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Accelerating the end of AIDS through access to game changing new health technologies

Dear Ms. Waterhouse,

As you know, new long-acting antiretroviral HIV medicines could have a transformative effect on the global AIDS response—significantly reducing new HIV infections, revolutionising HIV treatment, and saving many lives. We commend you for developing and bringing one of the first of this new category of medicines—long-acting injectable Cabotegravir (CAB-LA)—to market. It is particularly important for immediate use as an HIV prevention tool.

We write to ask you to urgently ensure equitable and affordable access to the new HIV medicine your company has developed so that it can be used globally to help close the inequalities driving the HIV pandemic. We appreciate ViiV's willingness to collaborate with the HIV community and the company's recent statements on its intention to negotiate a license with the Medicines Patent Pool and offer a lower price for some key countries.

Despite remarkable success in the global AIDS fight, which has cut the number of HIV infections in half, progress is now dangerously slowing. There are 1.5 million new infections annually and a person still dies every minute from AIDS. HIV infection has become rare in many communities, but others around the world face rising HIV risks. HIV prevention drugs have disproportionately reached people in wealthy countries while millions of those most in need around the world have limited access. If CAB-LA is not widely available and affordable, it will deepen the inequalities that both fuel the AIDS pandemic, and that are exacerbated by it.

Access to life-saving science cannot and must not be dependent on the passport you hold or the money in your pocket. New long-acting medicines could reach those who need them most, first. Or they could roll out slowly, reach only a portion of those who could benefit, and have limited impact on the AIDS pandemic. We are concerned that long-acting injectable PrEP may not be affordable and available for years to come, including in the very countries and communities where studies proved its efficacy, unless action is taken soon. But we are confident that your collaboration can change this.

The 24th International AIDS Conference in Montreal, Canada in July offers an historic opportunity for you to stand with world leaders, civil society and people living with and at risk of HIV from around the world and pledge actions that will save lives and accelerate efforts to end AIDS as a

public health threat by 2030. As you know, the World Health Organization will release new guidelines on CAB-LA on the 29th of July at the conference.

These new technologies could be a lifeline for so many, including young women who fear of stigma if they are seen taking medication for HIV, gay men and transgender people facing repression and homophobia, and sex workers who need better options. As a matter of equity, they must be affordable and available to all at the same time—in particular those in the global South and the populations facing the highest risk.

As Chief Executive Officer of one the world's leading HIV pharmaceutical companies you can help to write a new future for millions of people living with, and at risk of, HIV.

After the first antiretroviral HIV drugs received approval, prohibitive costs meant they were out of reach in the global South. Millions died. Eventually, generic competition and lower pricing reversed that course, sparing an estimated 16.5 million lives. Today, there are nearly 10 million people living with HIV globally who are not accessing lifesaving treatment. Each year, there are more than 680,000 preventable deaths from AIDS. With 2030—the United Nation's target year for ending AIDS as a public health threat—fast approaching, we have no time to waste in mobilising new health technologies to reach those whose needs have not yet been met by the global AIDS response and to give new choices to all at risk.

Many stakeholders have a role to play. National governments need to review this new medication and urgently update their guidelines. Health systems and communities must be supported to deploy new HIV prevention options as soon as they are available. Capital investments in generic production facilities will be needed. Community treatment and prevention literacy efforts are needed to avoid misinformation. Donors must mobilize funding to purchase the medicines and fund implementation science for effective delivery. All of this will depend on affordable and sufficient supply.

Alongside these actions needed by other stakeholders and using the platform of the International AIDS Conference, we ask that you:

- 1. Announce a lower price for the long-acting injectable ARV for prevention, CAB-LA, as close as possible to that of other HIV prevention medicines (PrEP).** The current best PrEP option is approximately \$60 per person per year. Make the price public and transparent, and include the cost of the accompanying syringe.
- 2. Quickly finalize licenses to produce generic versions of this long-acting ARV through the Medicines Patent Pool.** License across the world's low- and middle- income countries on a non-exclusive basis, with a broad geographic scope for both treatment and prevention.
- 3. Share know-how and technology.** Enable producers in Africa, Asia, Latin America, Eastern and Central Europe and beyond to seek transfer and begin producing.

4. **Commit to making enough to meet demand** until generic producers come online.

ViiV can show the world that we can continue to accelerate progress against AIDS by ensuring the best new prevention and treatment technologies can reach the millions of people who need them most—to stop the virus and support long lives with HIV.

We look forward to applauding your decisions to help prevent millions of infections and save many lives—and will be watching for your announcements to that end.

New HIV prevention and treatment options are always exciting; the introduction of long-acting antiretrovirals could change the game, hasten the end of AIDS, and positively impact efforts against future pandemics.

Sincerely,

Quarraisha Abdool Karim, Co-founder and Associate Scientific Director of CAPRISA – Centre for the AIDS Programme of Research in South Africa; Professor of Clinical Epidemiology at Columbia University, New York; Pro-Vice Chancellor for African Health, University of KwaZulu-Natal, South Africa; and UNAIDS Special Ambassador for Adolescents and HIV

Salim S. Abdool Karim, FRS, Director at CAPRISA – Centre for the AIDS Programme of Research in South Africa, and CAPRISA Professor of Global Health: Columbia University

Praman Adhikari, Programme Coordinator, LDC Watch

Dr Ayoade Alakija, Co-Chair of the Africa Union Africa Vaccine Delivery Alliance for COVID-19

Olly Alexander, Singer, actor

H.E. Dr. Joyce Banda, President of the Republic of Malawi (2012-2014)

Solange Baptiste, Executive Director, International Treatment Preparedness Coalition (ITPC)

