# Removing access barriers to health technologies

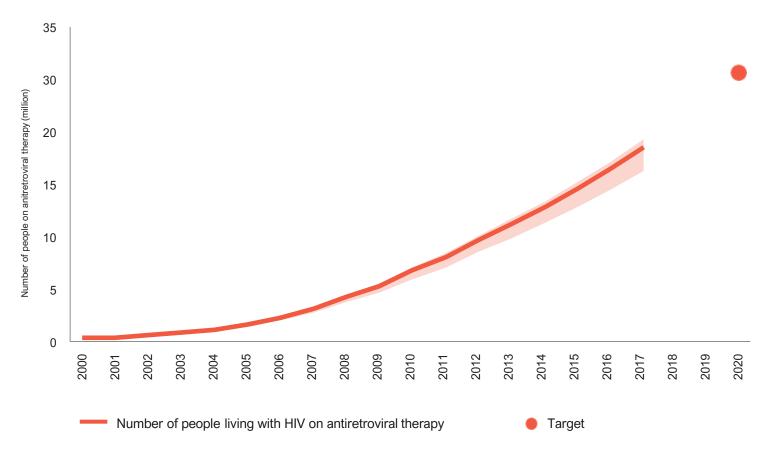
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  - Current challenges
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## Over 20 million people have access to affordable, effective, quality-assured antiretroviral medicines

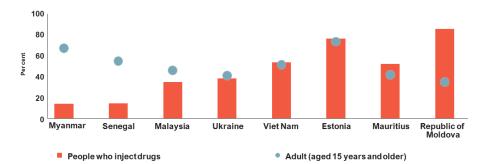
Number of people living with HIV accessing antiretroviral therapy, global, 2000–2017 and 2020 target



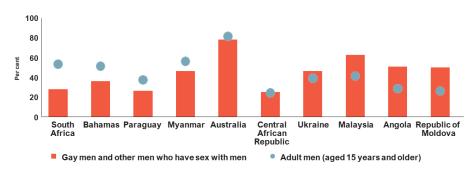
### Treatment access often lower among key populations

Antiretroviral therapy coverage, by population, select countries, 2014–2017

### People who inject drugs and all adults (aged 15 years and older), 2014–2017

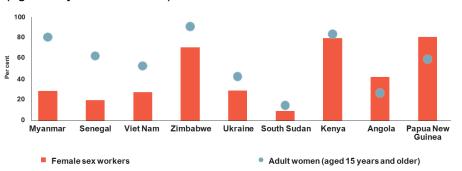


### Gay men and other men who have sex with men and adult men (aged 15 years and older), 2016–2017



#### Female sex workers and adult women

(aged 15 years and older), 2016–2017

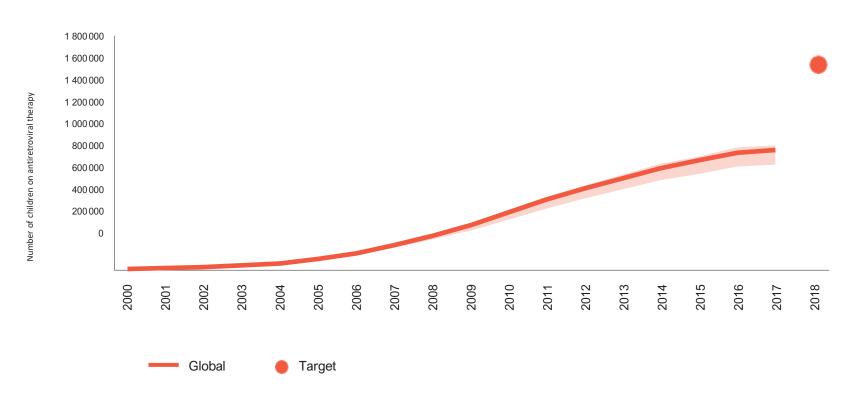


Source: Global AIDS Monitoring, 2018.



