

# Unaffordable medicines: public health and economic challenges



**ITPCru**

International Treatment Preparedness Coalition  
*Eastern Europe and Central Asia*



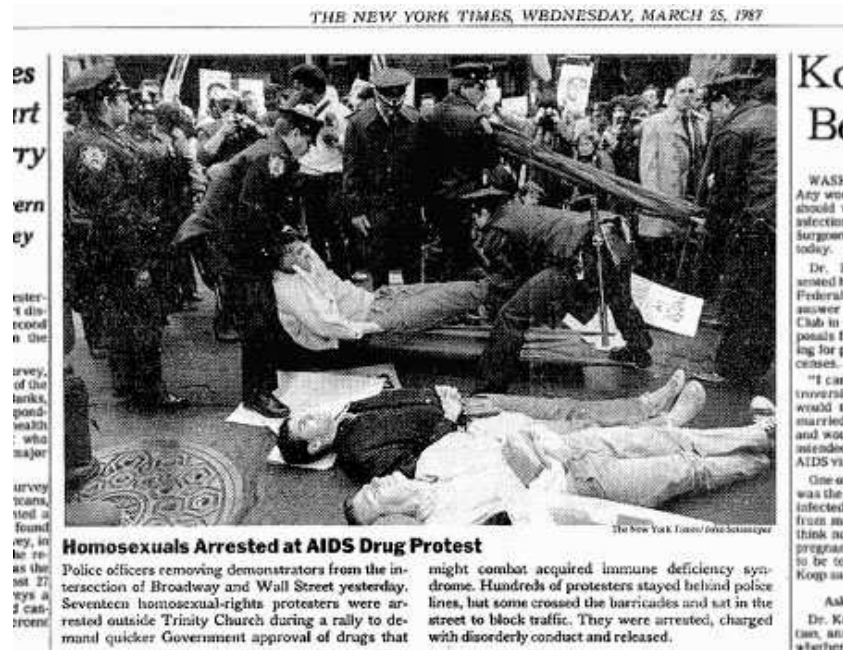
# What does treatment mean

- HIV – people can live normal lives, treatment as prevention
- HCV can be cured and eradicated

1987



2012



25 years have passed, patients are still protesting against the price of AZT-containing drugs...

# 15 x 15 Campaign

- For approximately 15 years, the price for PEG-INF has been around 15,000 US dollars per 48 weeks (and higher)





# THE HISTORY REPEATS ITSELF

- Michele Kazatchkine, the United Nations Secretary General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia: *“If the prices were to be unaffordable once more in history, it would be one more scandal around inequity of access to health care”*
- *Response:*
  - *Cost of sofosbuvir – up to USD84,000*
  - *cost of simeprevir – up to USD66,000*
  - *Cost of sofosbuvir/ledipasvir – up to USD95,000?*



Skyrocketing prices will send us  
to heaven...





# WHO CAN AFFORD?

- Australia – the PBAS did not recommend sofosbuvir for reimbursement due to **significant impact on the healthcare budget**
- UK (200,000 people with HCV) – the price has forced the NHS to only commit to treating **500 people with the most advanced liver disease** (source: <http://i-base.info/htb/27153>)
- France – to put people with  $\geq$ F2-stage liver disease at the price set by Gilead would take up **the entire budget of public hospitals in Paris (7 billions euros) – SOF alone**
- **Eastern Europe and Central Asia** – only BOC, TPV and simeprevir (Russia) available; prices in Russia – up to USD45,000 per course of treatment, very limited treatment programme



# Eastern Europe and Central Asia

- Moldova – DAAs not available, cost of PEG-INF – around USD12,000 per 48 weeks, much higher than the average income
- Similar situations in Armenia, Kyrgyzstan etc
- Progress in terms of prices for PEG-INF made in Ukraine, Georgia, Russia – CS, government, competition!





