



Rue de Lausanne, 78
CP 116 1211 Geneva 21
Tel : +41 (0) 22 849 84 05
Fax : +41 (0) 22 849 84 04

access@geneva.msf.org
www.accessmed-msf.org

March 15, 2004

Jeffrey L. Sturchio
Vice President, External Affairs
Europe, Middle East & Africa, Human Health
Merck & Co., Inc.
One Merck Drive/WS2A-55
P.O. Box 100
Whitehouse Station, NJ 08889-0100

Dear Jeff,

Thank you for your letter of March 8, 2004. We appreciate your effort to provide additional information.

However, your letter fails to adequately respond to the two main points MSF originally addressed: lowering the price of the EFV 200mg formulation and speeding up registration of EFV 600mg in developing countries. We were hoping for a change of Merck policy as well explanations of the cases in specific countries.

First, we still believe there is a strong argument for lowering the price of the 200mg formulation. Merck and its marketing partners charge the same price for both the 600mg and 200mg formulations in the US and in Europe: the price of three 200mg tablets equals the price of one 600mg capsule. Your failure to provide price parity in developing countries is a double standard.

Second, we are well aware of the circumstances in which MSF receives special import authorizations and other mechanisms to use EFV 600mg. However, special authorizations, pre-licensed sales, agreements with MSF via ministry of health approval, or temporary import licenses do not give access to the vast majority of patients where we work.

Further, MSF is not only concerned about access to EFV in the countries in which we provide antiretroviral therapy (ART), but rather all countries where people living with HIV/AIDS need access to EFV. There are 55 countries that are considered "low HDI or medium HDI with adult HIV prevalence of 1% or greater," 38 of which are in sub-Saharan Africa. You have informed us of only four sub-Saharan African countries (Burkina Faso, Cameroon, Guinea and Rwanda) where EFV 600mg is fully registered.

We cannot simply accept that the main obstacle to registration of EFV 600mg is bureaucratic delay. While this may be the case in some countries, we know, for example, from the Merck Sharpe and Dohme Product Manager in South Africa that although Merck *filed* for registration of EFV 600mg in October 2003, it did not *complete* the product dossier until November 2003, over one year after the announced price reduction. This, along with additional information from our field teams in other countries, leads us to believe there are other similar cases where Merck is indeed largely responsible for registration delays. In the particular case of South Africa, we nonetheless agree that at this point in time the responsibility for approval lies with the Medicines Control Council (MCC).

We again ask you to:

- 1) Immediately lower the price of the 200mg capsule to \$0.32;
- 2) Take all necessary steps to register the EFV 600mg tablet in developing countries and publicly report on the status of registration on a monthly basis.

We look forward to hearing from you promptly.

Sincerely,

Daniel Berman
Coordinator Advocacy & Communications
Access to Essential Medicines Campaign, Médecins Sans Frontières

cc. Paolo Teixeira, WHO
Julian Fleet, UNAIDS
Rachel Zimmerman, Wall Street Journal
Ed Silverman, NJ Star-Ledger
Louis Krauskopf, The Record
Steering Committee of the Pan-African HIV/AIDS Treatment Access Movement
Lobna El Tabei (Egypt)
Othoman Mellouk (Morocco)
(Mo)Rolake Nwagwu (Nigeria)
Cyriaque Ako (Cote D'Ivoire)
James Kamau (Kenya)
Grace Muro (Tanzania)
Delme Cupido (Namibia)
Matilda Moyo (Zimbabwe)
Ambroise Mamona (Congo Brazzaville)
Djneche Sylvanie Laure (Cameroon)
Zackie Achmat, Treatment Action Campaign (South Africa)
David Ananiashvili, Georgian Plus Group, Georgia
Augustine Chella, Network of African People Living with HIV/AIDS (Zambia)
Ben Cheng, Forum for Collaborative HIV Research (USA)
Lei Chou, AIDS Treatment Activist Coalition (USA)
Polly Clayden, HIV i-Base (UK)
Simon Collins, HIV i-Base (UK)
Delme Cupido, Legal Assistance Centre, AIDS Law Unit/PATAM (Namibia)
Paul Davis, Health GAP /ACT UP Philadelphia (USA)
John Daye, National Association of People With AIDS (Australia)
Linda Dee, AIDS Action Baltimore (USA)
Anne Donnelly, Project Inform (USA)
Roman Dudnik, AIDS Foundation East-West (Russia)
Olive Edwards, Jamaican Network of Seropositives (Jamaica)
Nathan Geffen, TAC (South Africa)
Gregg Gonsalves, Gay Men's Health Crisis (USA)
Chris Green, Spiritia Foundation (Indonesia)
Mauro Guarinieri, European AIDS Treatment Group (Italy)

Mark Harrington, Treatment Action Group (USA)
Bob Huff, Gay Men's Health Crisis (USA)
Anastasia Kamlyk, Positive Movement Belarus (Belarus)
Karyn Kaplan, Thai AIDS Treatment Action Group (Thailand)
Hanna Khodas, All-Ukrainian Network of PLWH (Ukraine)
Svilen Kolev Konov, Plus and Minus' Foundation (Bulgaria)
Sharonann Lynch, Health GAP (USA)
Njogu Morgan, PATAM/TAC (South Africa)
Guillermo Murillo, Agua Buena Human Rights Association (Costa Rica)
Germán Humberto Rincón Perfetti, Asociación Líderes en Acción (Colombia)
Subhasree Sai Raghavan, Solidarity and Action Against the HIV Infection (India)
Asia Russell, Health GAP/ACT UP Philadelphia (USA)
Richard Stern, Agua Buena Human Rights Association (Costa Rica)
Paisan Suwannawong, Thai AIDS Treatment Action Group (Thailand)
Vladimir Zhovtyak, All-Ukrainian Network of PLWH (Ukraine)