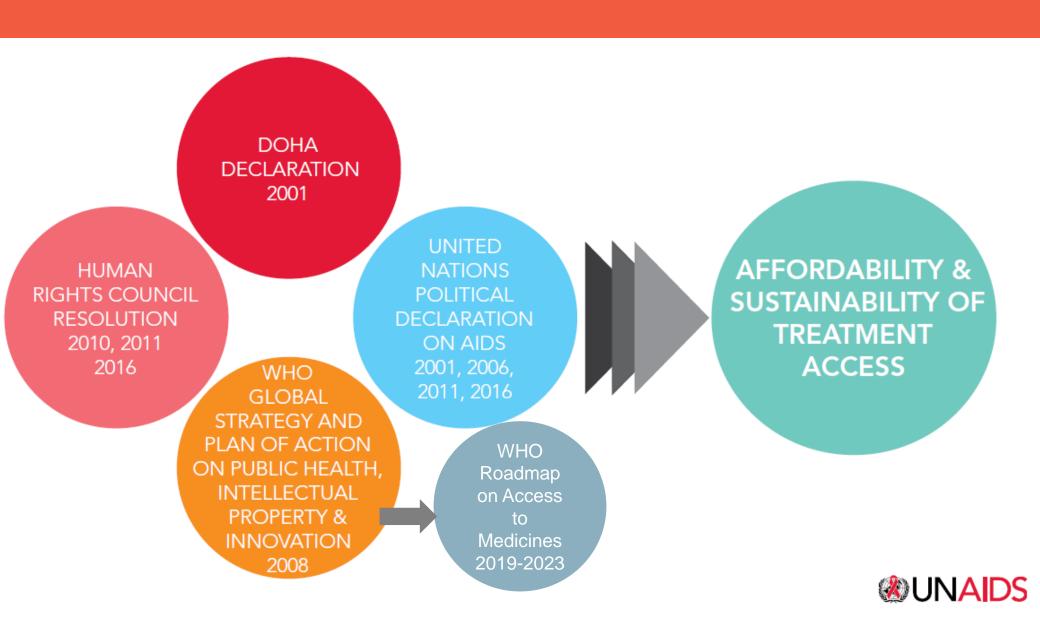
### Far short of the target for children on treatment

Number of children (aged 0–14 years) accessing antiretroviral therapy, global 2000–2017 and 2018 target

