4 countries win access to generic HIV & hepatitis C drugs
Activists claim victory

On August 23, Gilead Sciences announced that it would allow generic versions of its HIV and hepatitis C drugs in 4 new countries, as part of the pharmaceutical company’s access program. Those countries are Malaysia, Thailand, Ukraine and Belarus. Activists from these countries welcomed the move as long overdue, and pointed out that this was the result of years of advocacy.

It seems evident that the sudden announcement from Gilead is linked to the Malaysian government’s publicly-expressed will to issue a government-use license to guarantee access to hepatitis C treatment for its citizens, following several declarations by the Ministry of Health of its intention to provide access to generics for its patients.

As Edward Low from the Malaysian HIV-Positive Treatment Access Action Groupe (MTAAG+) points out: “At this stage, it is not a time for celebration yet, since Gilead’s announcement is not clear and detailed. The voluntary license may have restrictive terms & conditions. Gilead’s voluntary license is clearly a way to avoid the use of TRIPS flexibilities by countries, because they are afraid others like China, Brazil or Russia might follow”.

But it is too little too late. Indeed, many details of the voluntary license remain unclear and any continued delay in the availability of affordable medicines means that universal access will take yet more time to roll out, as other steps such as drug registration and scale up of service delivery have been blocked by this situation.

Paisan Suwannawong of the Thai AIDS Treatment Action Group added: “The Thai government must now step up to facilitate generic production or import of affordable HCV drugs for all, in particular people who inject drugs, who have borne an astronomically high prevalence. Doctors should proactively offer the hepatitis C test to these and other high-risk populations, and we need funding now for more peer-led, community-based interventions to increase access to information, prevention, services, and support.”

While it is an important step in access to treatment, Coalition PLUS and its partners in other middle-income countries (MICs), such as Brazil and Colombia, wonder why other MICs are not also included in the agreement. Coalition PLUS and partners also ask if Gilead’s last-minute inclusion of the countries is merely an attempt to prevent countries from successfully executing actions that exercise their sovereign power to provide citizens access to affordable medicines.

As Francisco Rossi of the Colombian civil society organization Ifarma explains, “Colombia is still paying 5000 USD per treatment following regional negotiations which is still too high compared to generic drugs’ prices. As the Colombian government is not showing the will to do anything else to increase DAAs access, Colombia is not a threat to Gilead. Gilead can therefore continue to ignore human rights
and perform aggressive commercial exploitation. It is unacceptable for MICs to be considered as secondary markets. If these four countries are included, every MIC must be included immediately in the voluntary licence.”

José Roberto Pereira of Projeto Bem-Me-Quer (PBMQ) in Brazil, added: “While we are very happy about this news, it also causes us some sadness because Brazil is not among the countries selected by Gilead. Today, the treatment in Brazil costs $9,000 per person. It is unthinkable at this time of serious economic crisis, to believe that the Ministry of Health will have the resources to pay for treatments for the estimated 13 million Brazilians living with HCV, Brazil needs access to generics either through inclusion in the VL by Gilead or, if not granted, through a decision of the government to use TRIPS flexibilities”.

Coalition PLUS extends its congratulations to its partners in Malaysia and Thailand - and the activists in Ukraine and Belarus - for the results achieved, and thanks UNITAID for its financial support of civil society for the promotion of compulsory licensing as a life-saving tool for access to medicines.