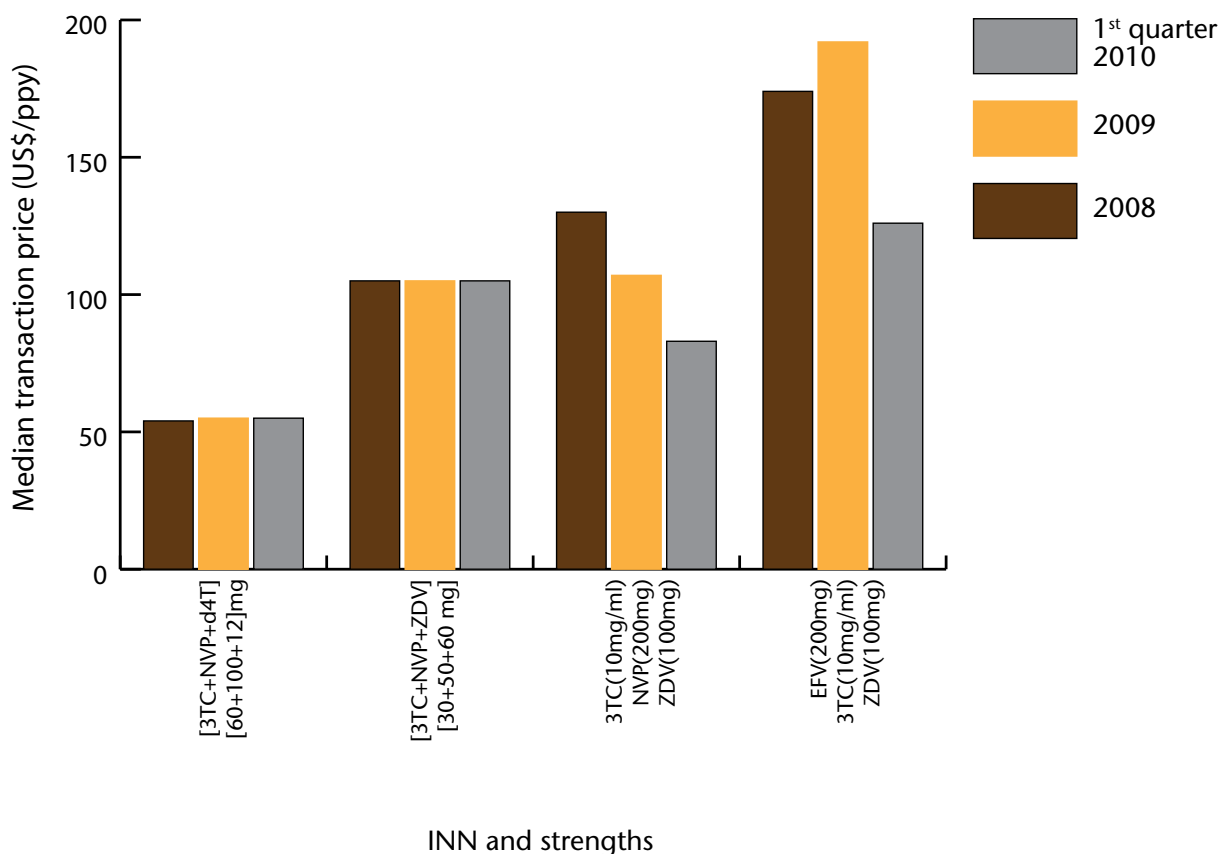
3. Price trend for paediatric ARV Treatment per country income level (10 kg)

Fig. 3a: The price trend for the most commonly used *first-line regimens* for paediatric patients in LIC (*infant of 10 kg*)



The introduction of low-dose FDCs in solid form has had the same effect in very young children (body weight of less or equal to 10 kg) who, in the past, were only able to use liquid formulations or not adequate solid formulations. It has enabled a rapid decrease in the cost. New low-dose FDC recommended by WHO for paediatric treatment¹⁰, 3TC+NVP+d4T (60+100+12mg) and [3TC+NVP+ZDV] [30+50+60 mg] have become available on the market. The cost of this first-line regimen (FDC consisting of 3TC+NVP+d4T) has now stabilized (first quarter of 2010) around US\$ 52 in low-income. The same observation is valid for [3TC+NVP+ZDV] [30+50+60 mg] the cost per patient treatment year in the first quarter of 2010 was US\$ 103 in LIC. The price of the third most used formulation EFV(200mg) 3TC(10mg/ml) ZDV(100mg) has dropped in LIC from US\$ 132 to US\$ 127.

Fig. 3b: The price trend for the most commonly used *first-line regimens* for paediatric patients in LMIC (*infant of 10 kg*)

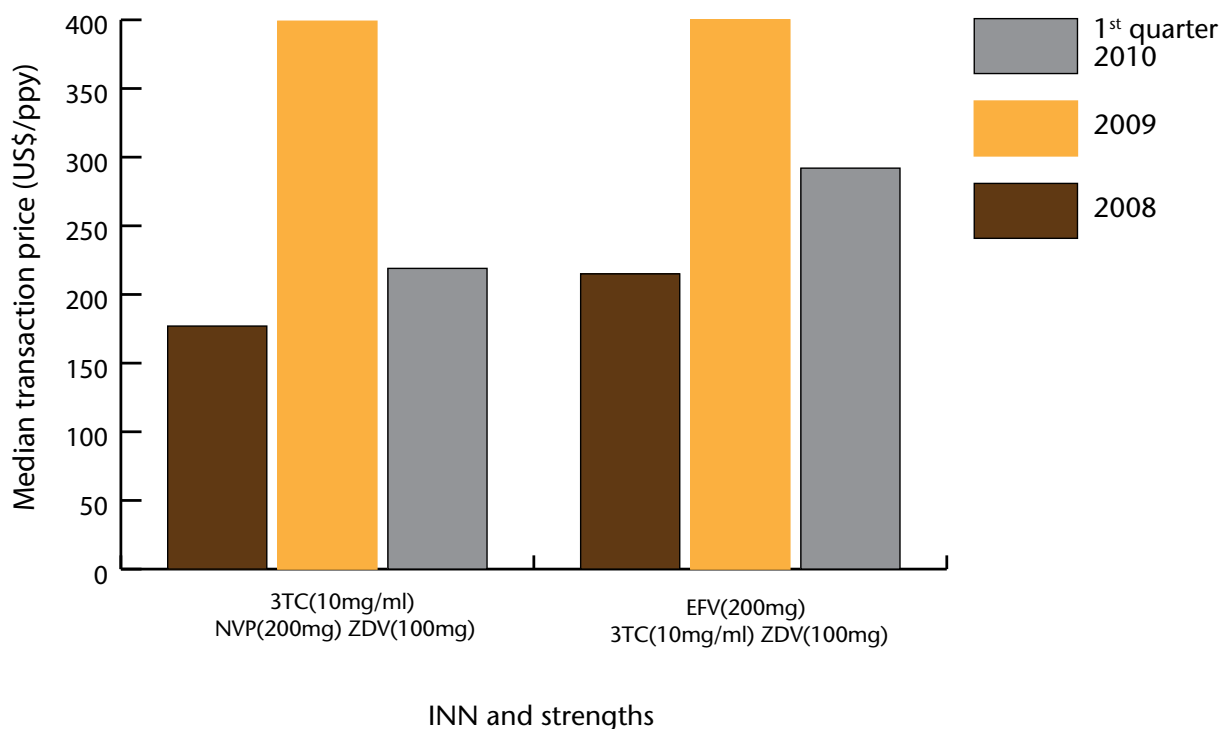


New low-dose FDC recommended by WHO for paediatric treatment¹⁰, 3TC+NVP+d4T (60+100+12mg) and [3TC+NVP+ZDV] [30+50+60 mg] have become available on the market.