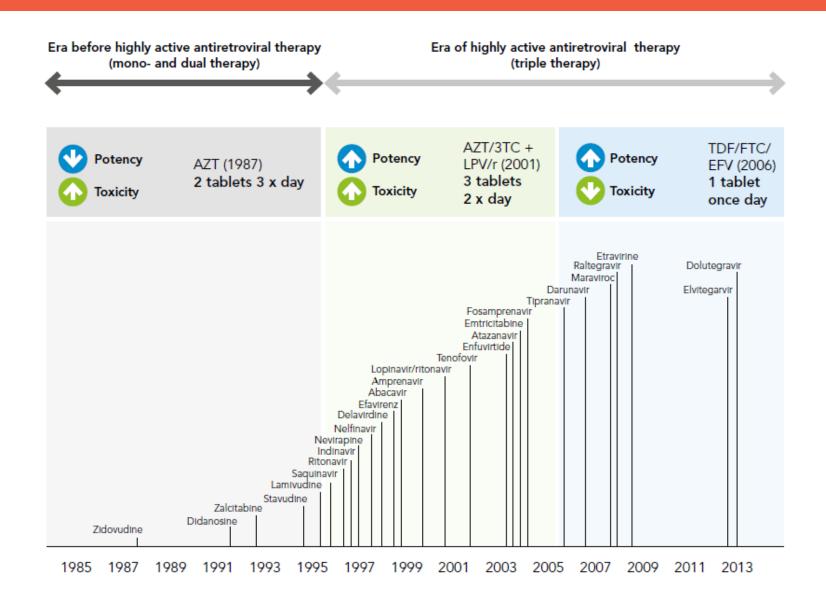




### Access to medicines: milestones



# Science evolved: smarter and better HIV treatment options now available





### Policy options to overcome access barriers

TRIPS transition period extensions for least-developed countries





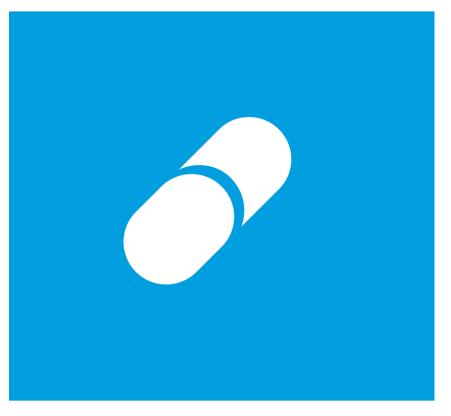
#### USING COMPETITION LAW TO PROMOTE ACCESS TO MEDICINES AND RELATED HEALTH TECHNOLOGIES IN LOW- AND MIDDLE-INCOME COUNTRIES

#### Key messages

Competition law can be used to promote increased access to medicines and other health technologies as an additional tool to complement other areas of law.

central to the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs). Countries should use all available means to promote access to health technologies, including the use of competition law.

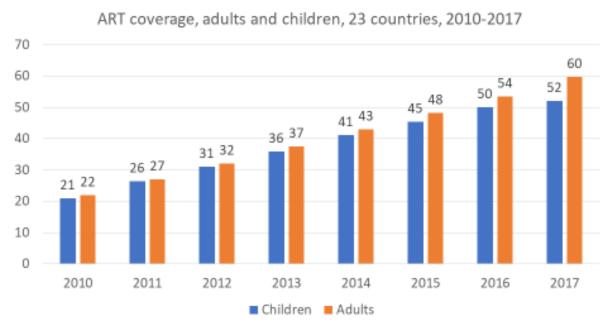
The growing commitment to achieving universal health

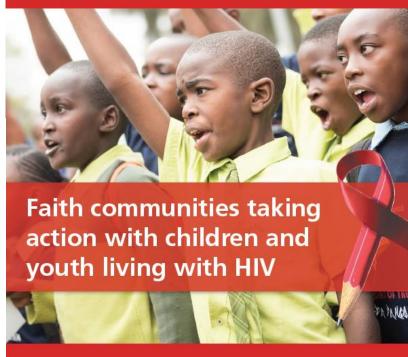






### Closing the paediatric gap

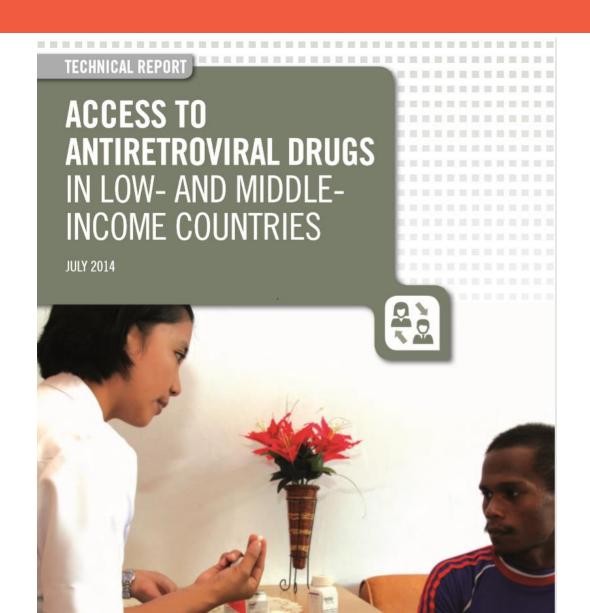








### **Middle Income Countries**





# Protecting public health benefits by using TRIPS flexibilities





### **Improving Data Collection**

- Prices
- Patent information
- Regulatory issues
- Diagnostics and treatment monitoring tools (viral load, CD4, Early Infant Diagnosis)



ANTIRETROVIRAL PRICE REDUCTIONS

18th Edition - July 2016





### New models of research and development

Research and Development to Meet
Health Needs in Developing Countries:
Strengthening Global Financing
and Coordination



Report of the Consultative Expert Working Group on Research and Development: Financing and Coordination





