

## SPEECH

**By: Michel Sidibé, Executive Director of UNAIDS**

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### **Partners in Treatment**

I am honoured to be here today with my friend and colleague, Kandeh Yumkella, and to deliver these remarks also on behalf of my sister, Dr. Margaret Chan, Director-General of the World Health Organization.

I deeply appreciate UNIDO's leadership on the link between industrial development and public health, and specifically for being a valuable partner to the AIDS response in promoting drug production in developing countries.

I am especially grateful to UNIDO for its dedication to getting essential drugs to the people of Africa—home to the most severe HIV epidemics and many of the poorest and most vulnerable people.

### **Encouraging progress report**

Just yesterday UNAIDS released our 2010 Global Report on AIDS, which presented many encouraging signs of progress. We have broken the trajectory of the AIDS epidemic at long last.

**UNAIDS' vision: Zero discrimination. Zero new HIV infections. Zero AIDS-related deaths.**

New HIV infections have fallen by nearly 20% in the last 10 years, and AIDS-related deaths have fallen by nearly 20% in the last 5 years. The numbers gap between people newly infected and people receiving treatment is narrowing. We can now say that for every one person accessing treatment, only two people will become infected. The previous ratio was two to five.

Prevention messages are getting through as we see people starting to adopt safer behaviours. In 59 countries, less than 25% of men reported having sex with more than one partner in the last 12 months. The rate of new HIV infections among young people declined by more than 25% from 2000 to 2008.

Investments in AIDS are clearly paying off, but gains are fragile. For the first time, resources available from international sources in 2009 were less than in previous years: US\$7.6 billion in 2009 compared to US\$7.7 billion in 2008.

The AIDS response has to be a shared responsibility, and domestic investments must increase. But almost half of the 30 countries in sub-Saharan Africa are spending less on AIDS than their capacity.

People most at risk from HIV are still not being reached. For example, less than one-third of people who inject drugs have access to HIV prevention services. This is one reason that infection rates are rising in Eastern Europe.

### **Quality medicines at an affordable price**

One of the acute and long-term needs of UN Member States is for quality medicines and vaccines at an affordable price by health service systems. For such medicines and vaccines to be adequately accessible, a strong country capacity in research and development has to be established. Coupled with this requisite is the technology transfer in the areas of pharmaceuticals and biologicals.

In May 2008 the World Health Assembly adopted the global strategy and plan of action on public health, innovation and intellectual property.

The global strategy was a landmark agreement, as it aims to improve treatment for poverty-related and neglected diseases both by stimulating innovation to find new products and also by improving availability, affordability and access to existing products. It highlights the need to build and improve innovative capacity in developing countries and to facilitate the transfer of health-related technology.

Technology transfer is not a panacea in all situations, and must be carefully selected so as to provide sustainable access to essential medicines and vaccines and an improvement in health. For this reason, WHO is establishing a framework to assist in identifying those technology transfers that should be prioritized to improve health in our member states.

The challenges of technology transfer are fully recognized in the report of UNIDO's Director-General on fostering local pharmaceutical industry in developing countries, which is being considered by this Board.

Dr. Chan has asked me to express her deep appreciation for this initiative, and the careful way it has explored needs, existing manufacturing capacities, and prospects for improving these capacities in sub-Saharan Africa.

This is a strategically conceived, broad-based initiative that recognizes the need to improve regulatory oversight, train staff, meet the manufacturing and quality standards established by WHO and others, mobilize investment and transfer technology.

The aim is admirable: sustainable, high-quality manufacturing of pharmaceuticals that benefits both public health and economic development. It is encouraging to see this convergence of industrial development and public health agendas.

Dr. Chan appreciates the close collaboration between UNIDO and WHO, and has asked me to assure you of continuing support.

### **Democratising problem solving**

Data from UNAIDS Global Report demonstrate that AIDS programmes can be sustainable and affordable, especially when the response is owned and shared by countries and communities.

We can increase the efficiency and the effectiveness of HIV prevention, testing and treatment. This past summer I visited the Burnett Institute in Melbourne to see the progress they are making on a low-cost, field-based test for measuring CD4. Their experimental CD4 antibody test costs just \$1 to administer. Using current technology, that same test costs \$70 and has to be done in a lab. So if, today, we were to measure the CD4 counts of the 10 million people worldwide with HIV who still need treatment, it would cost us \$700 million. But using such a low-cost, easy-to-use test, it would cost just \$10 million, and would be done in a tiny fraction of the time. This is the kind of democratisation of problem solving that will enable people to own and benefit from technological innovation.

### **New treatment paradigm**

In the area of HIV, we have made amazing gains in treatment access. In the last year alone, an additional 1.2 million people living with HIV received life-saving drugs—a 30% increase compared to 2008. The cost of the least-expensive first-line ART regimen is now less than \$70 per patient, per year, thanks to generic production and changes in the laws for patent protection for low-income countries.