The cost of this first-line regimen (FDC consisting of 3TC+NVP+d4T) has fallen by 96 % between 2004 and 2008 and has now stabilized (first quarter of 2010) around US\$ 55 in lower middle-income countries.

The same observation is valid for [3TC+NVP+ZDV] [30+50+60 mg] the cost per patient treatment year in the first quarter of 2010 was US\$ 105 LMIC. The price of the third most used formulation EFV(200mg) 3TC(10mg/ml) ZDV(100mg) has dropped from US\$ 174 to US\$ 126 in LMIC.

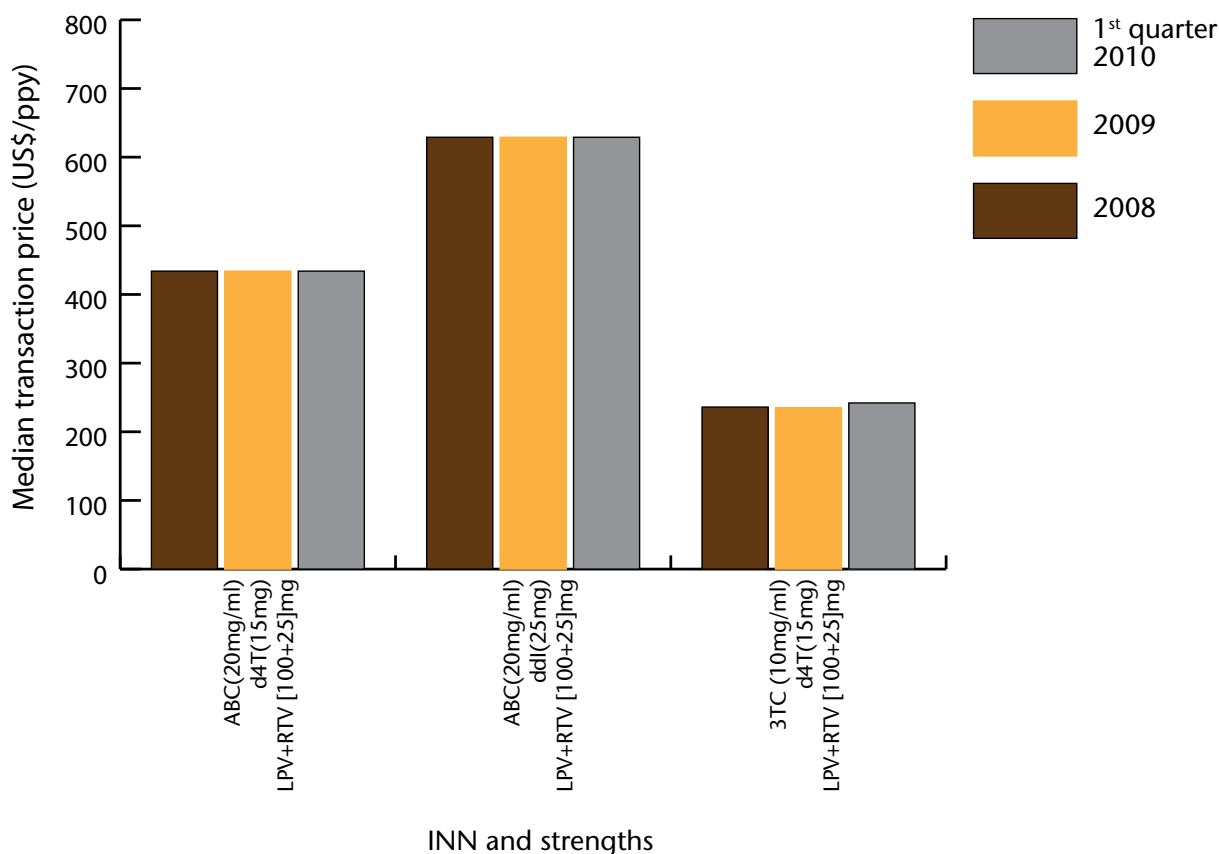
Fig. 3c: The price trend for the most commonly used *first-line regimens* for paediatric patients in UMIC (*infant of 10 kg*)



New low-dose FDC recommended by WHO for paediatric treatment¹⁰, 3TC+NVP+d4T (60+100+12mg) and [3TC+NVP+ZDV] [30+50+60 mg] are not available in this market as the patent has prohibited its introduction.

The only option in this market is either liquid formulation or combination of three different pills. The median price of 3TC(10mg/ml) NVP(200mg) ZDV(100mg) and EFV(200mg) 3TC(10mg/ml) ZDV(100mg) have increased in UMIC respectively from US\$ 177 and 215 to 399 and US\$ 400 in 2009 and we have seen a slight price reduction in the first quarter 2010 to US\$ 219 and US\$ 292. This is due to an increase of the weight of procurement from originators in the data set of 2009 and 2010 compared to that in 2008.

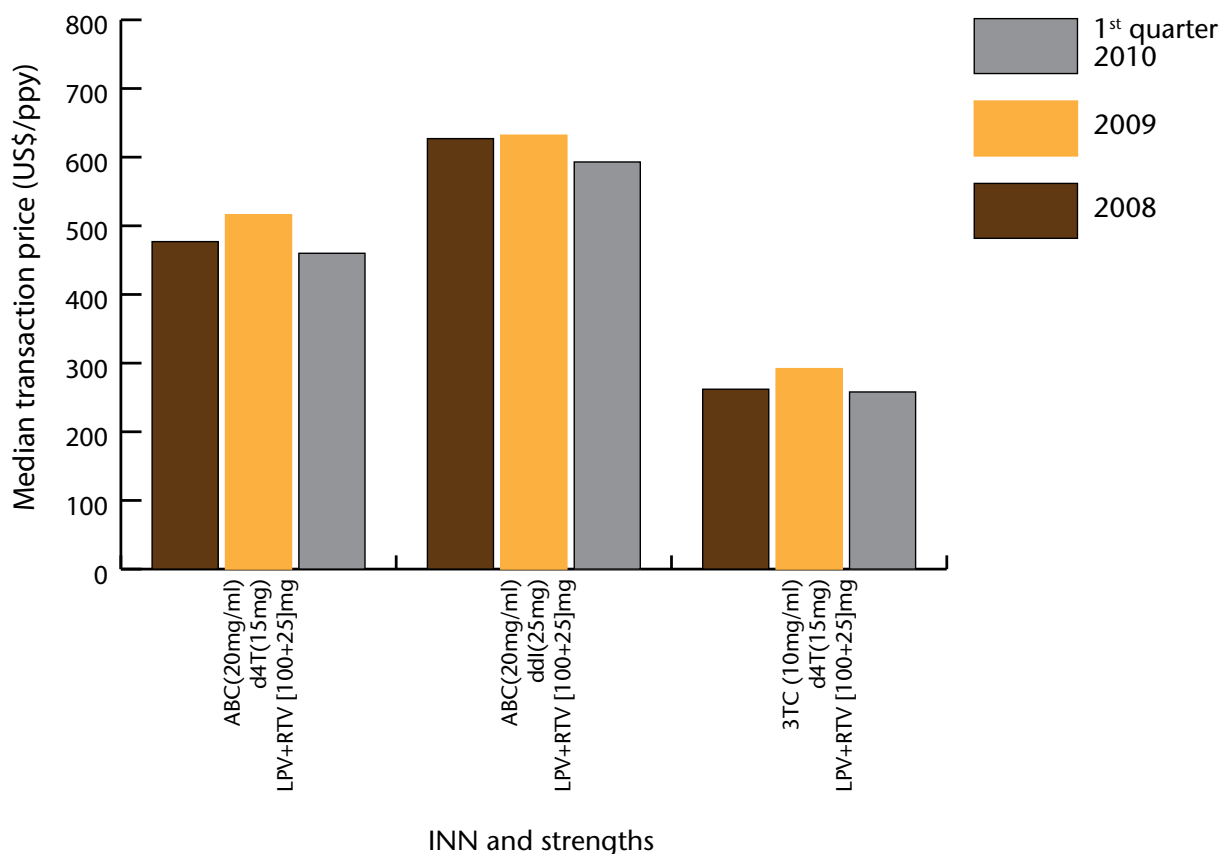
Fig. 3d: The price trend for the most commonly used *second-line regimens* for paediatric patients in LIC (*infant of 10 kg*)



