

UNITAID Patent Pool

Some needs from the field

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MSF Access to Essential Medicines
Campaign

AIS, Mexico 3-8 August 2008

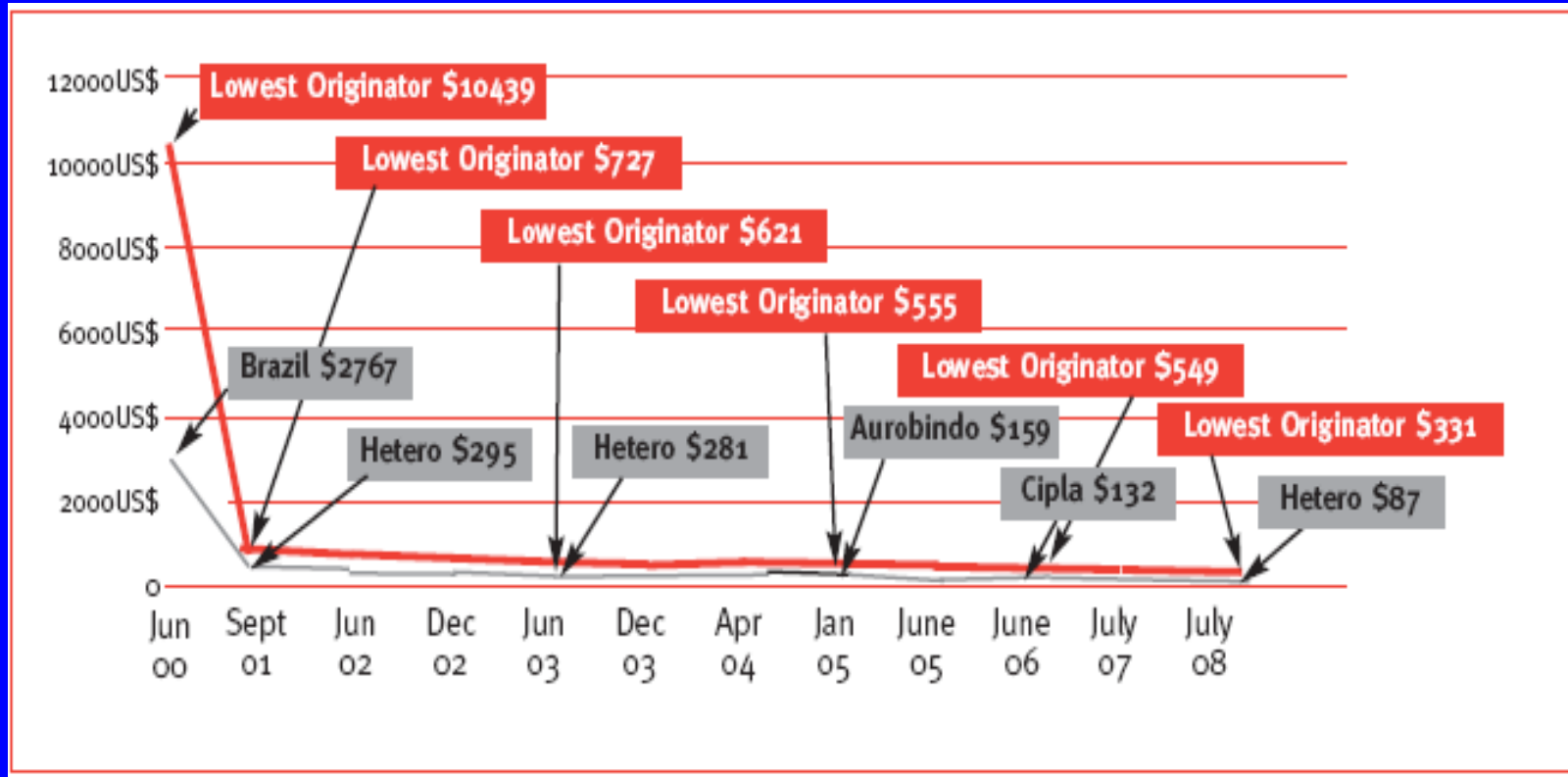