# HIGH PRICES RESULT IN:

- Health budget constraints
- Treatment deficit



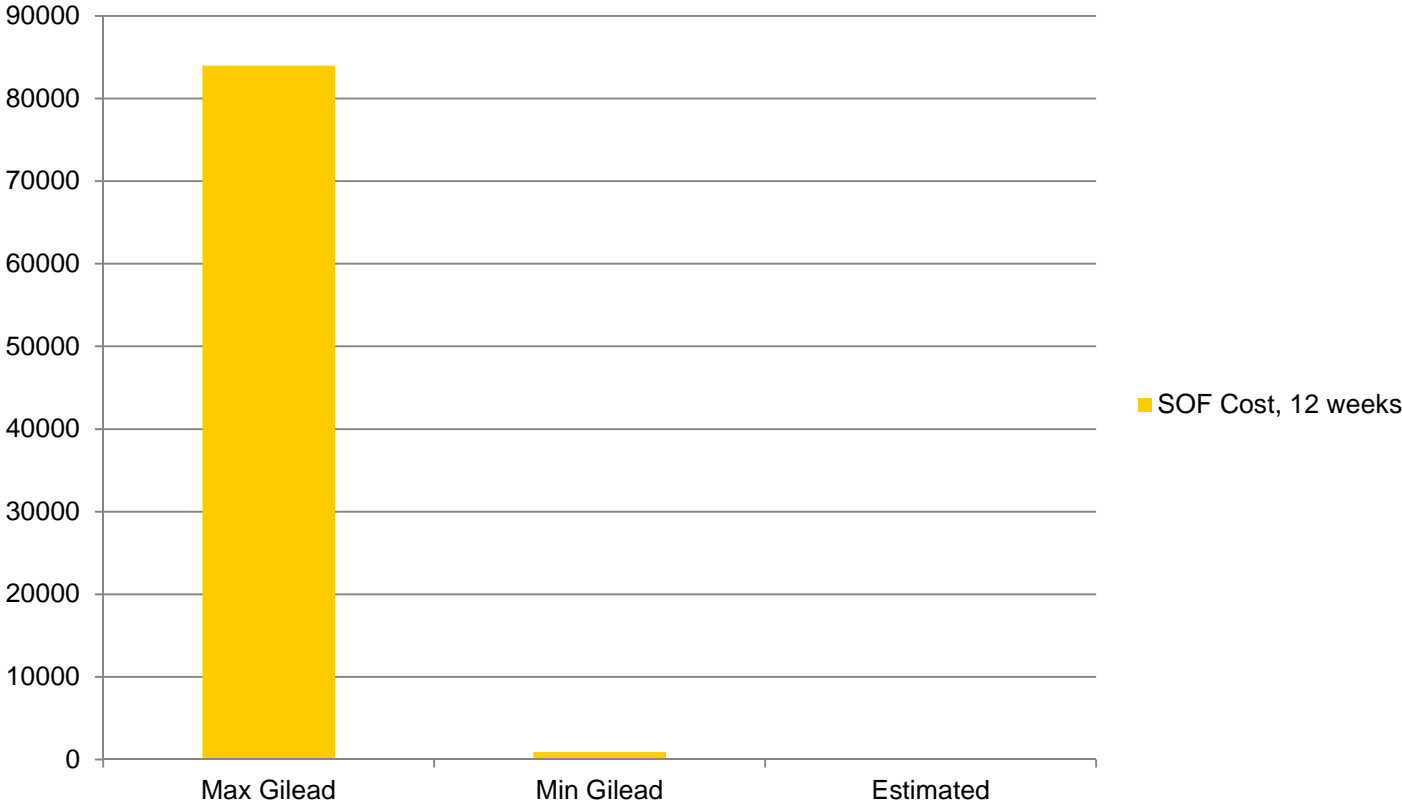
# WHO IS USUALLY OUT FIRST?

- People who use drugs
- Sex workers
- Migrants
- Other stigmatized and criminalized populations



# USD900 – A DEAL?

SOF Cost, 12 weeks





# COINCIDENTALLY...

- The patent application for SOF in Egypt will most likely be rejected by the national patent office
- Patent oppositions have been filed in India against the patent for sofosbuvir



# 73 MLN PEOPLE OUT

**Gilead's license leaves out nearly 73 million people with HCV who will have to pay Gilead's high prices.**



**Red** Countries excluded from Gilead's license  
**Orange** Countries included in Gilead's license

1,499,058: No. HCV-infected, in Lavanchy D. Evolving epidemiology of hepatitis C virus. Clin Microbiol Infect. 2011 Feb;17(2):107-15. doi: 10.1111/j.1469-0691.2010.03432.x.