Paediatric second-line treatment is still significantly more expensive than first-line treatment in both low-income countries. The price has remained very stable from 2008 to first quarter 2010.

The cost of the most used second line to treat children with body weight of 10 kg, ABC(20mg/ml) d4T(15mg) LPV+RTV [100+25]mg has now stabilized around US\$ 434 in low-income. The second most used second line to treat children, ABC(20mg/ml) ddi(25mg) LPV+RTV [100+25] mg has also stabilized around US\$ 629 in low-income. 3TC (10mg/ml) d4T(15mg) LPV+RTV [100+25]mg which is the third most used option has remained also very stable; it cost per patient treatment was US\$ 242 in LIC.

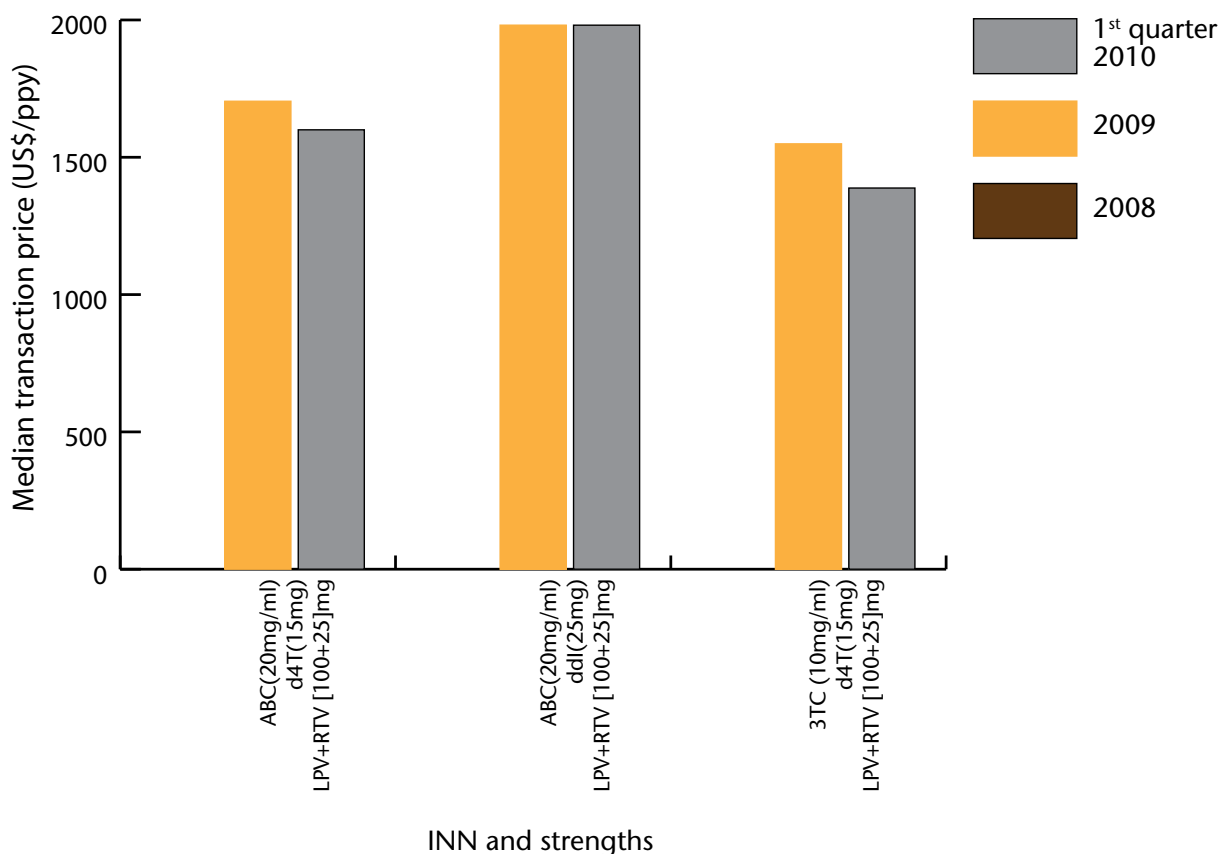
Fig. 3e: The price trend for the most commonly used *second-line regimens* for paediatric patients in LMIC (*infant of 10 kg*)



Paediatric second-line treatment is still significantly more expensive than first-line treatment in lower middle-income countries. The price has remained very stable from 2008 to first quarter 2010.

The cost of the most used second line to treat children with body weight of 10 kg, ABC(20mg/ml) d4T(15mg) LPV+RTV [100+25]mg has now stabilized around US\$ 460 in lower middle-income countries. The second most used second line to treat children, ABC(20mg/ml) ddl(25mg) LPV+RTV [100+25]mg has also stabilized around US\$ 599 in lower middle-income countries. 3TC (10mg/ml) d4T(15mg) LPV+RTV [100+25]mg which is the third most used option has remained also very stable; its cost per patient treatment was US\$ 258 in LMIC.

Fig. 3f: The price trend for the most commonly used *second-line regimens* for paediatric patients in UMIC (*infant of 10 kg*)



Paediatric second-line treatment is still significantly more expensive than first-line treatment in upper middle-income countries. The price has remained very stable in 2008 and 2009. The cost of the most used second line to treat children with body weight of 10 kg, ABC(20mg/ml) d4T(15mg) LPV+RTV [100+25]mg has stabilized around US\$ 1600 in upper middle income. The second most used second line to treat children, ABC(20mg/ml) ddi(25mg) LPV+RTV [100+25] mg has also stabilized around US\$ 1981 in upper middle income. 3TC (10mg/ml) d4T(15mg) LPV+RTV [100+25]mg which is the third most used option has remained also very stable; its cost per patient treatment was 1388 in UMIC.

