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## News Release

**Embargoed until 08:00 hrs CET, Wednesday, 5<sup>th</sup> October 2011**

### **Study on access to essential HIV/AIDS treatments shows political will as most important factor for success**

5 October 2011, Geneva - A report "[Evidence on Access to Essential Medicines for the Treatment of HIV/AIDS](#)<sup>1</sup>" shows that access to Antiretroviral Therapy (ART) has increased dramatically over the last ten years. Political commitment is cited as the single most crucial driver in helping increase the number of patients receiving treatment. Ten years ago, less than 10% of people eligible for ART in low and middle-income countries were being treated; today on average 50% of people are being treated.

The report funded by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) provides insights into what measures can substantially increase ART coverage levels to over 80%. The report studied seven countries from across the globe (Botswana, Brazil, India, Mexico, Rwanda, South Africa and Thailand) which had used a variety of different mechanisms to improve access.

Political commitment at an international level has enabled an increase in the available resources in low and middle income countries from \$1.6 billion in 2001 to just under \$16 billion in 2010. The report states that political commitment at a national level is equally important and drives other factors important for success - improving domestic health system infrastructure, securing funding mechanisms, procurement, overcoming stigma through patient education, as well as establishing health partnership initiatives with international foundations and the research-based pharmaceutical industry.

Voluntary licensing and other similar arrangements have played a significant role in enabling the provision of ART treatment with the report singling out differential pricing as more important than TRIPS in increasing access to treatment.

Commenting on the report, Eduardo Pisani, Director General of IFPMA said: "Access to medicines is clearly a complex and multifaceted issue and the report highlights that a holistic programme is needed to allow the different components to work together effectively - ranging from the strengthening of healthcare systems right through to prevention and education initiatives with patients. The report includes the significant contribution from the research-based pharmaceutical industry and provides insights into how these have worked in practice which will inform the decision making process of programmes in the future".

The last decade has seen substantial progress in providing access to HIV patients, with the average ART coverage at 54% in 2009 compared to 12% in 2003. Eduardo Pisani warns "However going forward it is clear that a global effort from a wide range of stakeholders is a necessary prerequisite for investing in broadly based HIV/AIDS strategies for prevention, diagnosis and treatment."

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<sup>1</sup> The report can be downloaded at: [http://www.ifpma.org/fileadmin/content/Publication/CRA\\_Research.pdf](http://www.ifpma.org/fileadmin/content/Publication/CRA_Research.pdf)

**About the IFPMA:**

IFPMA represents the research-based pharmaceutical companies and associations across the globe. The research-based pharmaceutical industry's 1.3 million employees research, develop and provide medicines and vaccines that improve the life of patients worldwide. Based in Geneva, IFPMA has official relations with the United Nations and contributes industry expertise to help the global health community find solutions that improve global health.

IFPMA manages global initiatives including: IFPMA [Developing World Health Partnerships Directory](#) catalogues the research-based pharmaceutical industry's long-term partnership programs to improve health in developing countries, IFPMA [Code of Pharmaceutical Marketing Practices](#) sets standards for ethical promotion of medicines, IFPMA [Clinical Trials Portal](#) helps patients and health professionals find out about on-going clinical trials and trial results.

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