**ACCESS, NO BARGAIN!**

Source: [hepcoalition.org](http://hepcoalition.org)



# MICs in EECA LEFT OUT

- Ukraine
- Georgia
- Belarus
- Azerbaijan
- Kazakhstan
- Moldova
- Armenia



# WHAT IS AFFORDABLE?

**Cost of sofosbuvir: US\$101 (12 weeks)**  
**+ Cost of daclatasvir: US\$20 (12 weeks)**  
**+ two HCV antigen tests: US\$34 (max)**  
**+ Lab safety: US\$22 (two FBC / Clin Chem)**  

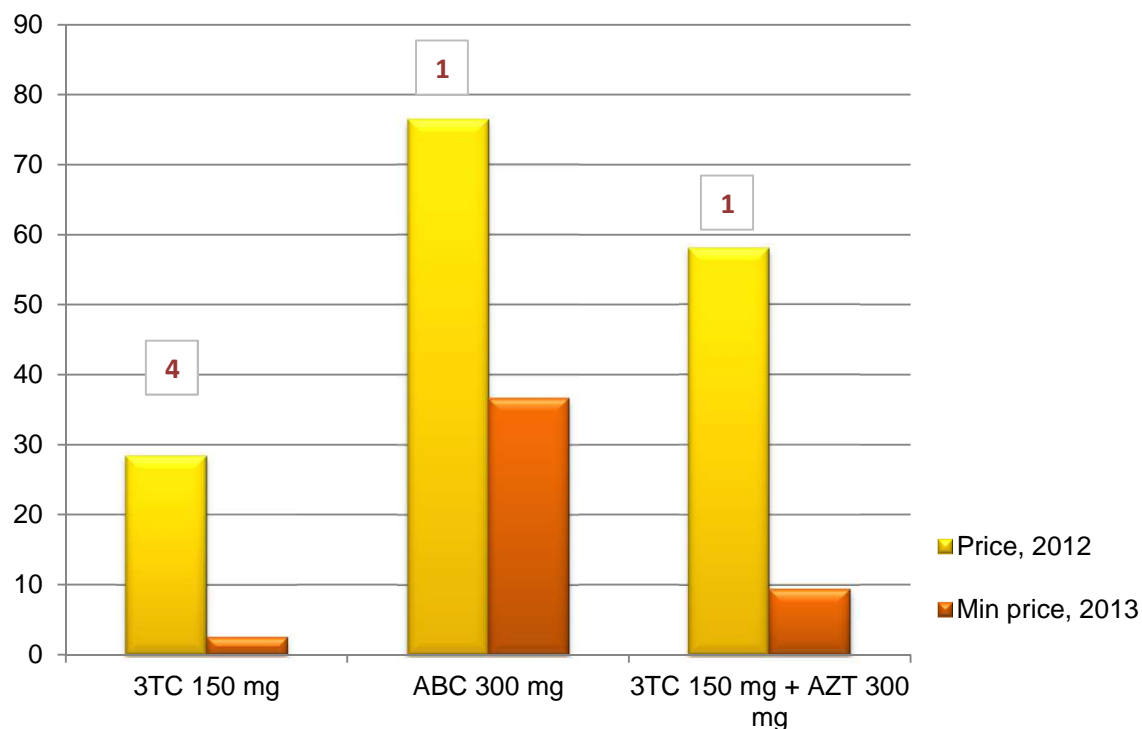
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**Total cost of treatment and care: US\$177**

Source: [hepcoalition.org](http://hepcoalition.org), summarizing Andrew Hill et.al. study

