

# INTERNATIONAL Herald Tribune



THE WORLD'S DAILY NEWSPAPER PUBLISHED BY THE NEW YORK TIMES EDITED IN PARIS AND PRINTED IN BANGKOK

SATURDAY-SUNDAY, JULY 10-11, 2004

International AIDS Conference ■ By Anne V. Reeler and Joseph Saba

## Needless battle of brands vs. generics

**A**t the International AIDS Conference next week in Bangkok, the spotlight will be on three recently created, multi-billion-dollar programs to supply life-saving antiretroviral drugs to poor countries: a multilateral Global Fund; President George W. Bush's PEPFAR (President's Emergency Plan for AIDS Relief) for 15 selected countries; and the World Health Organization's "3 by 5 Initiative" (3 million people on antiretroviral therapy by 2005).

Unfortunately, a needless squabble over brand-name versus generic drugs has brought these programs to a virtual halt. People are dying of AIDS by the millions for lack of treatment even in countries where a sufficient health care structure exists.

The dispute continues a dismal history of rigid ideological thinking impeding the delivery of antiretroviral drugs to the developing world. It was long argued that patients in poor countries were too uneducated to comply with prescribed regimens and that by not complying, they would create resistant strains of the HIV virus. Moreover, they were too poor to pay for the drugs.

The current ideological obstacles are different. The rich nations and international bureaucracies backing the new programs insist that developing countries buy Food and Drug Administration-approved antiretrovirals — in other words, brand-name drugs produced by research-based industry. Governments in the developing world counter that generic drugs are the cheapest and only solution.

The consequences of this dispute, viewed at ground level, are horrifying. Tanzania, where we work, is one case in point. PEPFAR funding was awarded in February with the ambitious goal of supplying antiretroviral therapy to 44,000 HIV-infected people by the end of the year. We are now in July, and the issue of brand name vs. generic drugs is still unresolved.

The irony of the battle is that, thanks to the many philanthropic initiatives coming from research-

based drug industry, certain brand-name drugs are cheaper than equivalent generics. The drug 3TC sells for \$7.27 compared to \$9.99 for the generic. Efavirenz costs \$31.64, \$5 less than the generic. DDI is priced at \$13.82 versus \$15.79 for the generic. In the case of Tricomune for first-line treatment, the generic versions are the cheapest.

So, why are politicians not simply pressing for the cheapest antiretrovirals of equivalent quality? This would be a rational and non-ideological way of moving forward.

We recently had to explain to four ill, HIV-positive mothers in a rural East African village that treatment is coming, but we don't know when. When the international HIV/AIDS community meets in Bangkok, it should step beyond ideology to practical, market-oriented solutions that will get antiretroviral therapies to the people who desperately need them, before it is too late.

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