



Open Letter to Gilead Sciences

January 2006

John C. Martin, PhD
President and CEO
Gilead Sciences, Inc.
333 Lakeside Drive
Foster City, CA 94404
via fax to (650) 578-9264

Dear Dr. Martin,

We write today on behalf of Student Global AIDS Campaign—an organization with over 85 chapters at colleges and high schools throughout the country, committed to bringing an end to HIV and AIDS around the world. We are writing to express our deep concern over Gilead's inaction on making the essential antiretrovirals Tenofovir and Truvada accessible and affordable to the millions of people living with HIV and AIDS in low- and middle-income countries.

We understand that, since its inception in 2003, Gilead's Access Program has expanded its reach several times under pressure from activists—now including 97 countries and offering a price for Tenofovir of \$208 per person per year and Truvada of \$318 per person per year. We applaud Gilead for its stated intentions.

We are deeply concerned, however, that the promises made by Gilead are neither truly being enacted nor truly sufficient to meet the stated goals of offering no-profit prices in developing countries around the world. Instead, we have come to understand that these pledges are more often phantom promises than real distribution and that Gilead deserves little of the praise it seeks.

Many of our members—including those at Emory University—and partner groups have raised these issues with Gilead before. We are well aware of the company's inaction.

As activists concerned with truly achieving universal access to AIDS treatment—dedicated to making the US public aware of the realities of corporate action on HIV and AIDS—we are writing to demand that Gilead immediately take the following steps:

1) Make good on your price promises: Register your drugs in all 97 Access Program countries; seek temporary waivers until registration is complete.

We find Gilead's claims to be offering "no-profit" prices in 97 countries to be insincere at best, given Gilead's near complete failure to register these drugs in country—ensuring that the drugs are inaccessible. According to the WHO Tenofovir is registered in 6 countries and Truvada in 3; according to the company you have shipped dossiers to 20 more countries after much pressure. We are unconvinced, however, that 20 plus 6 equals 97. We are similarly unconvinced that Gilead can disclaim responsibility for doing the work or registering the drugs in all 97 countries by claiming your licensee, Aspen Pharmacare, is responsible. This is Gilead's responsibility and it is Gilead that should be submitting the paperwork and working with both governments and service providers on the ground to ensure that these drugs are available and affordable. Otherwise your claims are simply false.

2) Publish affordable prices for middle-income countries, particularly those excluded in Southeast Asia, Eastern Europe, the Caribbean, and Latin America.

While we appreciate that Gilead has included 97 countries in its Access Program, this still leaves many in need whose lives Gilead should be working to save if it is to make any real claim to corporate citizenship. Five countries classified by the World Bank as “lower income,” including India, are simply left out of Gilead’s program. Of the 54 “lower-middle income,” countries, like Brazil and Thailand, 33 are not eligible for Gilead’s Access Program. In these countries, which include tens of millions of people living on less than \$2 a day, drugs are priced out of reach—often at US prices unless negotiated on a drug-by-drug basis. We find this unacceptable and urge Gilead to publish differential pricing for all of these countries.

3) Offer a voluntary open license to governments and companies to produce generic versions of Tenofovir & Truvada in the Global South.

As we have found again and again, the best way to ensure affordable access is through fair competition. We urge Gilead to offer a clear, open, voluntary license to all qualified producers along with technology transfer (if needed) and full access to registration data or rights of reference to expedite product registration. The geographical market for the open licenses should be all non-developed countries and all market groups (i.e., private sector, public sector, NGO/mission/workplace sectors). Given Gilead’s disinterest in marketing Tenofovir and Truvada in these countries, this would be a clear step and would do much more than simple claims of “non-enforcement” to ensure real, affordable access.

4) Research and develop pediatric formulations and establish recommended pediatric dosing ranges.

Millions of children have no access to these drugs because there is currently no pediatric formulation or dosing ranges for Tenofovir or Truvada. The adult formulation of Tenofovir has been shown to have a high toxicity in children. The simple calculus that the world’s HIV-positive children do not represent a sufficient “market share” to deserve research and formulations is cruel and we urge Gilead to reverse this lapse.

