HIV in the Developing World

Nearly 37 million people are living with HIV-1, the vast majority of them in the developing world. Two million people are newly infected with HIV every year. For more than a decade, the international community has made enormous progress in expanding access to antiretroviral treatment: between 2002 and 2014, the number of people in low- and middle-income countries receiving antiretroviral therapy increased from 300,000 to 13.5 million. Since 2000, HIV therapy has averted 7.8 million AIDS-related deaths worldwide. Additionally, there is growing evidence suggesting that people receiving HIV therapy are less likely to transmit HIV to other people, meaning that antiretroviral treatment may have an important role in HIV prevention.

Yet substantial needs remain, with treatment scale-up a top priority. The World Health Organization (WHO) is expected to release new guidelines recommending immediate treatment for all, meaning that almost 22 million people worldwide are still in need of antiretroviral therapy.

Gilead’s Approach

Recognizing that the greatest need for HIV treatment is in the least-developed parts of the world, the company has put in place innovative programs and partnerships to expand global access to its medicines.

Tiered Pricing. A key principle of Gilead’s HIV treatment access efforts has been tiered pricing of its branded antiretroviral medicines. Developing countries are divided into two pricing tiers – low-income and lower middle-income – based on national income and HIV prevalence. Viread® (or TDF) has been available at reduced prices in developing countries since 2003, and Truvada® (emtricitabine co-formulated with TDF) and single tablet regimen Stribild® (elvitegravir / cobicistat / emtricitabine / TDF) were each added to the Access program following their U.S. approvals in 2004 and 2012, respectively. WHO recommends TDF-based regimens among the preferred options for initiating HIV treatment.

Access to Gilead HIV Medicines

* TDF-containing regimens from tech transfer recipients, branded sales, direct and Medicines Patent Pool licensees
Generic Licensing Partners. In 2006 Gilead began entering into voluntary licensing agreements with Indian manufacturers, granting them rights to produce and sell high-quality, low-cost generic versions of Gilead medicines.

Working Locally to Advance Access

Lowering prices is just one part of successfully scaling up HIV treatment. Also critical are in-country activities that support drug availability and use, including product registration, medical and clinical education, demand forecasting and collaborative research.

Currently, 17 Indian manufacturers, one South African and three Chinese companies hold licenses to produce Gilead HIV medicines. Over the past nine years, licensing partners have lowered the developing world prices of Viread and Truvada by 80 percent. The lowest price of generic Viread is currently US $3.60 per patient per month.

Country Program Examples

Myanmar: Gilead donates generic Atripla® (efavirenz/ emtricitabine/tenofovir disoproxil fumarate) to the Myanmar government’s National AIDS Program to treat patients at public hospitals.

- The donation supports the HIV treatment of 2,000 people in Myanmar who are living with HIV.
- Gilead also provides educational materials and financial support to strengthen local and regional health systems.

Tanzania: Gilead partners with the Good Samaritan Foundation of the Roman Catholic Church to support an HIV “test-and-treat” demonstration project in Shinyanga, a province in northern Tanzania. It is designed to save lives and boost HIV prevention efforts in the region.

- The program will screen 120,000 patients at four health centers in Shinyanga for HIV and provide antiretroviral treatment to 20,000 diagnosed individuals.

Ethiopia and Uganda: Gilead supported the Mayo Clinic and Chelsea Westminster Hospital’s pilot HiV-Link program, which leverages mobile phone technology to connect healthcare providers in rural Ethiopia and Uganda with HIV treatment experts in the United States and United Kingdom. Through HiV-Link, African healthcare workers can text specific clinical questions to U.S./U.K.-based physicians and receive rapid responses that help to guide their treatment decisions for patients.

References

5. UNAIDS. How AIDS Changed Everything (2015).

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