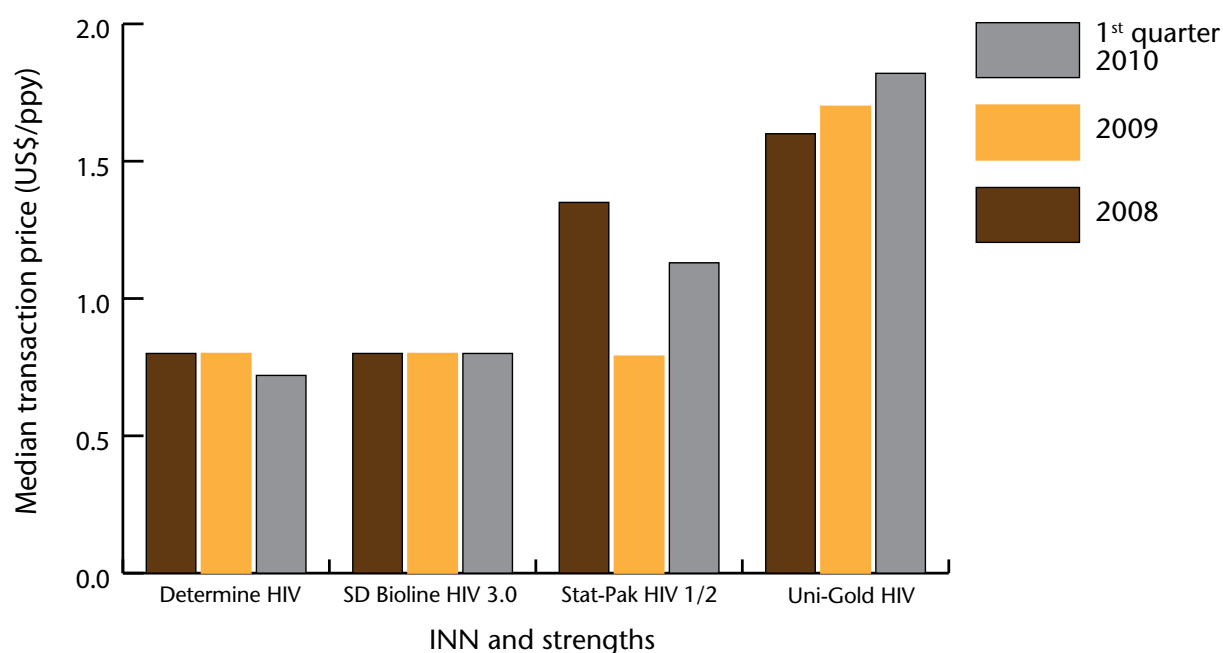
4. Price Trend for HIV diagnostics

HIV diagnostics

The median transaction price and volume of HIV diagnostics procured by low and middle-income countries was analysed for fifteen rapid tests, six ELISA. The confirmatory tests purchased during the period from 2008 and first quarter 2010 were not analysed as the volume were too small to allow a meaningful analysis.

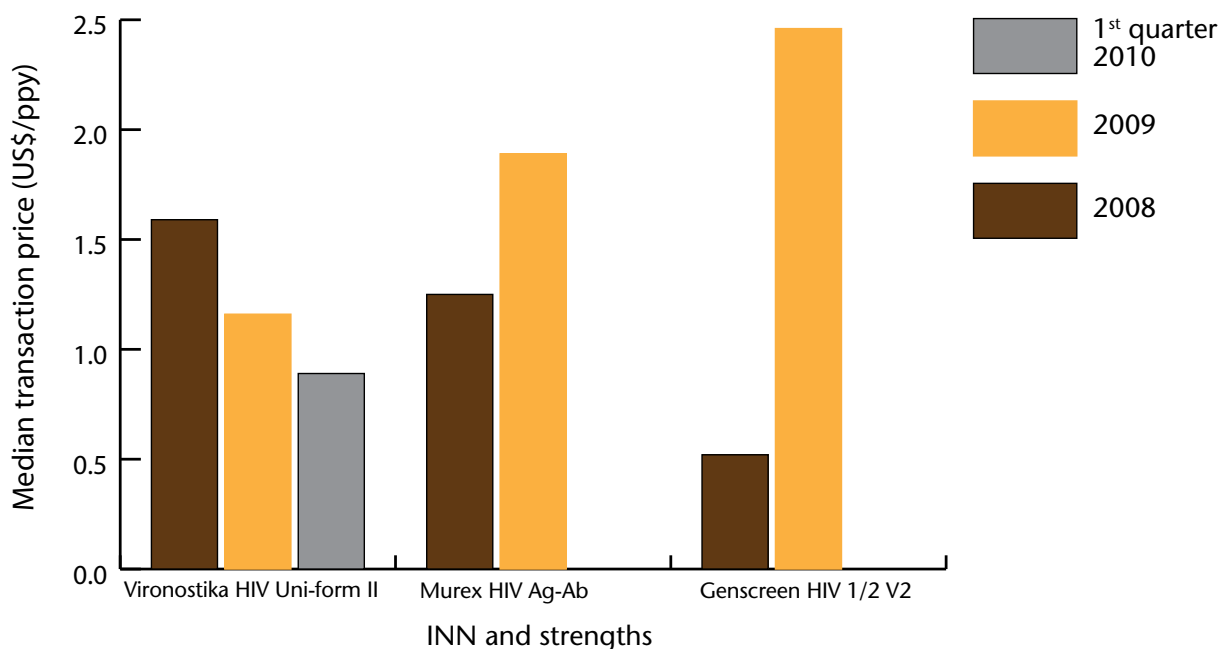
The total volume of rapid tests purchased in 2009 through the procurement organizations participating in the GRPM was 47.312 million tests. This is 0.95 times the volume in 2008 (50.557 million tests). Determine HIV 1/2 has been the most popular test with 80 % of the total procurement volume reported to the GPRM in 2009, followed by SD Bioline HIV 1/2 3.0 (8%), Uni-Gold HIV (5%), Stat-Pak HIV 1/2 (1%).

Fig. 4a: The price trend for the most commonly rapid tests



The median price of Determine was relatively constant at US\$ 0.80 per test from 2004 to 2009 and dropped to 0.72 in the first quarter 2010, SD Bioline HIV ½ 3.0 remain constant at US\$ 0.80 per test. Conversely in the first quarter 2010, other major rapid tests such as Uni-Gold, Stat-Pak showed substantial increases in their median prices respectively by 7% and 30% compared to the 2009 prices (Table 4a).

Fig. 4b: The price trend for the most commonly Elisa Tests



Approximately, 1 million ELISA tests were procured through the procurement organizations participating in the GRPM in 2009. Vironostika HIV Uni-form II, Murex HIV Ag-Ab and Genscreen HIV 1/2 V2 were the three most popular tests with 82.0%, 15.6% and 2.0 % of the sales volume, respectively. The median prices of ELISA tests were within a range from US\$ 0.33 to US\$2.46 per test. Only Vironostika HIV Uni-form II shows a constant decrease in price going from US\$ 1.59 per test to US\$ 0.89. Conversely Murex HIV Ag-Ab went up by 34% and Genscreen HIV 1/2 V2 by 79% this is mostly due to the reduction in volumes procured. (Table 4b).

Conclusions

The downward trend in the price of ARV medicines between 2004 and 2007 continued after 2008 for both adult and paediatric HIV treatments. The price difference between the low and middle-income countries is now the lowest ever for both adult and paediatric treatments. Second-line regimens also became less expensive, but their cost remained 7 to 30 times higher than that of the least expensive first-line regimen. This general decrease observed in LIC, LMIC could be due to the increase competition within each segment of market (increase in number of manufacturers that have prequalified formulation by WHO; approved or tentative approved formulation by the USFDA¹¹). For paediatric treatments, the investment made by UNITAID to create a viable market has probably contributed to price decreases.

The procurement data on HIV diagnostics in GPRM indicates that the market for HIV serology tests is developing rapidly. This is probably due to the expansion of HIV programmes in many developing countries. It also could be due to the increasing use of rapid test as a second or third laboratory test to confirm HIV diagnosis. Significant improvements in the sensitivity and specificity of the rapid tests in the last few years have made this possible, especially in high HIV prevalence countries.