Françoise Barré-Sinoussi, Nobel laureate 2008 in Physiology or Medicine

Prof. Linda-Gail Bekker, The Desmond Tutu HIV Centre, University of Cape Town, Republic of South Africa

Mariëlle Bemelm, Director, WEMOS

Lilian Benjamin Mwakoyosi, Executive Director, DARE, Tanzania

Chris Beyrer MD, MPH, In-Coming Director, Duke Global Health Institute, Duke University

Wilson Box, Projects Executive Director, Zimbabwe Civil Liberties and Drug Network

Sir Richard Branson, Founder, Virgin Group

Sharan Burrow, General Secretary of the International Trade Union Confederation (ITUC)

Winnie Byanyima, Executive Director of UNAIDS and UN Under-Secretary General

Alexandra Calmy, Professor at the University of Geneva, and Head of the HIV/AIDS Unit of the University Hospitals of Geneva

Helen Clark, Prime Minister of New Zealand (1999–2008), UNDP Administrator (2009–2017)

Chris Collins, President and CEO, Friends of the Global Fight Against AIDS, Tuberculosis and Malaria

Nick Dearden, Director, Global Justice Now

Stephen Fry, Actor, writer, presenter

Jayati Ghosh, Professor of Economics at University of Massachusetts Amherst USA and Member of the WHO Council on the Economics of Health For All

Samuel K Ginfafa, Executive Director, Spectrum Uganda Initiative Incorporated

Deborah Gold, CEO, National Aids Trust

Brighton Gwezera, Acting CEO, The Regional Psychosocial Support Initiatives (REPSSI)

Professor Hakima Himmich, President, Coalition PLUS

Fatima Hassan, Executive Director, Health Justice Initiative

John Hassell, National Director of Advocacy, AIDS Healthcare Foundation

James Holt, Executive Director, Archewell Foundation

Dr Mo Ibrahim, Founder and Chair, Mo Ibrahim Foundation

Tian Johnson, Founder and Strategist, African Alliance

Christine Katlama, Professor of Infectious Diseases at Sorbonne University in Paris, and Founding Member and President of AFRAVIH (Francophone alliance of healthcare stakeholders against HIV, Viral Hepatitis Sexual Health)

Michel Kazatchkine, Global Health Center, the Graduate Institute for International Affairs and Development, Geneva

Bhakta Karki, Programme Manager, Rural Reconstruction Nepal (RRN)

Adam Lambert, Singer and songwriter

Udom Likhitwonnawut, Director, Thailand HIV National Community Advisory Board (CAB)

Richard Lusimbo, National Coordinator, Uganda Key Populations Consortium

Sharonann Lynch, Acting Director, Global Health Policy & Politics Initiative, O'Neill Institute for National and Global Health Law, Georgetown

RD Marte, Executive Director, Asia Pacific Council of AIDS Service Organizations (APCASO)

Abby Maxman, President and CEO, Oxfam America

Peter Maybarduk, Director of Access to Medicine, Public Citizen

Mariana Mazzucato, Professor at University College London, Founding Director of the UCL Institute for Innovation and Public Purpose (IIPP), and Member of the WHO Council on the Economics of Health For All

Humble Kyomya Macklean, Executive Director, Alliance of Women Advocating for Change (AWAC), Uganda

Francois-Xavier Mbopi-Keou, Professor & Chair, Department of Laboratory Medicine, Microbiology, Hematology, Immunology & Infectious Diseases, University of Yaounde I, Yaounde-Cameroon

Diarmaid McDonald, Executive Director, Just Treatment

Kenneth Mwehonge, Executive Director, Coalition for Health Promotion and Social Development (HEPS)

Lillian Mworeko, Regional Coordinator, International Community of Women Living with HIV East Africa (ICWEA)

Lilibet Namakula, Co-Founder and team leader, Public Health Ambassadors Uganda

Kim Nichols, Executive Co-Director, African Services Committee

S. P. I. Niroshan, President, Lanka Plus, Sri Lanka

Sbongile Nkosi, Co-Executive Director, Global Network of People Living with HIV (GNP+)

Dr Pasquine Nancy Ogunsanya, Executive Director, Alive Medical Services

David Oyelowo, Actor, producer, director

Praphan Phanuphak, M.D., Ph.D., Professor Emeritus of the Faculty of Medicine, Chulalongkorn University in Bangkok Thailand

Dr. Nitaya Phanuphak, Executive Director, Institute of HIV Research and Innovation (IHRI) in Bangkok, Thailand

Mike Podmore, Director, STOP AIDS

Paul Polman, Business leader and campaigner

Netra Prasad Timsina, Regional Coordinator, South Asia Alliance for Poverty Eradication (SAAPE)

Yvette Raphael, Executive Director, Advocates for the Prevention of HIV in Africa (APHA)

Asia Russell, Executive Director, Health GAP

Reshma Shakya, Campaign Focal Person, South Asia Tax and Fiscal Justice Alliance (SATAFJA)

Simon Sikwese, Executive Director, Pakachere IHDC

Dosse Sossouga, Executive Director, Amis des Etrangers au Togo (ADET)

Andrew Spieldenner Ph.D., Executive Director, MPACT

Christine Stegling, Executive Director, Frontline AIDS

Joseph E Stiglitz, a Nobel laureate in economics and University Professor at Columbia University

Prof Sheila Tlou, Co-Chair, Global HIV Prevention Coalition

Arnaud Valois, Actor

Mitchell Warren, Executive Director, AVAC, and Co-Chair, Global HIV Prevention Coalition

Dr Sidney Wong, Executive Co-Director, Médecins Sans Frontières Access Campaign

Anele Yawa, General Secretary, Treatment Action Campaign

José M. Zuniga, PhD, MPH, President/CEO, International Association of Providers of AIDS Care (IAPAC)