STATEMENT

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Health Action International applauds Medicines Patent Pool, ViiV Healthcare licensing agreement for new HIV treatment

AMSTERDAM—Health Action International congratulates the Medicines Patent Pool (MPP) and ViiV Healthcare—a joint venture between GlaxoSmithKline, Pfizer and Shionogi—for signing two new licensing agreements for the production of the promising HIV treatment, dolutegravir. The agreement will enable generic competition for the drug to occur in a wide range of countries.

“Given that generic competition has consistently proven to be the most effective way of lowering medicines prices, we welcome this news,” says Tessel Mellema, policy advisor with Health Action International. “Careful review of the licenses is warranted, but if there are no surprises, these licenses will contribute to setting a new standard in favour of public health and competitive voluntary licensing conditions.”

The license for the production of the paediatric form of dolutegravir adds three new countries—Peru, Ukraine and Venezuela—to the scope of the MPP’s previous paediatric license agreement with ViiV. With these additions, the MPP now claims this license covers 99.3 per cent of children living with HIV. Hopefully, the MPP and ViiV will now include these new territories in last year’s abacavir license.

Meanwhile, the license for the production of the adult version of dolutegravir covers the 67 countries that are already part of ViiV’s internal licensing policy, along with all 53 countries where there are no patents on dolutegravir. In addition, and very encouragingly, the adult license includes six more middle-income countries where patents on the dolutegravir compound are filed or granted: India, Egypt, Vietnam, Philippines, Indonesia and Turkmenistan. With the inclusion of these countries, the license reportedly covers about 93.4 per cent of all people living with HIV.

“The addition of these six middle-income countries in the adult license is excellent news,” says Mellema. “While their future supply of dolutegravir will be subject to royalties, the licenses will enable generic competition for the drug in these countries. It should be noted, though, that the license allows generic sales in the public sector, broadly defined, but leaves the private sector for higher priced sales by ViiV.”

While news of the licensing agreements is positive, Health Action International regrets that some key middle-income countries, including Ukraine, Brazil and Mexico, are still excluded from benefiting from future generic versions of dolutegravir under this license.

“These restrictions will prevent many people in need from accessing this treatment,” says Mellema. “It would be optimal for ViiV to reconsider including these countries in the scope of these licenses.”

Health Action International also calls on other companies to follow ViiV’s promising example and license their HIV/AIDS treatments to the MPP. Most urgently, it would be optimal for AbbVie to quickly finalise negotiations with the MPP for access to lopinavir and ritonavir. Johnson & Johnson and Merck, meanwhile, have ended and refused talks, respectively, with the MPP.

Pressure from governments and international organisations is needed to urge these companies to come to the negotiating table.

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For comment and additional information:
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Further background:
Dolutegravir licensing agreements: http://bit.ly/PnZwm9
HAI Europe statement on abacavir (28 February, 2013): http://bit.ly/1j3mHMO