Acknowledgement

We thank the great contributions of partners mentioned above who regularly provide the information for the GPRM as this report would not be possible without their support. The author also acknowledges valuable inputs from Dr Vincent Habiyambere, Dr Françoise Renaud-Thery and Dr Yves Souteyrand, who thoroughly reviewed this report.

¹¹ FDA reviews the marketing applications using its normal standards for authorization. If the product still has marketing protection in the U.S., FDA issues a "tentative approval" rather than a "full" approval. The "tentative" approval signifies that the product meets all safety, efficacy, and manufacturing quality standards for marketing in the U.S., and, but for the legal market protection, it would be on the U.S. market. USAID allows, under the President's Emergency Plan, purchase of any product that has either a "full" or "tentative" FDA approval. In this manner, the only products being offered under this program to the focus countries are products that we would offer our own citizens

Annex

Table 1 : Median transaction price of *first-line* ARV medicines for adult treatment per patient per year (US\$/ppy) at a WHO recommended adult defined daily dose (DDD)
1a) Low-income countries

INN and strengths	Median transaction price (25th -75th Quartile range) (US\$/ppy)			
	DDD (tablets or capsules)	2008	2009	1 st quarter 2010
d4T 30 mg	2	19 (19-29)	19 (18-19)	19 (19-19)
d4T 40 mg*	2	36 (22-61)	-	-
3TC 150 mg	2	37 (35-48)	31 (30-35)	32 (30-32)
3TC 300 mg	1	59 (59-59)	-	-
NVP 200 mg	2	41 (40-48)	39 (36-42)	35 (32-35)
3TC+d4T 150+30mg	2	53 (49-61)	44 (44-47)	39 (39-44)
3TC+d4T 150+40mg*	2	74 (52-91)	-	-
3TC+NVP+d4T 150+200+30 mg	2	88 (83-93)	81 (75-87)	64 (58-77)
3TC+NVP+d4T 150+200+40 mg*	2	104 (79-151)	-	-
ZDV 300 mg	2	104 (99-114)	92 (89-99)	81 (72-89)
3TC+ZDV 150+300 mg	2	115 (114-129)	107 (106-109)	103 (103-113)
3TC+NVP+ZDV 150+200+300 mg	2	155 (144-164)	139 (138-147)	136 (136-137)
EFV 200 mg	3	186 (176-219)	186 (155-331)	164 (164-343)
EFV 600 mg	1	146 (138-179)	83 (70-109)	83 (70-109)
TDF 300 mg	1	166 (151-207)	151 (112-169)	100 (91-150)
TDF+3TC 300+300 mg	1	173 (173-173)	140 (122-173)	116 (116-116)
TDF+FTC 300+200 mg	1	319 (208-319)	319 (208-319)	125 (125-125)
TDF+FTC+EFV 300+200+600 mg	1	613 (613-613)	613 (246-613)	243 (242-242)
ABC+3TC+ZDV 300+150+300 mg	2	-	554 (471-636)	554 (471-636)

* d4T 40mg x 2/day is not recommended by WHO (<http://www.who.int/hiv/treatment/en/index.html>)

1b) Lower middle-income countries

INN and strengths	Median transaction price (25th -75th Quartile range) (US\$/ppy)			
	DDD (tablets or capsules)	2008	2009	1 st quarter 2010
d4T 30 mg	2	26 (23-30)	19 (19-34)	19 (19-19)
d4T 40 mg*	2	30 (30-31)	-	-
3TC 150 mg	2	40 (37-45)	35 (34-38)	31 (31-32)
3TC 300 mg	1	-	-	-
NVP 200 mg	2	48 (43-51)	43 (41-46)	43 (41-46)
3TC+d4T 150+30mg	2	60 (48-60)	33 (33-34)	33 (33-34)
3TC+d4T 150+40mg*	2	83 (72-93)	-	-
3TC+NVP+d4T 150+200+30 mg	2	100 (91-114)	76 (61-83)	76 (61-83)
3TC+NVP+d4T 150+200+40 mg*	2	103 (99-106)	-	-
ZDV 300 mg	2	113 (109-118)	104 (100-104)	89 (89-89)
3TC+ZDV 150+300 mg	2	124 (119-134)	113 (112-120)	106 (106-110)
3TC+NVP+ZDV 150+200+300 mg	2	169 (152-209)	116 (114-117)	116 (114-117)
EFV 200 mg	3	230 (195-447)	319 (169-343)	192 (158-288)
EFV 600 mg	1	169 (148-188)	95 (90-114)	64 (64-64)
TDF 300 mg	1	207 (177-256)	154 (150-272)	91 (85-97)
TDF+3TC 300+300 mg	1	173 (173-173)	-	-
TDF+FTC 300+200 mg	1	372 (355-541)	392 (367-668)	-
TDF+FTC+EFV 300+200+600 mg	1	1034 (1034-1034)	667 (666-668)	-
ABC+3TC+ZDV 300+150+300 mg	2	-	-	-

* d4T 40mg x 2/day is not recommended by WHO (<http://www.who.int/hiv/treatment/en/index.html>)

1c) Upper middle-income countries

INN and strengths	Median transaction price (25th -75th Quartile range) (US\$/ppy)			
	DDD (tablets or capsules)	2008	2009	1 st quarter 2010
d4T 30 mg	2	33 (30-34)	73 (36-193)	82 (82-82)
d4T 40 mg*	2	467 (467-467)	-	-
3TC 150 mg	2	48 (45-383)	73 (73-330)	-
3TC 300 mg	2	-	-	-
NVP 200 mg	2	69 (48-247)	250 (204-354)	250 (250-250)
3TC+d4T 150+30mg	2	53 (53-53)	47 (47-51)	47 (47-51)
3TC+d4T 150+40mg*	2	-	-	-
3TC+NVP+d4T 150+200+30 mg	2	110 (96-166)	88 (86-91)	93 (93-93)
3TC+NVP+d4T 150+200+40 mg*	2	-	-	-
ZDV 300 mg	2	103 (99-107)	184 (101-473)	-
3TC+ZDV 150+300 mg	2	131 (126-252)	225 (225-1079)	-
3TC+NVP+ZDV 150+200+300 mg	2	161 (161-178)	160 (159-162)	161 (159-162)
EFV 200 mg	3	195 (184-210)	377 (198-650)	594 (190-884)
EFV 600 mg	1	158 (158-210)	162 (133-198)	103 (90-115)
TDF 300 mg	1	238 (238-420)	254 (187-344)	-)
TDF+3TC 300+300 mg	1	-	-	-
TDF+FTC 300+200 mg	1	-	385 (364-517)	383 (375-539)
TDF+FTC+EFV 300+200+600 mg	1	-	-	-
ABC+3TC+ZDV 300+150+300 mg	2	-	-	-

* d4T 40mg x 2/day is not recommended by WHO (<http://www.who.int/hiv/treatment/en/index.html>)

Table 2: Median transaction price of *second-line* ARV medicines (US\$/ppy) for adult treatment at a WHO recommended adult DDD

