



## PRESS RELEASE

### **UNAIDS/UNDP/WHO concerned over sustainability and scale up of HIV treatment**

*UNAIDS, UNDP and WHO encourage countries to use the flexibilities as set out in the TRIPS agreement to lower costs and improve access to HIV treatment*

**Geneva, 15 March 2011**—The Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP) and the World Health Organization (WHO), are deeply concerned about the long-term sustainability of access to affordable HIV treatment.

In a new policy brief launched today, UNAIDS, UNDP and WHO urge countries, where appropriate, to use the intellectual property and trade flexibilities set out in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), and the Doha Declaration on the TRIPS agreement and public health, in order to reduce the price of HIV medicines and expand access to people most in need.

“We are seriously concerned about the future of HIV treatment programmes,” said Paul De Lay, Deputy Executive Director, Programme, UNAIDS. “Only about one third of people in need have access to treatment. In the current economic climate even sustaining that over the long-term will be a challenge. Countries must use all the means at their disposal, including the TRIPS flexibilities, to ensure sustainability and the significant scale up of HIV services to reach people most in need.”

At the end of 2009, nearly 15 million people were estimated to be in need of antiretroviral treatment for HIV and 5.2 million people had access to the life-saving therapy.

Over the last 10 years the annual cost of a first-line antiretroviral regimen for low-income countries decreased by almost 99%—from more than US\$ 10 000 per person in 2000 to less than US\$ 116 for the least expensive WHO-recommended first-line regimen in 2010. However, prices are still too high for many low- and middle-income countries, especially for second-line regimens.

“Millions of people in developing countries now depend on a steady supply of affordable first-line treatment for HIV. If their treatment is interrupted, which can lead to drug resistance, these patients will have to switch to a second-line regimen. That can be at least six times more expensive than the first-line regimen,” said Dr Gottfried Hirnschall, WHO’s Director of HIV/AIDS Department. “Making full use of trade flexibilities and other cost reduction strategies for quality medicines is now more important than ever.”

The challenge is further exacerbated by an uncertain economic climate. In 2009 funding for HIV was lower than in 2008. This is putting current treatment programmes under increased strain because of reduced budgets and competing priorities. In addition, proposed bilateral and regional free trade agreements could limit the ability of developing countries to use the

**UNAIDS’ vision: Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.**

TRIPS flexibilities. Governments in both developed and developing countries should ensure that any free trade agreements comply with the Principles of the Doha Declaration.

Jeffrey O'Malley, Director of UNDP's HIV Practice said, "Using TRIPS flexibilities will allow countries to issue compulsory licences and to use other mechanisms provided by the TRIPS Agreement and Doha Declaration to obtain access to affordable generic antiretroviral medicines. This means a country could produce generic medicines at a lower cost or, if it does not have manufacturing capacity, import lower-cost, generic medicines from another country."

Brazil issued a compulsory license for efavirenz through the TRIPS flexibilities which brought the price down by more than two-thirds, from US\$ 1.60 per dose to US\$ 0.45 for the generic version. Such price differences have enormous implications for the ability of national authorities and other service providers to deliver antiretroviral treatment to people in need.

Despite the opportunities provided by the TRIPS flexibilities, many countries have yet to amend their laws to incorporate them. UNAIDS, UNDP and WHO will continue to support countries, on their request, to increase access to treatment and provide technical assistance to implement the TRIPS flexibilities to scale up access to life-saving antiretroviral medicine.

UNAIDS and WHO launched the Treatment 2.0 initiative in 2010 to accelerate access to cheaper, more effective and tolerable drug combinations and diagnostics. Efforts must be maintained to spur much-needed innovation in developing new medicines and to support new intellectual property approaches. Incorporating and using the available TRIPS flexibilities will also be key to expanding access to HIV treatment in the coming years.

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### **UNAIDS**

UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Learn more at [unaids.org](http://unaids.org).

### **UNDP**

UNDP is the UN's global development network, an organization advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. We are on the ground in 166 countries, working with them on their own solutions to global and national development challenges. As they develop local capacity, they draw on the people of UNDP and our wide range of partners. Learn more at [www.undp.org](http://www.undp.org)

### **WHO**

WHO is the directing and coordinating authority for health within the United Nations system. As a UNAIDS Cosponsor, WHO leads the health sector response to HIV/AIDS. WHO supports the scale up of national HIV/AIDS treatment and care programmes while accelerating HIV prevention and strengthening health systems so that the health sector response to the epidemic is more effective and comprehensive. Learn more at [www.who.int/hiv](http://www.who.int/hiv)