



Check against delivery

**Speech at the WHO-WTO workshop on
differential pricing and financing of essential drugs,
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If you were a Martian monitoring earth through the editorials of leading newspapers, you could be forgiven for thinking that AIDS in Africa is a new issue. You would conclude that the only reason millions of Africans are dying of AIDS is that the cost of antiretrovirals is too high. And you would also conclude that a six-month campaign by these newspapers has miraculously solved the problem – bringing pharmaceutical giants to their knees.

Those of us who are not from Mars (or Venus) know that recent breakthroughs in the prices of antiretroviral drugs are the product of years of painstaking work, in turn building on a long history of tackling AIDS, and an even longer history of agitation for affordable medicines, contraceptives, and vaccines, led by WHO, UNICEF, UNFPA, non-governmental organisations and activists. Let me also be clear: confronting the AIDS epidemic requires much more than providing antiretroviral therapy to those infected. We will only halt this terrible epidemic if we do not compromise on a strictly balanced approach with much increased attention for prevention of new infections.

By 1996 it had become clear that the face of AIDS treatment had changed in high-income countries. At UNAIDS, we were acutely aware that it would be morally unsustainable for these life-transforming treatments to be out of reach of the great majority of the world's population living with HIV, those in the developing world. But the global consensus at the time was that extending antiretroviral access to the developing world was simply unfeasible – the cost of the drugs would break the budgets of all but the richest countries, and health infrastructures would be unable to cope. And there are still real and unresolved issues.

Swimming against the tide of this consensus, we decided to put some of these

At the same time, UNICEF, WHO and UNFPA, called for expressions of interest by drug and diagnostics manufactures to help map and extend drug supply.

On the second issue, an essential care package for people with HIV was defined, and systematic collaboration with countries on access to HIV care was began by the UNAIDS Secretariat and WHO – with 31 countries so far indicating they would like to participate.

There are at least three major lessons to draw from our experience with treatment access. These should be key for our work on scaling up current efforts.

First, while pricing is not the only issue, price does make a difference. Analysis conducted by McKinsey and Company on increasing access to

Second, and probably most formidably, we need to strengthen the capacity of the health systems needed to deliver these medicines safely and effectively. Success depends on whether the momentum built up around the affordability of antiretrovirals can be used to drive the wider agenda.

Third, resources are needed, on a new scale – this is billions of dollars per year - and

2. For newer essential medicines (e.g., still under patent) in the low-income countries, development of a new paradigm based on preferential pricing, licensing out, and geographic restrictions.
3. Expanded public funding for research and development for treatment and prevention of neglected diseases.

This coherent package must have the full endorsement of the global community – politically and commercially.

Thank you.