2a) Low-income countries

INN and strengths	Median transaction price (25th -75th Quartile range) (US\$/ppy)			
	DDD (tablets or capsules)	2008	2009	1 st quarter 2010
ABC 300 mg	2	313 (280-358)	280 (237-282)	124 (83-165)
ddl 100 mg	4	189 (187-310)	188 (187-236)	-
ddl 200 mg	2	242 (197-310)	201 (189-235)	-
ddl 250 mg	1	223 (215-223)	184 (158-223)	-
ddl 400 mg	1	288 (279-288)	261 (158-270)	209 (159-301)
IDV 200 mg*	8	-	-	-
IDV 400 mg*	4	406 (350-445)	406 (363-457)	361 (361-361)
LPV+RTV 133+33 mg	6	497 (429-511)	-	-
LPV+RTV 200+50 mg	4	500 (500-574)	500 (500-575)	469 (439-557)
NFV 250 mg	10	1421 (1284-2501)	2118 (1603-2644)	-
RTV 100 mg**	2	84 (83-114)	83 (83-130)	-
SQV 200 mg*	10	2737 (1350-3000)	1234 (1209-1642)	-
ATV 150mg*	2	-	317 (317-317)	-
ATV 200mg*	2	-	-	-
FPV 700 mg*	2	-	-	-
DRV 300 mg*	2		548 (548-548)	

* Protease inhibitor to be used boosted with ritonavir

** The dose of ritonavir is given for its use as a booster of other protease inhibitors only

2b) Lower middle-income countries

INN and strengths	Median transaction price (25th -75th Quartile range) (US\$/ppy)			
	DDD (tablets or capsules)	2008	2009	1 st quarter 2010
ABC 300 mg	2	350 (313-374)	271 (236-299)	-
ddl 100 mg	4	212 (187-235)	217 (191-272)	-
ddl 200 mg	2	311 (218-350)	266 (241-286)	-
ddl 250 mg	1	799 (675-874)	190 (184-194)	-
ddl 400 mg	1	1267 (507-1302)	274 (251-468)	243 (222-243)
IDV 200 mg*	8	456 (456-457)	-	-
IDV 400 mg*	4	446 (389-457)	363 (363-363)	-
LPV+RTV 133+33 mg	6	1107 (544-1122)	1000 (1000-1000)	-
LPV+RTV 200+50 mg	4	1000 (574-1000)	1000 (575-1119)	621 (621-1000)
NFV 250 mg	10	2631 (2258-2631)	2704 (2329-2792)	-
RTV 100 mg**	2	283 (99-811)	762 (217-871)	-
SQV 200 mg*	10	2704 (2410-2767)	2651 (2651-2696)	-
ATV 150mg*	2	4563 (1384-5110)	4210 (3728-4353)	-
ATV 200mg*	2	437 (436-438)	-	-
FPV 700 mg*	2	3215 (1430-5000)	1448 (1448-1565)	-
DRV 300 mg*	2		3712 (3712-3712)	

* Protease inhibitor to be used boosted with ritonavir

** The dose of ritonavir is given for its use as a booster of other protease inhibitors only

2c) Upper middle-income countries

INN and strengths	Median transaction price (25th -75th Quartile range) (US\$/ppy)			
	DDD (tablets or capsules)	2008	2009	1 st quarter 2010
ABC 300 mg	2	411 (354-468)	365 (285-450)	224 (224-246)
ddl 100 mg	4	292 (289-323)	233 (233-233)	-
ddl 200 mg	2	220 (217-235)	280 (280-280)	-
ddl 250 mg	1	226 (200-997)	192 (171-209)	-
ddl 400 mg	1	642 (289-1199)	286 (112-346)	301 (255-385)
IDV 200 mg*	8	-	-	-
IDV 400 mg*	4	538 (439-636)	-	-
LPV+RTV 133+33 mg	6	1109 (741-2277)	4197 (3616-4292)	-
LPV+RTV 200+50 mg	4	4210 (2526-4502)	3168 (1073-3222)	-
NFV 250 mg	10	4840 (1470-4840)	4806 (4000-4823)	-
RTV 100 mg**	2	329 (313-346)	699 (163-701)	-
SQV 200 mg*	10	2210 (2164-2257)	777 (762-888)	-
ATV 150mg*	2	511 (511-511)	-	-
ATV 200mg*	2	-	-	-
FPV 700 mg*	2	1284 (1284-1287)	1290 (1290-1290)	
DRV 300 mg*	2		3712 (3712-3712)	

* Protease inhibitor to be used boosted with ritonavir

** The dose of ritonavir is given for its use as a booster of other protease inhibitors only

Table 3: Median transaction price of ARV medicines (US\$/ppy) for paediatric treatment (*infant weighing 5 kg*) at a WHO recommended paediatric DDD
3a) Low-income countries

INN and strengths	Median transaction price (25th -75th Quartile range) (US\$/ppy)			
	DDD (tablets or ml)	2008	2009	1 st quarter 2010
ABC 20 mg/ml	4	91 (91-100)	91 (91-109)	92 (91-113)
ddl 10 mg/ml	8	362 (361-368)	275 (249-309)	312 (312-312)
ddl 25 mg	4	170 (170-170)	170 (168-175)	170 (170-170)
ddl 50 mg	2	112 (112-122)	116 (100-116)	116 (86-116)
EFV 30 mg/ml	3.25	116 (88-116)	112 (112-112)	112 (112-112)
3TC 10 mg/ml	6	59 (59-71)	17 (16-32)	21 (18-48)
LPV+RTV 80+20 mg/ml	2	100(100-153)	100 (100-124)	100 (100-100)
NFV 50 mg/g	15	1421(1391-1450)	1343 (1331-1356)	1318 (1318-1318)
NFV 250 mg	4	542(526-1000)	847 (641-1058)	621 (621-621)
NVP 10 mg/ml	12	35 (35-40)	35 (35-65)	33 (33-56)
d4T 1 mg/ml	12	31 (29-53)	30 (29-37)	30 (30-30)
ZDV 10 mg/ml	12	44 (39-91)	64 (39-98)	39 (37-39)
3TC+d4T 30+6 mg	2	26 (22-26)	23 (23-25)	-
3TC+d4T 60+12 mg	1	25 (22-26)	20 (20-22)	-
3TC+NVP+d4T 30+50+6 mg	2	30 (26-30)	29 (26-29)	30 (30-30)
3TC+NVP+d4T 60+100+12 mg	1	27 (24-28)	26 (23-26)	-
3TC+ZDV 30+60 mg	2	41 (41-41)	41 (41-43)	36 (36-36)
3TC+NVP+ZDV 30+50+60 mg	2	53 (53-53)	53 (53-53)	-
3TC+NVP+ZDV 30+50+60 mg	2	53 (53-53)	53 (53-53)	-

3b) Lower middle-income countries

INN and strengths	Median transaction price (25th -75th Quartile range) (US\$/ppy)			
	DDD (tablets or ml)	2008	2009	1 st quarter 2010
ABC 20 mg/ml	4	116 (100-142)	107 (102-121)	-
ddl 10 mg/ml	8	836 (692-980)	934 (431-978)	-
ddl 25 mg	4	135 (97-390)	352 (237-468)	-
ddl 50 mg	2	-	88 (88-109)	-
EFV 30 mg/ml	3.25	-	119 (119-119)	-
3TC 10 mg/ml	6	38 (21-54)	24 (16-36)	16 (16-16)
LPV+RTV 80+20 mg/ml	2	228 (217-500)	200 (118-221)	200 (200-200)
NFV 50 mg/g	15	1779 (992-1779)	2139 (2139-2139)	-
NFV 250 mg	4	903 (473-1053)	1081 (931-1116)	-
NVP 10 mg/ml	12	84 (58-122)	78 (62-85)	228 (228-228)
d4T 1 mg/ml	12	56 (51-117)	57 (30-57)	32 (32-32)
ZDV 10 mg/ml	12	78(49-91)	92 (59-108)	39 (39-39)
3TC+d4T 30+6 mg	2	24 (23-25)	46 (46-46)	-
3TC+d4T 60+12 mg	1	25 (24-26)	23 (21-26)	26 (26-26)
3TC+NVP+d4T 30+50+6 mg	2	53 (53-53)	29 (29-29)	-
3TC+NVP+d4T 60+100+12 mg	1	27 (27-28)	28 (27-28)	28 (28-28)
3TC+ZDV 30+60 mg	2	41 (41-41)	44 (44-44)	41 (41-43)
3TC+NVP+ZDV 30+50+60 mg	2	53 (53-53)	53 (53-53)	53 (53-53)
3TC+NVP+ZDV 30+50+60 mg	2	53 (53-53)	53 (53-53)	53 (53-53)