### Local production has expanded significantly

#### Local Production of ARVs (\*2)

South Africa ~1 million person years of HIV drugs

Uganda ~ 0.5 million person years

The production from these 2 countries represents less than 10% of pART in Africa

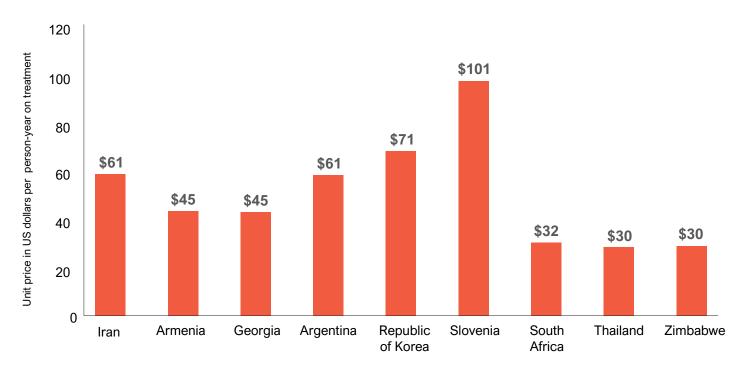


(\*2) Aggregate data based on shipment reports from manufacturers reporting to UNAIDS.



### Varying price of dolutegravir

Price of dolutegravir (50mg) in US dollars, per person-year on treatment, 2017



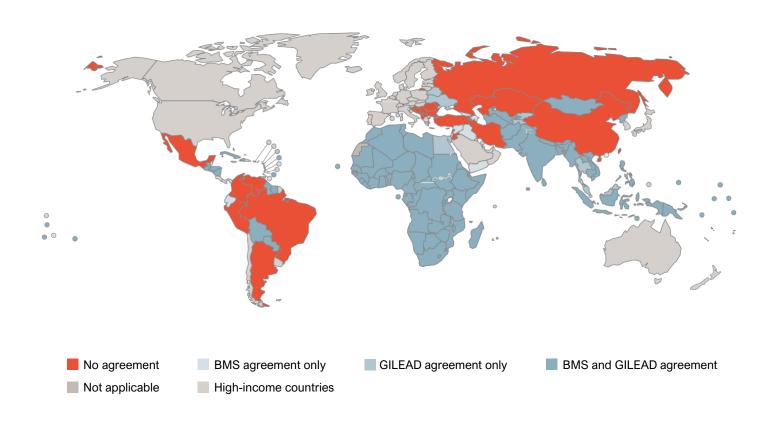
Source: UNAIDS analysis of data from Government of India customs database, Global Fund to Fight AIDS, Tuberculosis and Malaria price and quality reporting and WHO Global Price Reporting Mechanism.



<sup>\*</sup> Progress towards 90-90-90 for western and central Europe and North America region is for 2016.

# More than one third of people living with hepatitis C live in countries without access to generic medicines

Availability of generic medicines that can cure hepatitis C, 2017

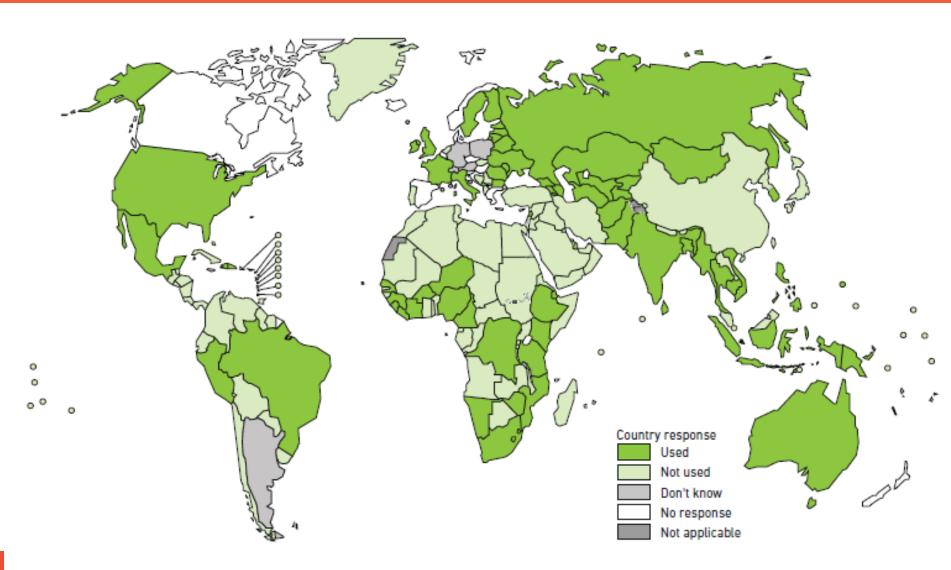


<sup>\*</sup> Progress towards 90-90-90 for western and central Europe and North America region is for 2016.