MSF HIV/AIDS TREATMENT PROGRAMMES

* data collected April 2008



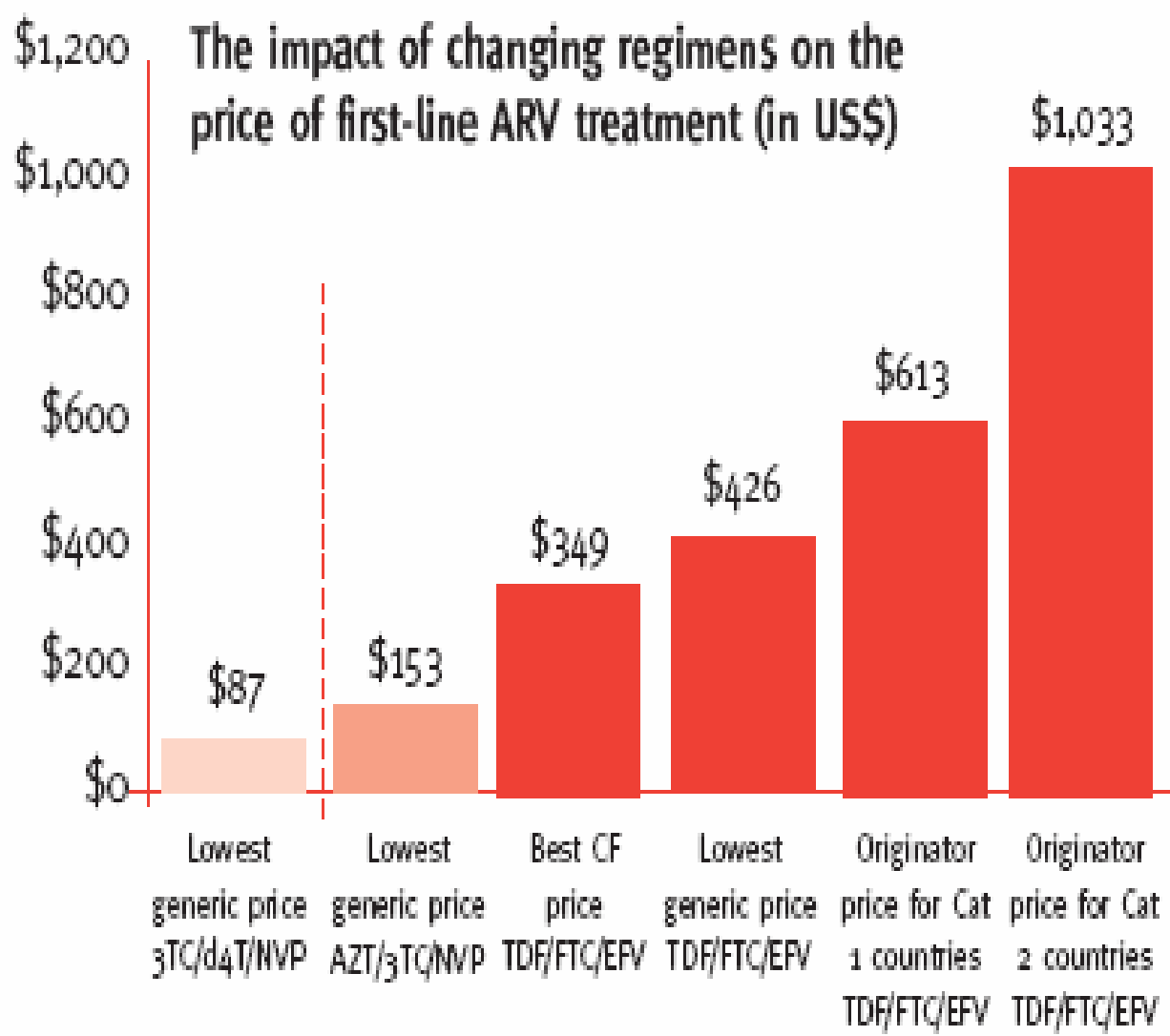
MSF PROGRAMMES ARE CURRENTLY PROVIDING ANTIRETROVIRAL TREATMENT TO MORE THAN 140,000 PATIENTS (40,000 OF WHOM ARE CHILDREN) IN 27 COUNTRIES*