3c) Upper middle-income countries

INN and strengths	Median transaction price (25th -75th Quartile range) (US\$/ppy)			
	DDD (tablets or ml)	2008	2009	1 st quarter 2010
ABC 20 mg/ml	4	100 (95-100)	758 (717-852)	-
ddl 10 mg/ml	8	940 (427-974)	-	-
ddl 25 mg	4	224 (222-250)	185 (185-185)	-
ddl 50 mg	2	-	-	-
EFV 30 mg/ml	3.25	113 (113-113)	-	-
3TC 10 mg/ml	6	55 (55-72)	56 (47-56)	56 (56-56)
LPV+RTV 80+20 mg/ml	2	250 (236-392)	121 (88-168)	-
NFV 50 mg/g	15	-	-	-
NFV 250 mg	4	1936 (558-1936)	1924 (1922-1933)	-
NVP 10 mg/ml	12	87 (62-98)	198 (171-260)	-
d4T 1 mg/ml	12	566 (310-823)	44 (41-58)	33 (33-33)
ZDV 10 mg/ml	12	38 (36-94)	93 (72-124)	-
3TC+d4T 30+6 mg	2	-	-	-
3TC+d4T 60+12 mg	1	-	-	-
3TC+NVP+d4T 30+50+6 mg	2	-	-	-
3TC+NVP+d4T 60+100+12 mg	1	-	-	-
3TC+ZDV 30+60 mg	2	41 (41-41)	-	-
3TC+NVP+ZDV 30+50+60 mg	2	-	-	-
3TC+NVP+ZDV 30+50+60 mg	2	53 (53-53)	53 (53-53)	-

Table 4: Median transaction price of ARV medicines (US\$/ppy) for paediatric treatment (*infant weighing 10 kg*) at a WHO recommended paediatric DDD

4a) Low-income countries

INN and strengths	Median transaction price (25th -75th Quartile range) (US\$/ppy)			
	DDD (tablets or ml)	2008	2009	1 st quarter 2010
ABC 20 mg/ml	10	228 (228-251)	228 (223-229)	228 (205-229)
ddl 10 mg/ml	12	543 (541-552)	374 (300-433)	467 (373-467)
ddl 25 mg	5	213 (212-213)	213 (208-213)	213 (213-213)
ddl 50 mg	3	173 (132-173)	173 (150-173)	173 (129-173)
ddl 100 mg	2	125 (94-155)	118 (94-118)	118 (94-155)
ddl 125 mg	1	94 (93-95)	130 (130-130)	130 (130-130)
EFV 50 mg	4	118 (118-135)	118 (109-140)	118 (109-149)
EFV 200 mg	1	65 (59-74)	62 (52-110)	55 (55-114)
3TC 10 mg/ml	10	30 (27-53)	29 (27-53)	36 (31-79)
LPV+RTV 80+20 mg/ml	3	150 (150-160)	150 (150-152)	150 (150-154)
LPV+RTV 100+25 mg	3	188 (187-188)	188 (188-188)	188 (188-188)
LPV+RTV 133+33 mg	2	166 (143-170)	164 (151-173)	164 (151-173)
LPV+RTV 200+50 mg	1.5	188 (188-215)	188 (188-215)	176 (165-209)
NFV 250 mg	6	813 (780-1407)	1271 (962-1586)	932 (831-1097)
NVP 10 mg/ml	20	59 (59-67)	58 (58-109)	55 (55-93)
NVP 200 mg	1	21 (20-24)	19 (18-21)	17 (16-18)
d4T 15 mg	2	18 (18-23)	18 (18-18)	18 (18-25)
d4T 20 mg	2	21 (21-27)	20 (18-21)	21 (18-185)
ZDV 10 mg/ml	20	67 (65-115)	107 (64-164)	65 (62-114)
ZDV 100 mg	2	37 (35-44)	37 (35-38)	36 (35-42)
3TC+d4T 150+30 mg	1	26 (24-30)	22 (22-24)	19 (19-22)
3TC+NVP+d4T 150+200+30 mg	1	44 (42-46)	41 (37-43)	32 (29-38)
3TC+d4T 30+6 mg	4	51 (45-53)	46 (46-51)	46 (46-46)
3TC+d4T 60+12 mg	2	50 (44-51)	40 (40-44)	40 (40-41)
3TC+NVP+d4T 30+50+6 mg	4	59 (52-61)	58 (52-59)	60 (60-60)
3TC+NVP+d4T 60+100+12 mg	2	54 (47-55)	52 (47-52)	52 (47-52)
3TC+ZDV 30+60 mg	4	83 (83-83)	83 (80-85)	83 (80-85)
3TC+NVP+ZDV 30+50+60 mg	4	105 (105-105)	105 (105-105)	103 (103-103)
3TC+NVP+d4T 30+50+6 mg	4	59 (52-61)	58 (52-58)	
3TC+NVP+d4T 60+100+12 mg	2	54 (47-55)	52 (47-52)	
3TC+ZDV 30+60 mg	4	83 (83-83)	83 (83-86)	
3TC+NVP+ZDV 30+50+60 mg	4	105 (105-105)	105 (105-105)	