Given Gilead’s lack of action to date, we are writing to make our expectations clear and our intention to draw attention to these failures clearer. We urgently hope that Gilead will decide to make good on its promises and expand its efforts to provide real, affordable access. To do so would save the lives of many. But Gilead’s efforts must be more than publicity, talk, and obfuscation. We expect real action immediately.

We look forward to hearing your response and to setting up a time for further discussion of these issues. Thank you for your attention and your time.

Sincerely,

Matthew Kavanagh, National Coordinator

National Steering Committee:

Traci Ackron, DePaul University

Cameron Lefevre, Penn State University

Erin Burns, Guilford College

Meheret Melles, University of Maryland

Grant Gordon, University of Chicago

Polly Peterson, Olympia High School

Andrew Kohan, George Washington University

Sara Renn, University of Louisville

Sharon Kim, University of Chicago

Brooke Slick, Shepherd University



Open Letter to Abbott Laboratories

January 2006

Miles D. White
Chairman and CEO
Abbott Laboratories
100 Abbott Park Road,
Dept 392 Bldg. AP61-2
Abbott Park, IL 60064

via fax to 847-937-1511

Dear Mr. White,

We write today on behalf of Student Global AIDS Campaign—an organization with over 85 chapters at colleges and high schools throughout the country, committed to bringing an end to HIV and AIDS around the world. We are writing to express our deep concern over Abbott's inaction on making the essential antiretroviral Kaletra—in its new and old forms—accessible and affordable to the millions of people living with HIV and AIDS in low- and middle-income countries.

We understand that, since its participation in the ACCESS initiative, Abbott's Access to HIV Care Program has currently includes 69 countries, including Africa, and a price for Kaletra of \$500 per person per year. We applaud Abbott for its stated intentions.

We are deeply concerned, however, that the promises made by Abbott are neither truly being enacted nor truly sufficient to meet the stated goals of offering no-profit prices in developing countries around the world. New Kaletra is especially essential, since its non-refrigerated tablet form would be critical in making Kaletra useful in resource-poor settings. Unfortunately, we have come to understand that—especially as relates to new Kaletra—access promises are more often phantom pledges than real distribution and that Abbott deserves little of the praise it seeks.

Many of our members and partner groups have raised these issues with Abbott before. We are well aware of the company's inaction. As activists concerned with truly achieving universal access to AIDS treatment—dedicated to making the US public aware of the realities of corporate action on HIV and AIDS—we are writing to demand that Abbott immediately take the following steps:

1) Publish affordable prices for new Kaletra in all low- and middle-income countries, which includes many in Southeast Asia, Eastern Europe, the Caribbean, and Latin America left out of Abbot's program.

Despite having a formulation that is essential for use in the Global South, Abbott has yet to even offer a price for the improved version of Kaletra in low- and middle-income countries. We urge you to do so immediately.

While we appreciate that Abbott has included 69 countries in its Access Program, this still leaves many in need whose lives Gilead should be working to save if it is to make any real claim to corporate citizenship. Since the AAI was launched five years ago, millions more people living in at least 40 more countries, are in immediate need of affordable access. Abbott has been urged by UNAIDS, the WHO, and activists around the world to expand the program to include 110 other countries—nations covered by programs of other US corporations. We urge Abbott to do so.

Millions who live in countries not deemed poor enough by Abbott are in need. These “middle income” countries like Brazil and Thailand include tens of millions living on less than \$2 a day, yet according to Doctors Without Borders the price of Kaletra in middle-income countries outside Africa is on average 7.4 times more expensive than in low-income countries (mean: \$672 vs. \$4,998). We urge abbot to publish affordable prices for these countries as well.

2) Make good on your price promises: Register both new and old Kaletra in all ACCESS countries; seek temporary waivers until registration is complete.

