Published on *Treatment Action Campaign* (http://tac.org.za/community)

TAC AND MSF IMPORT GENERIC ANTIRETROVIRALS FROM BRAZIL IN DEFIANCE OF PATENT ABUSE

By *moderator*
Created *2002/01/29 - 12:00am*
29 January, 2002 - 00:00 ? moderator

Joint Press Release of Médecins Sans Frontières (MSF), Treatment Action Campaign (TAC), and Oxfam, Generic AIDS Drugs Offer New Lease on Life to South Africans Importation of generics cuts price in half
29 January 2002, Johannesburg:

Yesterday, three members of the Treatment Action Campaign, (TAC) returned to South Africa from Brazil carrying generic drugs manufactured for use in an AIDS treatment program in Khayelitsha. At a press conference today, TAC and MSF explained that the drugs carried from Brazil were the second shipment of Brazilian drugs and that as of today more than 50 people are already taking the Brazilian medicines in Khayelitsha.

To guarantee the quality of these drugs, an authorisation from the Medicines Control Council (MCC), the South African drug regulatory authority, was obtained prior to their use.

"Last week in Brazil we saw what happens when a government decides to tackle HIV/AIDS. The Brazilians' decision to offer universal access to antiretroviral therapy even in the poorest areas of the country is keeping tens of thousands of people alive," said Zackie Achmat of the Treatment Action Campaign. "Central to the success of Brazil's AIDS programme is their willingness to do anything necessary to source the lowest cost quality ARVS. The South African government should pursue compulsory licensing to ensure that generic antiretrovirals can be produced and/or imported in South Africa."
At a press conference today, the NGOs said that the court victory of the South African government against multinational pharmaceutical companies had opened the door to improved access to affordable medicines. "The South African government may need international financial help to provide treatment, but these needs will be dramatically reduced if the government takes steps to use the most affordable drugs available on the worldwide market, as the multinational pharmaceutical companies are still charging exorbitant prices for these drugs," said Dan Mullins of Oxfam.

Despite the national government's refusal to provide antiretroviral

treatment, three clinics run by Médecins Sans Frontières (MSF) within the government primary health care centres offer a comprehensive package of services to people living with HIV/AIDS, including antiretroviral therapy. This project is part of an agreement between MSF and the government of the Western Cape, signed two years ago with the express intent to test the feasibility of generic antiretroviral therapy. These clinics, located in Khayelitsha, a sprawling township of 500,000 people outside Cape Town, were opened in April 2000 and have provided treatment for opportunistic infections for over 2,300 people living with HIV/AIDS.
In May 2001, combination antiretroviral therapy was introduced for a group of people in advanced stages of AIDS. To date, 85 people have received antiretroviral therapy and 50 of these are receiving Brazilian medicines. Using generic antiretrovirals offers the possibility of treating twice the number of people with the same amount of money.

"I have personally benefited from the MSF antiretroviral programme, and I have gone to Brazil to bring back generics so that more people like me can have access to these medicines," said Matthew Damane, a person living with AIDS who is receiving antiretroviral therapy as part of the MSF programme in Khayelitsha. "The government should publicly accept the effectiveness of these medicines and make them available to people with AIDS in South Africa."

"Our project shows that antiretroviral therapy is feasible in a resource-poor setting, contrary to those who insist that poor Africans are not able to successfully take these drugs. Patients who were critically ill are now returning to their normal lives," said Dr. Eric Goemaere of MSF South Africa. "We have seen firsthand that these drugs can be used safely and effectively here in South Africa. As medical professionals, it is our duty to offer these benefits to as many patients as possible."

Similar initiatives are springing up elsewhere around the country as medical staff become increasingly frustrated by the lack of action from the national government. Nonetheless, the price of medicines continues to be a critical problem.

MSF has signed agreements with the Brazilian Ministry of Health (MoH) and Fiocruz, a public research body funded by the Brazilian government. The former established a cooperative agreement involving technical collaboration on the response to HIV/AIDS, so that MSF and the Brazilian MoH can collaborate to improve the delivery of treatment in resource-poor settings. The agreement with Fiocruz allows MSF to purchase antiretroviral drugs produced by FarManguinhos, the Brazilian national pharmaceutical producer, which is part of Fiocruz.

An innovative aspect of this arrangement is that the money MSF pays will go directly into research and development for AIDS and neglected diseases such as sleeping sickness, Chagas Disease and malaria (all diseases for which current treatment options are inadequate).
MSF is currently using the antiretroviral drugs AZT, 3TC, co-formulated AZT/3TC, and nevirapine produced by FarManguinhos. By using these drugs

the price per patient per day falls from US$3.20 to US$1.55.

In 1996, in response to pressure from civil society, the Brazilian government began providing free access to antiretroviral therapy to people with HIV/AIDS. This policy has allowed more than 100,000 people to receive antiretroviral therapy and reduced AIDS-related mortality by more than 50%. Between 1997 and 2000, antiretroviral treatment has saved the Brazilian government $677 million on hospitalisations averted and treatment for opportunistic infections averted.

South Africa could launch a similar programme. To do so, the government needs to have access to the lowest cost medicines, whether they come from multinational pharmaceutical companies or from generic producers. This means both taking advantage of offers from multinational companies and being willing to seek compulsory licenses. These licenses can be used to produce these drugs locally or import them and are an important way to stimulate competition, which is a powerful tool to reduce prices.

Additional background information is available on the websites of MSF and TAC

COSATU Statement on the Importation of Generic Antiretrovirals from Brazil

The Congress of South African Trade Unions (COSATU) and the Treatment Action Campaign (TAC) have returned from a visit to Brazil. The delegation included Joyce Pekane, Second Deputy President of COSATU, Zackie Achmat, Chairperson of TAC, Nomandla Yako, and Matthew Demane, a person who is living with AIDS and currently being treated with anti-retroviral therapy.

The delegates, hosted by Médecins sans Frontières (MSF), looked at Brazilian HIV/AIDS treatment programmes, visited factories which manufacture generic anti-retroviral medicines and met government officials and people living with AIDS. The Brazilian government has formally offered the South African government help in fighting HIV/AIDS.

On their return the delegates brought back a batch of generic anti-retroviral medicines for use by MSF in a treatment programme in Khayelitsha. The Medicines Control Council (MCC), having studied the safety of these medicines, has given a Section 21 exemption which allows for them to be imported and used by MSF.

The equivalent drugs are in fact available in South Africa, produced by GlaxoSmithKlein (GSK) and Boehringer Ingelheim. But they cost approximately R1000 per month compared to the cost of R450 for the medicines being brought from
Brazil.

The importation of these drugs for use under strict conditions by MSF has been approved by the MCC. We are aware that it may infringe patent rights. However, we believe that faced by an emergency caused by AIDS, and in face of overwhelming support for the government's view that patent rights should not be used to deny people access to life-saving medicines that this importation is in line with government and international policy.

COSATU, TAC and MSF stand by their belief that the government and society as a whole must get anti-retroviral medicines to the people who need then as quickly and cheaply as possible and must not let the vested interests of multi-national pharmaceutical manufacturers to prevent this.

This is why these medicines are being brought in. The MSF programme in Khayelitsha is already improving the lives of over 80 people. With affordable medicines many more people could be reached, not only in the Western Cape but throughout SA.

Patrick Craven and Moloto Mothapo
Acting COSATU Spokespersons
011 339 4911 0r 082 821 7456

siphiwe@cosatu.org.za
082-821-7456
339-4911

- Medicine Access

- Medicine Access

Source URL (retrieved on *2016/07/31 - 6:08am*): http://tac.org.za/community/node/2484