MSF at ICASA : Newer AIDS Drugs Not Available in Africa

- VIH/Sida - Accès aux ARV et aux soins - Actualité -

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Newer AIDS drugs and formulations of existing drugs are urgently needed in Africa but are not available because brand name companies are choosing not to sell them and there are no generic versions, according to the international medical humanitarian organization Doctors Without Borders/MÃ©decins Sans FrontiÃ¨res (MSF).

At the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) in Abuja, Nigeria, the World Health Organization (WHO) laid out new HIV/AIDS treatment guidelines, which included several drugs that are not available in Africa.

One example is the antiretroviral (ARV) medicine lopinavir/ritonavir, marketed by the US pharmaceutical firm Abbott as Kaletra. Abbott recently launched a new formulation of the drug, which unlike the old one, does not require refrigeration. Although this new version would be very useful in most African settings, it is not available on the continent. 'To date Abbott has not communicated any plans to market this new drug here or in other countries in Africa,' said Philomena Orji, an MSF pharmacist in Nigeria. 'Considering the hot temperatures and constant blackouts in Lagos, this new formulation could really make a critical difference.'

The new WHO guidelines also add tenofovir to the list of recommended drugs. Tenofovir has significantly fewer side effects than some older treatments, but it too is not available in Africa. Gilead, the company that markets the drug, claims that it is available at a discounted price in 98 countries. According to the WHO, though, the company has only managed to register the drug in six developing countries. Although Gilead first announced a lower price for some developing countries in April 2003, in South Africa, the registration process was not properly submitted until September 2005.

Price remains a huge challenge. In South Africa, MSF pays $194 per patient per year for standard first-line therapy. However, with side effects and the natural development of drug resistance, many patients eventually need to change to a newer, second-line treatment, which is eight times more expensive, at $1,661 per patient per year.

MSF's project in Khayelitsha, South Africa, is an indicator of future trends elsewhere in Africa. Seventeen percent of patients that have been on treatment for four years require second-line treatment. 'Khayelitsha is a window into the future of AIDS treatment,' explains Dr. Eric Goemaere, head of mission for MSF in South Africa. 'If we don't get access to these newer drugs at reasonable prices, the result could be catastrophic for Africa. Patients whose lives had been saved by first-line treatment will be abandoned the moment they need second-line drugs. We need more affordable drugs produced by more companies.'

This week, access to affordable sources of new medicines was further restricted by a World Trade Organization decision to establish complex procedures for exporting generic versions of patented drugs.

MSF currently provides ARV treatment to over 57,000 people living with HIV/AIDS in 29 countries. In Nigeria, MSF is treating more than 950 patients with ARVs in a comprehensive care clinic in Lagos.

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