

The Medicines Patent Pool Welcomes New WHO Treatment Guidelines

KUALA LUMPUR MALAYSIA, 30 JUNE 2013: New World Health Organization guidelines for the treatment of HIV released today are calling for increased access to better-tolerated medicines to be available to millions more people living with HIV. Priority medicines under the new WHO guidelines are covered by agreements made through the Medicines Patent Pool, which will help ensure better access to these medicines in developing countries.

An immediate impact of the new guidelines will be to increase the number of people needing treatment immediately – to 26 million from close to 17 million under the 2010 guidelines, said WHO – as WHO is recommending treatment start earlier in the HIV disease progression, moving from a CD4 count of 350 to a CD4 count of 500. The WHO has recommended all children under 5 years of age be given treatment regardless of CD4 count (previous recommendations said that children under 3 should be given treatment regardless of CD4).

The need for affordable, widely available HIV medicines has never been clearer. The WHO estimates that implementation of the guidelines “could avert as many as 3 million AIDS-related deaths and 3.5 million new HIV infections between 2013 and 2025.” To do this will require more funding, and more widely available and affordable medicines.

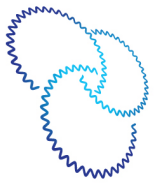
The WHO has streamlined its recommendations on treatment regimens: tenofovir disoproxil fumarate (TDF) based treatments are now the preferred first-line treatment line for adults and teenagers from 10-19 years of age, and abacavir-based treatment regimens are the preferred first-line treatment for children up until the age of 10.

Agreements signed through the Medicines Patent Pool are already working to ensure that these important medicines become more widely available.

A licence signed with Gilead Sciences in July 2011 allows tenofovir to be made and sold at lower cost by generic companies in 112 countries where the majority of people living with HIV reside, and contains a special provision that allows companies to make and sell tenofovir in several more countries where there are no patents on it. The MPP estimates that 20 countries have benefited from this provision so far. To date, six generic manufacturers have signed up to make medicines under this agreement, and they are already producing and selling lower cost HIV medicines around the world.

A more recent agreement with ViiV Healthcare [a joint venture of GlaxoSmithKline, Pfizer, and Shionogi] signed in February 2013 will make quality, affordable generic abacavir more widely available to children with HIV in the 118 countries where 98.7% of them live. One generic company, Aurobindo, has already signed on to increase access to these medicines for children. ViiV and the MPP in the meanwhile have committed to working with other companies to ensure more innovative medicines suited to children’s particular needs are developed and sold where they are most needed.

The Gilead and ViiV agreements will help achieve the WHO guidelines by facilitating access to needed medicines.



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About MPP

The MPP works to expand access to HIV medicines through licensing of key medicines patents. The MPP then out-licenses these patents to HIV medicines manufacturers to stimulate robust competition that increases availability of low-cost, quality versions of needed medicines and to stimulate innovation on needed new medicines. The MPP was founded by innovative financing mechanism UNITAID in July 2010 and has been endorsed by the World Health Organization, the UN High Level Meeting on AIDS, and the Group of 8 as a promising, innovative way to increase access to medicines.

For further information

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