



Resources for Action



Letter to an Elected Official

The Honorable [elected official]

[Address]

[Address]

Dear [Senator/Congressman/President],

I am writing to ask for your action to help assure that the global promise of providing universal access to AIDS treatment by 2010 can be achieved. Among the many barriers to reaching this goal is the shortage of health care workers in Africa, which has reached crisis proportion during the HIV/AIDS pandemic.

The good news is that the US can help. Senators Durbin and DeWine introduced the African Health Capacity Investment Act of 2006 (S. 3775) in August. This bill begins to tackle some of the world's most pressing needs to recruit, train, and support health care workers in Africa. But it is only a start. The US should invest \$650 million next year—and I'm asking for your help to support the existing bill and make this a reality.

Today, over 40 million people are living with HIV/AIDS around the world—the vast majority of which lack treatment or care. In the last year the US has helped lead the world by setting the target of universal access to treatment by 2010. I believe deeply in this goal, but am sad to report that we will never reach it without more health workers.

In Sub-Saharan Africa, just over 1% of the world's health care workers struggle to combat 25% of the global disease burden. Health experts estimate Africa needs 1 million more health care workers. Randall Tobias, when he was the US Global AIDS Coordinator, once remarked that there are more Ethiopian doctors practicing medicine in the city of Chicago than in all of Ethiopia.

This shortage is directly caused by such factors as the burden of care caused by HIV/AIDS, the pandemic's toll on the health care workers themselves, the largescale emigration of health care workers ("brain drain"), and economic policies that prevent the scale up that is necessary.

Not only universal access to treatment, but all of the US goals in the President's Emergency Plan for AIDS Relief are under threat.

Thank you for your support on these very important issues.

Sincerely,

[Your Name]



Open Letter to Abbott Laboratories

September 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 (Lopinavir/Ritonavir) - in its new and old forms—accessible and affordable to the millions of people living with HIV and AIDS throughout the world.

New Kaletra is especially essential, since its non-refrigerated tablet form is critical in making Kaletra useful in resource-poor settings. Unfortunately, we have come to understand that—especially in regards to new Kaletra—promises of access are more often phantom pledges than real distribution and that Abbott deserves little of the praise it seeks.

The Student Global AIDS Campaign has been in dialogue with Abbott Laboratories since late February 2006. Through our grassroots network of students, we have lobbied you to change policies that we believe are currently blocking access to your life-saving, Kaletra, to people living with AIDS in the Global South.

In August at the International AIDS Conference in Toronto, activists from all over the world rallied against Abbott to increase access to their AIDS drugs by dropping prices, promoting generic productions, developing new formulations, and registering Kaletra broadly. However, we were met by no one from Abbott. Your absence at the International AIDS Conference did not go unnoticed, and sent the message that Abbott is not willing to be in discourse with the community global activists and people living with HIV/AIDS. The only news from Abbott during the week-long conference in Toronto came from a press release announcing several new initiatives:

- An expansion of Abbott's Access initiative from 69 countries to 114 countries, with new countries offered a price of \$2,200/patient/year
- Registration of new Kaletra/Aluvia in the developing world
- Investment in additional manufacturing capacity
- Development of a pediatric formulation tablet of new Kaletra/Aluvia

We are deeply concerned, however, that the promises made by Abbott are neither truly being pursued nor truly sufficient to meet the stated goals of offering no-profit prices in developing countries around the world. Many of our members and partner groups have raised similar issues with Abbott before. We are well aware of the company's inaction and see the recent announcements as a delay tactic to real policy change. 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 a truly affordable price for new Kaletra in all low- and middle-income countries, which includes many in Southeast Asia, Eastern Europe, the Caribbean, and Latin America.

Millions who live in countries not deemed poor enough by Abbott are in need of cheaper Kaletra now. These "middle income" countries like India and Thailand include hundreds of millions living on less than \$2 a day. However, Abbott insists that \$2,200/patient/year is a 'sustainable pricing structure' when, in reality, people with AIDS who live on less than \$2 a day are powerless to purchase

new Kaletra to save their lives.

Further, we have encouraged Abbott to expand its Access initiative since February, but Abbott's recent attempts to appease activists with its announcement of expansion from 69 to 114 countries are dishonest and misleading. We demand an expansion of the Access initiative to low- and middle-income countries that is closer to the current Access initiative discount price of \$500/patient/year. The newly offered price of \$2,200/patient/year is entirely too high and unacceptable. We urge Abbott to publish prices that are truly affordable.

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. Despite approval from the European Union in early July 2006 of new Kaletra, Abbott has yet to submit additional country registration dossiers as of the end of August 2006. 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.

To keep Abbott accountable to its announcement to broadly register new Kaletra/Aluvia in developing countries, we urge you to publicize a timeline for country registrations. Further we welcome any assurances that Abbott will commit increased resources to ensuring that registrations are filed broadly and in a timely manner.

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

Abbott's commitment to build additional manufacturing capacity is NOT a sound approach to providing Kaletra at a lower, affordable price. As we have found again and again, the best way to ensure affordable access is through fair competition. To achieve lower prices and wider access, we urge Abbott to stop the pursuance of any patents on Kaletra anywhere. We also 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) Publicize a timeline for 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 that it makes treatment difficult at best. A small tablet and/or concentrated syrup version would solve this problem. We appreciate the announcement to develop a tablet version of heat-stable Kaletra, and we urge Abbott to publicize a timeline for development of such a product.

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 millions. But Abbott's efforts must be more than publicity, rhetoric, 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,
Sara Renn, National Organizer

National Steering Committee:

Erin Burns, Guilford College
Tim Cheston, Princeton University
Taylor Gilliland, University of Florida
Grant Gordon, University of Chicago
Meheret Melles, University of Maryland

Will Nevius, Willamette University
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