Effect of Generic Competition

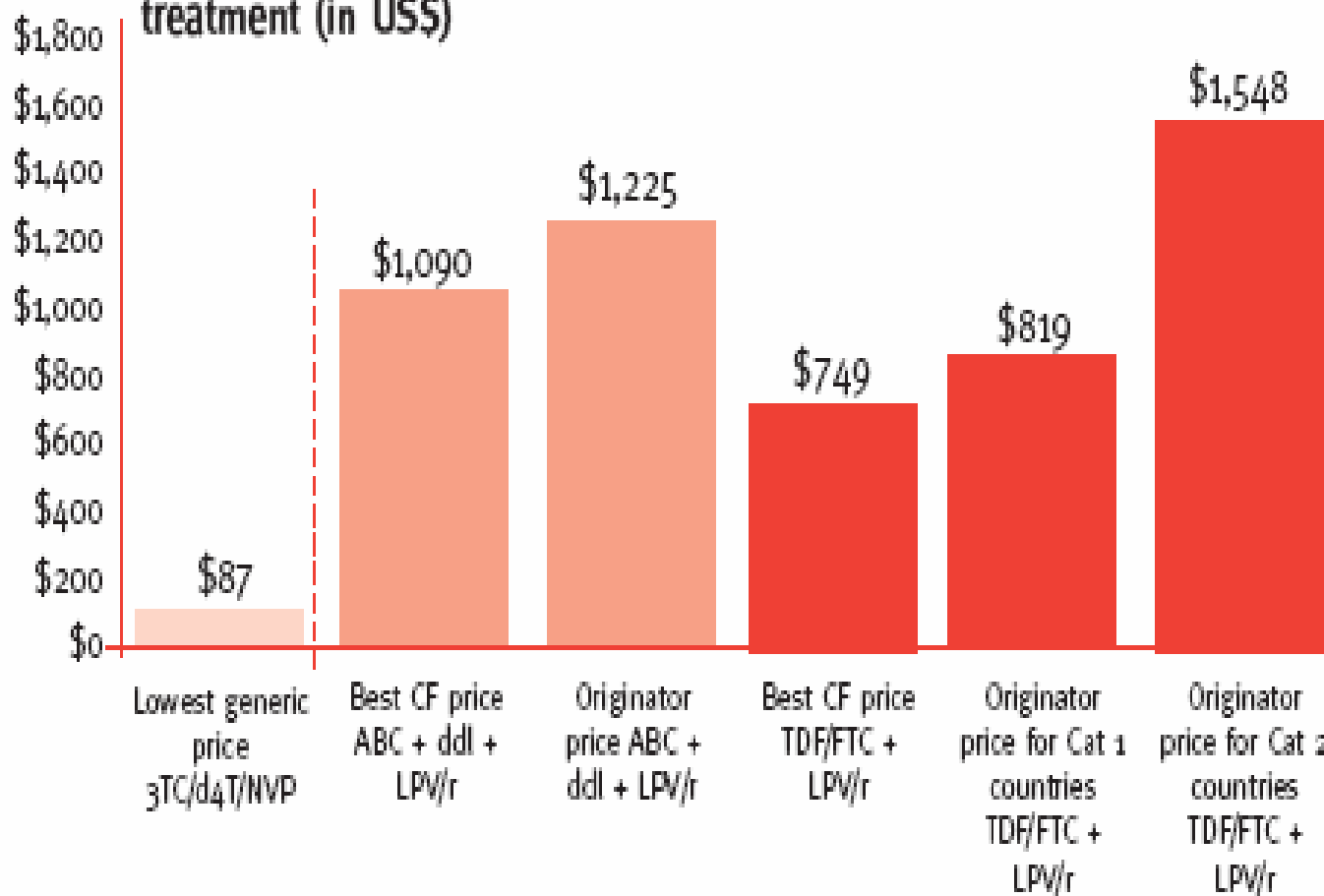


Fixed Dose Combinations





The impact of switching to second-line regimens on the price of ARV treatment (in US\$)

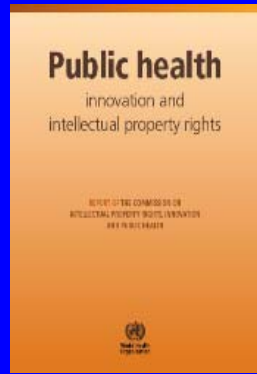


“Hand to Hand Combat”

- Price increase of newer ARVs and 2nd line ARVs leads to rapid increase in cost of treatment
- We can no longer count on automatic generic competition to bring prices down
- Threat to scale up, improve care and universal access
- Patent disputes break outs



Need for a more systematic approach



“Patent pools of upstream technologies may be useful in some circumstances to promote innovation relevant to developing countries. WHO and WIPO should consider playing a bigger role in promoting such arrangements, particularly to address diseases that disproportionately affect developing countries. (WHO Commission on Intellectual Property, Innovation and Public Health, April 2006)

“Examine the feasibility of voluntary patent pools of upstream and downstream technologies to promote innovation of and access to health products and medical devices” (WHO Global Strategy and Plan of Action on public health, innovation and intellectual property. May 08)

UNITAID Board Agrees in principle to establish a patent pool and set in motion a process to do so. (EB8 2 -3 July 08)

Patent Pool and WHO recommended improved 1st line ARV

- New WHO recommended 1st line regimen:
 - TDF/ 3TC or FTC/ EFV or NVP
 - 4 to 11 fold increase in price compared to d4t containing regimen
 - TDF and FTC – Gilead
 - 3TC – GSK
 - EFV – Merck
 - NVP – BI
 - TDF/FTC/EFV – Gilead/BMS joint patent application

Patent Pool and 2nd line and paediatric ARVs

- Patent pool would enable the development of FDC for both adult and paediatric use
 - ATV/r/TDF/3TC once a day second line
 - Paediatric new formulations: PI adaptable for small children e.g. ATV/r - once a day!

Is the Patent Pool Feasible

- Political momentum - WHO GSPA paved the way
- UNITAID commitment
- NGO commitment
- Companies' initial responses positive:
 - IFPMA “very interesting”
 - Gilead is here
 - GSK willing to put licensed patents in the pool
 - European generics “interesting”
- Need greater buy-in and expand political support
- Expand support from patent holders and from producers in the South
- Devil will be in the details - conditions of the licenses