We find Abbott’s claims to be offering “no-profit” prices in 69 countries to be insincere at best, given that the most useful form of the drug has not been registered in any of them. Abbott’s plan to not even pursue registration and marketing in Africa until after completing registration in Europe makes no sense to us—and shows obvious disregard for lives in the 69 countries Abbott claims to care about.

It is Abbott’s responsibility to submit the paperwork and work with both governments and service providers on the ground to ensure that Kaletra is available and affordable.

3) Offer a voluntary open license to governments and companies to produce generic versions of Kaletra in the Global South.

As we have found again and again, the best way to ensure affordable access is through fair competition. We urge Abbott to offer a clear, open, voluntary license to all qualified producers along with technology transfer (if needed) and full access to registration data or rights of reference to expedite product registration. The geographical market for the open licenses should be all non-developed countries and all market groups, i.e., private sector, public sector, NGO/mission/workplace sectors. Given Abbott’s clear focus on US and European markets, this would be a clear and easy step toward making these essential drugs affordable in the Global South.

4) Make pediatric formulations: half-dose tablet and syrup that is more palatable and doesn’t require refrigeration

Reports from providers are that the current pediatric version of Kaletra (a syrup) is unpalatable for children and must be taken in such large quantities children that it makes treatment difficult at best. A small tablet and/or concentrated syrup version would solve this problem. The simple calculus that the world’s HIV-positive children do not represent a sufficient “market share” to deserve appropriate formulations they is cruel and we urge Abbott to reverse this lapse.

Given Abbott’s lack of action to date, we are writing to make our expectations clear and our intention to draw attention to these failures clearer. We urgently hope that Abbott will decide to make good on its promises and expand its efforts to provide real, affordable access. To do so would save the lives of many. But Abbott’s efforts must be more than publicity, talk, and obfuscation. We expect real action immediately.

We look forward to hearing your response and to setting up a time for further discussion of these issues. Thank you for your attention and your time.

Sincerely,

Matthew Kavanagh, National Coordinator

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Meheret Melles, University of Maryland
Polly Peterson, Olympia High School
Sara Renn, University of Louisville
Brooke Slick, Shepherd University



Open Letter to the Office of the US Trade Representative

January 2006

Name

Title

Office of the US Trade Representative

600 17th St., NW

Washington, DC 20508

Dear [Target Here],

We write today on behalf of Student Global AIDS Campaign—an organization with over 85 chapters at colleges and high schools throughout the country, committed to bringing an end to HIV and AIDS around the world.

We write to express our deep concern over the US Trade Representative's efforts to negotiate a free trade agreement with the Southern African Customs Union. While there are many concerns raised by our members and partners around the world about the proposed trade deal, we are writing today to urge you in the strongest terms to exclude intellectual property from negotiations over any such agreement.

South Africa is home to over 3.5 million HIV-positive people – the most in the world – while the SACU countries have the highest HIV-prevalence rates in the world. Whereas pharmaceutical companies are currently producing drugs that have significantly reduced AIDS death rates in wealthy countries, most people in this region cannot possibly afford market prices for treatments that cost upwards of \$15,000 per year. Low cost generic versions of these drugs, however, have reduced prices by up to 95% – making it actually feasible for Southern Africa countries to treat their HIV-infected populations.

In trade negotiations, however, efforts to expand intellectual property rights for corporations could rule out production of affordable new generic medications—making costs of expanded treatment prohibitively expensive. There is no need for new intellectual property rights, insofar as they are already governed by the WTO, of which all SACU countries are members. Indeed, we are well aware that the US signed the 2001 Doha Declaration that clarified the ability of nations to use trade law flexibilities to ensure access to medicines.

As such, we are writing to ask you to live up to that pledge and assure that trade agreements with nations in the Global South—especially that with SACU nations—put patients over profit. **We are writing to ask that the USTR publicly take intellectual property rights (IPRs)—already governed by the WTO—off the table in negotiations with SACU.**

In addition, we also request that you publish US proposed text for the entire FTA so that the US and Southern Africa people have a chance to hold public consultations on the proposed agreement before any trade agreement moves ahead.

We look forward to your response.

Sincerely,