

March 18, 2015

*Subject:
Concerns regarding the possible entry of
the Medicines Patent Pool into the area
of Hepatitis C (HCV) treatments*

Dear Mr Douste-Blazy, Mr Marmora, Mr Duneton,

We are writing in order to express our deep concern in regards to the possible move of the Medicines Patent Pool (MPP) to expand its mandate to include new Hepatitis C (HCV) direct acting antiviral (DAAs) treatments.

As you are well aware, the World Health Organization (WHO) estimates that more than 150 million people are infected with chronic HCV across the world, and that at least 700,000 people die of HCV-related complications each year.

If nothing is done before the expiration of main new DAAs patents in 14 years, we estimate that more than 10 million people will die from HCV.

Most of them live in middle-income countries (MICs), also home to the majority of the world's poor.

We have heard with deep concern the will of the MPP to move forward quickly in the direction of negotiating new voluntary licenses (VLs) on HCV treatments, including with Bristol Myers Squibb (BMS) and Gilead.

We are very dubious of the leverage of the Medicines Patent Pool (MPP) to include, in the geographical scope of its licenses, many countries with the highest HCV burden, including China, Brazil, Mexico, Ukraine, Uzbekistan, Russia, Thailand, the Philippines, etc.. All these countries have been systematically and almost always excluded from previous MPP VLs on HIV/AIDS treatments.

We are deeply concerned that the MPP --by negotiating VLs that exclude most MICs, and as an initiative 100% funded by UNITAID and supported by WHO -- will set standards for the future, hindering the access to treatments, and undermining the use of TRIPS flexibilities.

We believe UNITAID, as a public health orientated institution, should instead focus on helping the excluded MIC countries to access DAAs, and we seriously doubt that it will be possible from supporting the extension of the mandate of the MPP.

Beyond the issue of the geographical scope of these VLs, we are also concerned about the terms of these VLs, and we do not see what could be expected from Gilead, a company that has been fighting everywhere, against the access to its new HCV treatments since they came to the market, and also against human rights, through so called "anti-diversion measures" as Médecins Sans Frontières recently highlighted.

On September 14th 2014, Gilead Sciences announced a VL agreement with several generic producers based in India for sofosbuvir, the backbone of new DAAs regimens. Since then, Gilead has indeed accumulated the signs of bad faith, with amongst other things:

- setting up very high prices for its new DAAs in high income countries (HIC), for instance, charging US\$84 000 in the United States;
- setting up unprecedented anti-diversion clauses, for instance in Egypt, to make sure that nobody will access treatment outside of a very limited number of people;
- negotiating a VL excluding 73 million people with HCV across the world, including China, with the world's highest number of people infected. Back in 2006, it would have been unthinkable to exclude South Africa from a VL on HIV/AIDS.

In late October 2014, BMS has also announced an agreement for dataclasvir, excluding HICs and most MICs.

Once again, and as we know that the MPP is on the edge of entering into the HCV arena, we wanted to convey our deep doubts regarding the potential success of this initiative, and our deep concerns for its potential consequences.

We still do believe that UNITAID, as a United Nations satellite organization, must support the principle of universal access to quality care, regardless of the World Bank ranking of countries. We still believe that UNITAID should not support such an industry-driven mechanism on HCV that will most probably fail to expand access to treatment.

Yours sincerely,