But we face a treatment time-bomb as more patients develop drug resistance and need more expensive and highly patent-protected second- and third-line ARVs. Some projections see ART treatment costs escalating as much as twenty-fold.

Where will all these drugs come from, and how can we make sure everyone can afford them? How will countries show greater ownership to manage the increasing needs for treatment?

UNAIDS has called for a new paradigm in HIV treatment: Treatment 2.0. We need innovation that specifically serves those with the fewest resources and least access.

We need to develop new pharmaceutical compounds that will lead to smarter, better medicines that will be less toxic, longer-acting, less expensive and easier to use. This could mean a putting highly active ingredients in just one pill. Or a pill that can be taken without food. A treatment that forgives a drop in dosage without developing resistance.

Making drugs that are easier to take—fixed dose combinations—lead to less resistance, and consequently patients will take them for longer periods, and with fewer side effects.

Treatment 2.0 could prevent an extra 10 million deaths by 2025 and reduce new HIV infections by up to 1 million every year. And not only can Treatment 2.0 save lives, it has the potential to give us a significant prevention dividend. ARVs can be used to prevent the spread of HIV. We do this now to prevent transmission from mother to infant, and there is evidence such an approach could reduce sexual transmission.

Optimising HIV treatment will also bring other health benefits, like lower rates of TB and other opportunistic infections among people living with HIV.

## **Dependencies**

Today, 90 percent of HIV treatment in low-income countries is financed by external donors. Too many people living with HIV are entirely dependent on rich nations for their life-saving medicines. This is unsustainable for governments, communities and individuals, and it is bad for development.

But with the help of UNIDO, our donors and other partners, we are already moving countries away from dependence on the North. Countries with high HIV burdens, like South Africa, Mozambique and Cameroon, are partnering with countries like India and Brazil to create their own pharmaceutical industries. It is an encouraging South-South solution.

Local production of drugs—not just for HIV, but for a range of diseases—can be profitable for countries. It not only reduces dependencies on unpredictable donor support, but it energizes the local labour market and industrial development towards more prosperity.

We have seen drug development in the South deliver benefits to the global North as well. Many of my friends in Europe and the U.S who live with HIV take just one pill a day and feel well—pills that were primarily produced for epidemics in Africa. They remember the days when they had to get up at night to take a big handful of pills as part of their daily, strictly-timed regimen. They are grateful for the innovations that made ART simpler—and less expensive.

### **HIV and industrial development**

Industrial development, as promoted by UNIDO, is critical to the AIDS response. Poverty and lack of industrial development makes people vulnerable to HIV. But industry creates jobs, stability and prosperity, leading to poverty reduction and social development. In this environment, education thrives, mothers and children are healthier, women and girls are supported and empowered and health systems are strengthened.

These are the advances that in turn strengthen the AIDS response, completing the virtuous circle. The notion that HIV is interwoven with other health and development goals is central to our *AIDS plus MDGs* strategy. We are working to leverage the AIDS response with efforts to achieve the other Millennium Development Goals. Conversely, these other targets cannot be readily achieved without an effective AIDS response. Slowing the rate of new infections and HIV-related morbidity and mortality is vital to advancing almost every global development goal.

UNIDO has started to create the new partnerships and technology transfer in the industrial sector that will benefit the AIDS response. Partnering with local suppliers can get drugs to those who need them faster and with lower distribution costs. These partnerships will only grow in importance as more people go on treatment earlier under new WHO guidelines.

AIDS disproportionately affects low- and middle-income countries, but most of the raw ingredients for ART come from middle-income countries. China and especially India have been supplying most ARVs for the developing world, making them desirable potential partners.

### **Regional approach to regulation**

While Africa has some local production, it is not enough, and still has some hurdles to leap.

The matter of drug regulatory processes is critical to ensure consistently high-quality products. Poor-quality drugs or manufacturing processes can cause problems with resistance, effectiveness and supply. Patients can be harmed instead of helped. Some of these problems can lead to locally produced drugs actually costing more than imports.

Countries must pay serious attention to matters of quality, consistency and accountability in their home-grown pharmaceutical industries. But it is not feasible for countries or companies to set up regulatory bodies on their own. Regulation requires a regional approach, such as we see in Europe.

For some time I have called for the establishment of an African drug registration facility. Experts from the African Union, the NEPAD Agency, WHO, the European Medicines Agency, the Gates Foundation and others have been working with regional economic communities and national medicines regulatory authorities on this, and some progress has been made. However, we are still far from such a facility becoming reality for the health of people in Africa.

UNAIDS, UNIDO and the UN family must be prepared to support local producers in any way we can to meet the quality standards of rigorous drug regulatory authorities and the WHO pre-qualification programme. And we should support national governments to increase access to treatment by providing technical assistance to implement TRIPS flexibilities in order to promote access to medicines.

We must work harder, and work together at all levels, to overcome the barriers which continue to aggravate the inequities between the wealthy and those less privileged—inequities that dictate who lives and who dies.

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UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Learn more at [unaids.org](http://unaids.org).