4b) Lower middle-income countries

INN and strengths	Median transaction price (25th -75th Quartile range) (US\$/ppy)			
	DDD (tablets or ml)	2008	2009	1 st quarter 2010
ABC 20 mg/ml	10	278 (243-363)	268 (255-304)	229 (228-229)
ddl 10 mg/ml	12	1140 (1126-1444)	-	-
ddl 25 mg	5	168 (121-487)	151 (151-151)	151 (151-151)
ddl 50 mg	3	132 (132-730)	129 (129-129)	129 (129-129)
ddl 100 mg	2	106 (94-118)	109 (95-136)	110 (94-134)
ddl 125 mg	1	86 (74-99)	-	-
EFV 50 mg	4	154 (146-169)	132 (125-133)	118 (118-126)
EFV 200 mg	1	68 (64-131)	106 (56-114)	64 (54-106)
3TC 10 mg/ml	10	63 (36-90)	44 (27-64)	27 (26-47)
LPV+RTV 80+20 mg/ml	3	342 (326-750)	300 (178-332)	300 (300-553)
LPV+RTV 100+25 mg	3	-	213 (213-213)	213 (213-213)
LPV+RTV 133+33 mg	2	181 (178-369)	-	-
LPV+RTV 200+50 mg	1.5	-	375 (215-419)	233 (233-275)
NFV 250 mg	6	1579 (1355-1579)	1622 (1510-1684)	1658 (1640-1676)
NVP 10 mg/ml	20	137 (77-145)	121(101-141)	261(85-380)
NVP 200 mg	1	24 (21-25)	21 (21-23)	21 (21-21)
d4T 15 mg	2	18 (18-21)	-	-
d4T 20 mg	2	18 (18-21)	35 (26-339)	18 (18-41)
ZDV 10 mg/ml	20	146 (73-146)	153 (98-180)	65 (60-65)
ZDV 100 mg	2	43 (37-48)	42 (37-43)	35 (35-35)
3TC+d4T 150+30 mg	1	30 (28-38)	22 (20-24)	23 (23-23)
3TC+NVP+d4T 150+200+30 mg	1	50 (46-57)	41 (33-42)	41 (41-42)
3TC+d4T 30+6 mg	4	49 (47-51)	92 (92-92)	92 (92-92)
3TC+d4T 60+12 mg	2	51 (49-51)	51 (41-51)	51 (46-51)
3TC+NVP+d4T 30+50+6 mg	4	52 (52-52)	58 (58-58)	58 (58-58)
3TC+NVP+d4T 60+100+12 mg	2	54 (54-55)	55 (55-55)	55 (54-55)
3TC+ZDV 30+60 mg	4	83 (83-83)	88 (88-88)	88 (88-88)
3TC+NVP+ZDV 30+50+60 mg	4	105 (105-105)	105 (105-105)	105 (105-105)
3TC+NVP+d4T 30+50+6 mg	4	59 (52-61)	58 (52-58)	
3TC+NVP+d4T 60+100+12 mg	2	54 (47-55)	52 (47-52)	
3TC+ZDV 30+60 mg	4	83 (83-83)	83 (83-86)	
3TC+NVP+ZDV 30+50+60 mg	4	105 (105-105)	105 (105-105)	

4c) Upper middle-income countries

INN and strengths	Median transaction price (25th -75th Quartile range) (US\$/ppy)			
	DDD (tablets or ml)	2008	2009	1 st quarter 2010
ABC 20 mg/ml	10	249 (238-249)	241 (241-241)	-
ddl 10 mg/ml	12	-	-	-
ddl 25 mg	5	121 (121-121)	462 (462-462)	-
ddl 50 mg	3	97 (80-115)	-	-
ddl 100 mg	2	176 (121-268)	157 (137-178)	-
ddl 125 mg	1	-	-	-
EFV 50 mg	4	122 (122-122)	204 (172-1325)	118 (118-118)
EFV 200 mg	1	62 (61-70)	126 (66-217)	198 (63-291)
3TC 10 mg/ml	10	92 (76-106)	86 (66-98)	29 (28-33)
LPV+RTV 80+20 mg/ml	3	350 (339-361)	179 (131-252)	-
LPV+RTV 100+25 mg	3	187 (187-187)	-	-
LPV+RTV 133+33 mg	2	933 (331-934)	1399 (1205-1431)	-
LPV+RTV 200+50 mg	1.5	-	1278 (1278-1278)	1278 (1278-1278)
NFV 250 mg	6	2904 (2398-2904)	2887 (2883-2899)	-
NVP 10 mg/ml	20	67 (67-160)	317 (207-402)	121 (55-188)
NVP 200 mg	1	24 (24-32)	125 (102-177)	125 (125-125)
d4T 15 mg	2	-	78 (69-82)	82 (50-82)
d4T 20 mg	2	20 (20-20)	185 (73-193)	81 (80-82)
ZDV 10 mg/ml	20	61 (61-152)	188 (142-251)	65 (63-102)
ZDV 100 mg	2	-	-	-
3TC+d4T 150+30 mg	1	26 (26-26)	35 (35-35)	23 (23-25)
3TC+NVP+d4T 150+200+30 mg	1	42 (42-52)	46 (46-46)	46 (46-46)
3TC+d4T 30+6 mg	4	-	-	-
3TC+d4T 60+12 mg	2	-	-	-
3TC+NVP+d4T 30+50+6 mg	4	-	-	-
3TC+NVP+d4T 60+100+12 mg	2	-	-	-
3TC+ZDV 30+60 mg	4	-	-	-
3TC+NVP+ZDV 30+50+60 mg	4	-	-	-
3TC+NVP+d4T 30+50+6 mg	4	59 (52-61)	58 (52-58)	-
3TC+NVP+d4T 60+100+12 mg	2	54 (47-55)	52 (47-52)	-
3TC+ZDV 30+60 mg	4	83 (83-83)	83 (83-86)	-
3TC+NVP+ZDV 30+50+60 mg	4	105 (105-105)	105 (105-105)	-

Table 5: Median transaction price (US\$) of smallest unit of *rapid tests*

Product name	Median transaction price (25th -75th Quartile range) (US\$/ppy)		
	2008	2009	1 st quarter 2010
Capillus HIV ½	1.39 (1.10 - 1.39)	1.53 (1.41 - 1.53)	-
Clearview Complete HIV 1/2	3.00 (3.00 - 3.00)	3.00 (3.00 - 3.00)	-
Determine HIV ½	0.80 (0.72 - 0.80)	0.80 (0.80 - 0.80)	0.72 (0.72 - 0.72)
DoubleCheck Gold HIV 1/2	0.74 (0.69 - 0.78)	0.83 (0.83 - 0.83)	0.83 (0.83 - 0.83)
First Response HIV 1.2.0	0.65 (0.65 - 0.65)	0.76 (0.75 - 0.76)	0.73 (0.73 - 0.73)
Genie II HIV ½	2.00 (1.90 - 2.00)	2.70 (2.67 - 2.75)	-
HIV 1/2 Antibody Colloidal Gold	0.46 (0.46 - 0.46)	0.46 (0.46 - 0.46)	-
HIV Tri-dot	1.05 (1.05 - 1.05)	1.17 (1.15 - 1.18)	-
ImmunocombII Bispot HIV 1/2	1.67 (1.67 - 1.67)	2.02 (1.84 - 2.19)	1.68 (1.68 - 1.68)
OraQuick HIV ½	3.50 (3.50 - 3.50)	3.50 (3.50 - 3.50)	-
Retrocheck HIV test	0.55 (0.55 -0.55)	0.55 (0.55 -0.55)	-
SD Biline HIV ½ 3.0	0.80 (0.80 - 0.80)	0.80 (0.80 - 0.80)	0.80 (0.80 - 0.80)
Serodia HIV ½	1.18 (1.18 - 1.18)	1.18 (1.18 - 1.18)	1.18 (1.18 - 1.18)
Stat-Pak HIV 1/2	1.35 (1.35 - 1.35)	0.79 (0.79 - 0.79)	1.13 (0.96 - 1.29)
Uni-Gold HIV	1.60 (1.27 - 1.60)	1.70 (1.64 - 1.81)	1.82 (1.75 - 1.82)

Table 6: Median transaction price (US\$) of smallest unit of *ELISA tests*.

Product name	Median transaction price (25th -75th Quartile range)		
	2008	2009	1 st quarter 2010
Enzygnost Anti-HIV 1/2	1.00 (1.00-1.00)	1.57 (1.57 - 1.57)	-
Genedia HIV Ag-Ab	0.33 (0.33-0.33)	0.33 (0.33 - 0.33)	-
Genscreen HIV 1/2 V2	0.52 (0.52-0.52)	2.46 (2.46 - 2.46)	-
HIV EIA Elisa	0.40 (0.40-0.40)	0.64 (0.64 - 0.64)	-
Murex HIV Ag-Ab	1.25 (0.94-1.43)	1.89 (1.54 - 1.89)	-

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