

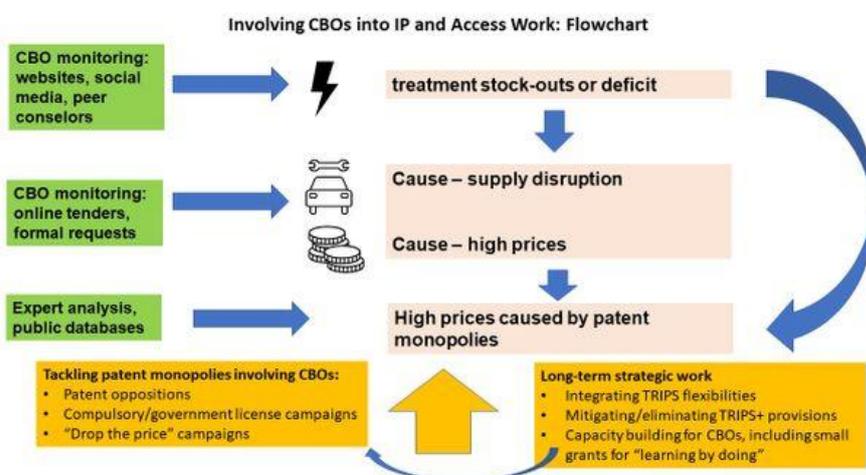
Involving HIV community-based organizations into intellectual property and treatment access work: lessons learnt and opportunities ahead in the Eurasian Economic Union (A-AIDS-2022-03434)

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Background: HIV community-based organizations (CBOs) have tackled intellectual property (IP) barriers to increase treatment access since the early days of the HIV epidemic. The IP work of ITPCru has 4 objectives:

- 1) analysing regulatory framework, focusing on TRIPS flexibilities (e.g. compulsory/government use licenses, Bolar exemption, parallel importation, patent oppositions) or TRIPS+ provisions (e.g. patent linkage, data exclusivity);
- 2) proposing ways to integrate flexibilities and mitigate/remove TRIPS+ to ensure a better framework for increasing access;
- 3) compulsory/government license campaigns and opposing patents for key medicines; and
- 4) awareness raising.

Description: ITPCru launched its first IP projects in 2014-2015 and expanded them to the Eurasian Economic Union. Activities included analysing patent status for drugs, opposing patents, compulsory license campaigns, legal framework analysis with recommendations, publicising news about IP and treatment access. We motivated CBOs to support IP and access work by visualizing the link between treatment shortages, high prices and, subsequently, IP barriers causing high prices. Region-specific access issues, e.g. varying prices for original and generic key HIV drugs, PreP options and HCV direct-acting antivirals have been among illustrative examples.



Lessons:

over 30 CBOs brought together for sign-on campaigns about IP and access in EECA, contributing to success of several initiatives, including:

- ✓ optimization of compulsory license framework in several countries;
- ✓ more than two-fold price reduction for several key patented drugs (e.g. dolutegravir and sofosbuvir).

Difficulties with CBO involvement included: negative attitude to generics due to poor information; the topic's complexity; general low awareness about IP and access issues.

Conclusions: Involving CBOs into IP-related activities is crucial for revitalising treatment access work, which is important given novel treatment options and current access gaps. More efforts need to be invested into capacity building of communities as to IP and access, including development of community-friendly materials, grant programmes for IP and access, integrating IP into HIV meetings and conferences.