Source: Progress report on access to hepatitis C treatment: focus on overcoming barriers in low- and middle-income countries. Geneva: World Health Organization; March 2018

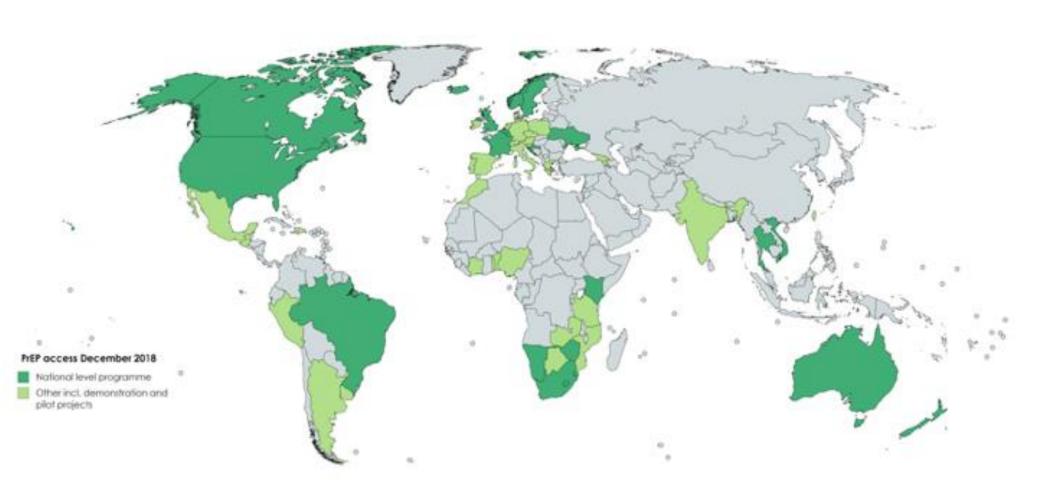


### Treatment of multi-drug resistant TB (by the end of 2017)





### PrEP Access (by December 2018)







### Pipeline of HIV technologies





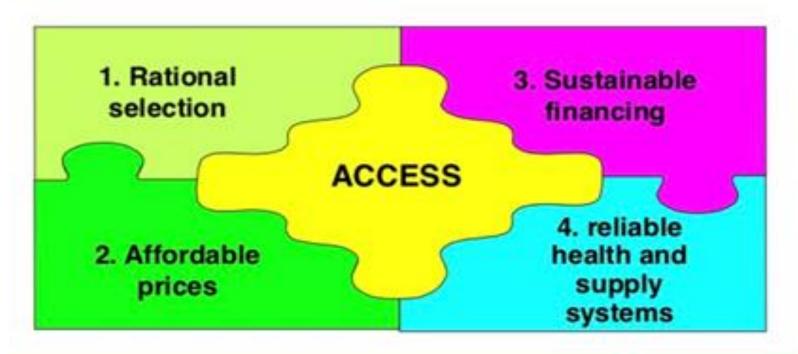
### **Antimicrobial resistance**





### **Universal Health Coverage**

# Access to essential medicines and UHC





### **Points for PCB Discussion**

- How to continue expanding access to affordable HIV treatment, including for children, as political attention shifts to achieving universal health coverage?
- What major investments should the Joint Programme undertake to ensure that health technologies are widely affordable and available to meet the end of AIDS targets?
- How can governments better ensure access to medicines, and in particular access to affordable anti-retroviral medicines? What are the major risks or limitations that prevent an effective government response? What can the Joint Programme do to support the individual or collective efforts of governments?