# With Generics

Monitoring of ARVT procurement in Russia, 2012-2013, 56 regions, 2199 tenders



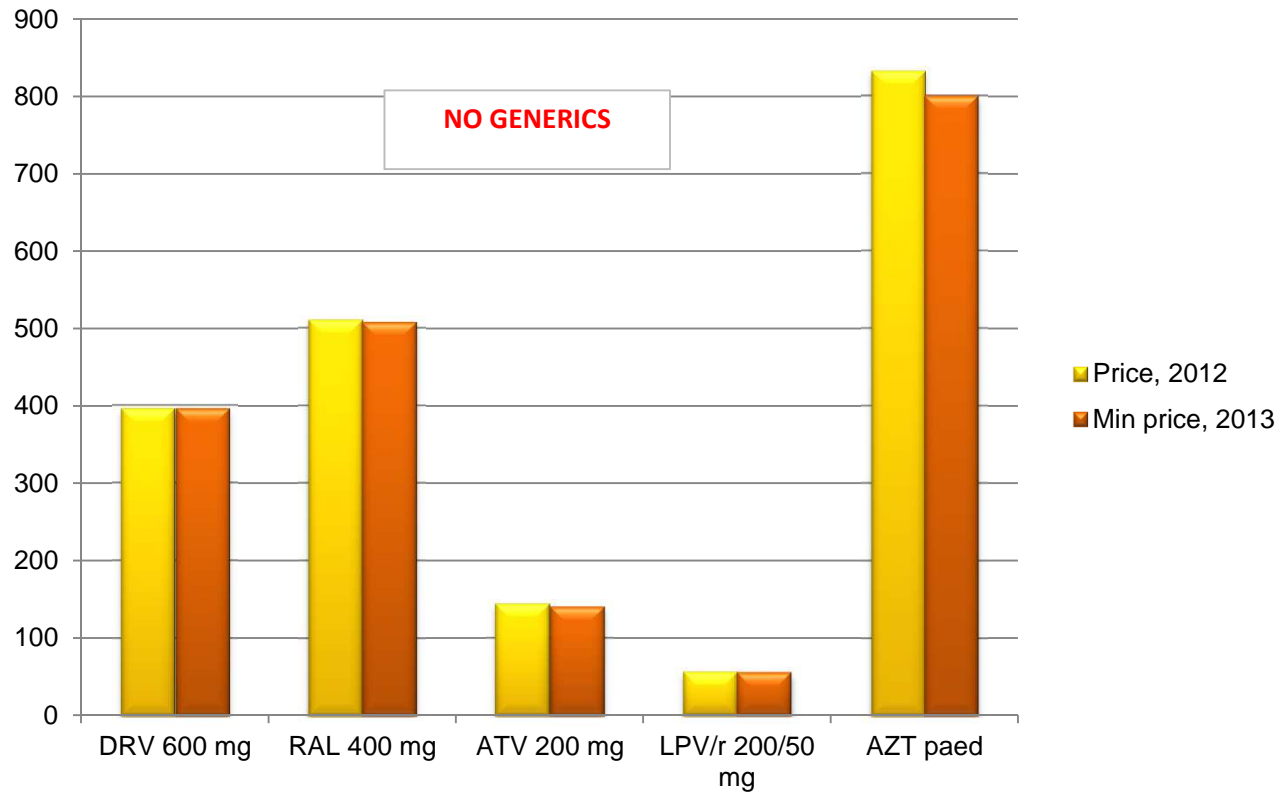
The price for lamivudine (already generic in 2012) fell by **more than 10 times!**





# Without generics

Monitoring of ARVT procurement in Russia, 2012-2013



# Competition – key to price drops

- Patent opposition
- Patent law reform
- CL

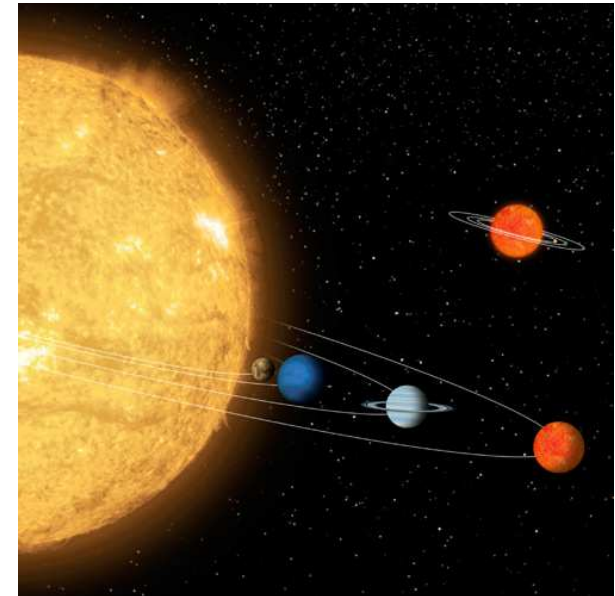
**Voluntary licensing is rather a market segmentation strategy, not an access strategy**





# UNIVERSAL TRUTHS?

- The Earth goes round the Sun
- The Moon goes round the Earth
- Medicines should cost much



**THE HIGH PRICE OF MEDICINES MUST NOT BE TAKEN FOR GRANTED!**

**WE ALL HAVE TO WORK TOGETHER TO REVERSE THIS TREND**



# To conclude

- We have extensive experience from HIV in terms of making drugs affordable
- This experience can help us to speed up the process of making HCV drugs affordable
- The faster we do that, the more lives we will save