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Treatment Action Group is an independent AIDS research and policy think tank fighting for better treatment, a vaccine, and a cure for AIDS. TAG works to ensure that all people with HIV receive life saving treatment, care, and information.

March 11, 2015

Mr. Lelio Marmora Executive Director, UNITAID marmoral@unitaid.who.int

Dr. Philippe Duneton Deputy Executive Director, UNITAID dunetonp@who.int

Dear Lelio and Philippe,

We are writing to express our concern over the Medicine Patent Pool's (MPP) possible decision to broker hepatitis C virus (HCV) direct-acting antiviral (DAA) licenses with originator companies.

The HCV pandemic – with 150 million people chronically infected -- is overwhelmingly concentrated in middle-income countries (MICs), also home to the majority of the world's poorest people. Originator companies nevertheless see these as profitable markets, and often exclude them from scope of their licenses. Gilead's current HCV DAA license, for example, leaves out 51 MICs, home to at least 50 million people with HCV. Gilead has excluded Brazil, China, the Philippines, Thailand, and Turkey—leaving the 38 million people with HCV who live without access to quality, affordable generic medications.

Furthermore, the restrictive terms of Gilead's license require clinicians to engage in unethical behavior, by placing demands on their patients that violate their right to privacy and subject them to burdensome requirements to receive their medication. These infringements threaten to compromise adherence and, a cure. As Médecins Sans Frontières has ultimately, documented, "Gilead's programme violates patient privacy and autonomy, undermines confidentiality of patient data, introduces coercion and policing upon medical providers and

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may result in treatment interruptions for patients, leading to treatment resistance and failure."¹

Because of activist advocacy for universal access to HIV medications through unfettered generic competition, nearly 12 million people are on antiretroviral treatment today – 4.2 million of them in low- and middle-income countries. Civil society activism promoted the full use of TRIPs flexibilities to help governments successfully fight AIDS. We need government-led solutions to drive down price and promote universal access. The MPP is an industry-driven solution that only furthers the current paradigm of market controls.

We do not believe the MPP will succeed in improving voluntary licenses in a way that will ensure universal access to HCV DAAs for all people who need them. We believe that civil society mobilization to demand better licenses and promote the full use of TRIPS flexibilities will improve access to high-quality, affordable generic DAAs. We are gravely concerned that the entry of the MPP into this space will reduce the fight for universal access to a contract negotiation, which is neither adequate nor appropriate.

Yours sincerely,

Konyn K

Karyn Kaplan

Director, International Hepatitis/HIV Policy & Advocacy

Tracy Swan

Director, Hepatitis/HIV Project

¹ Barriers to access and scale up of hepatitis C (HCV) treatment: Gilead's anti-diversion program. Downloadable at: http://www.msfaccess.org/content/barriers-access-and-scale-hepatitis-c-hcv-treatment-gileads-anti-diversion-program.