



ITPC @



AIDS 2024  
22 – 26 July



# DAILY HIGHLIGHTS

2024.07.24

@itpcglobal

Wednesday

## GSK/ViiV PROTEST

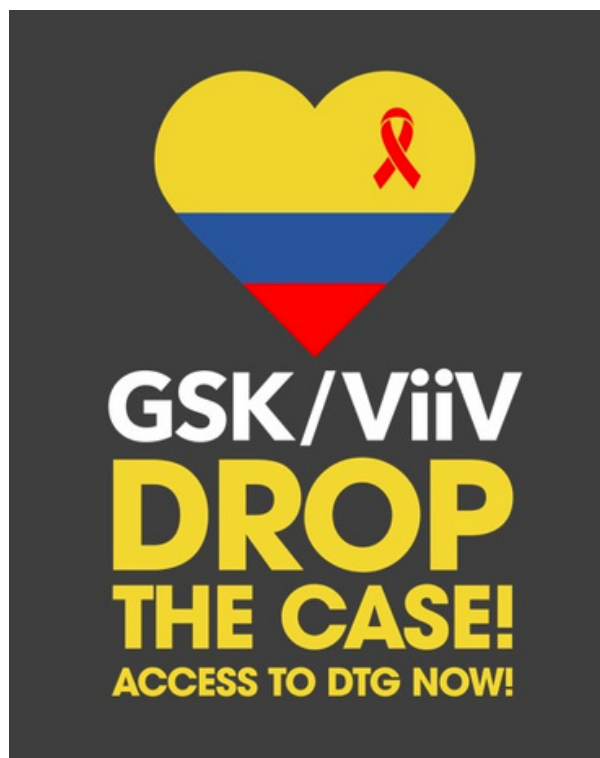
# GSK/ViiV Drop the Colombia Compulsory Licence Case Now!

Activists at AIDS2024 called on ViiV Healthcare to drop their case in Colombia against the Compulsory License on Dolutegravir.

Today, hundreds of treatment advocates attending AIDS2024 in Munich protested against the companies with “Drop The Case” slogans to denounce GSK and ViiV’s decision to challenge the compulsory license issued by Colombia. This dangerous move prevents thousands of people living with HIV from accessing optimal treatment.

In a groundbreaking move to ensure access to dolutegravir (DTG), the Colombian government issued Colombia’s first-ever dolutegravir-related compulsory license (CL) on April 23rd, 2024. The government’s action paves the way for the entry of manufacturers of generics, which will slash the price of DTG by 27-fold, from US\$102 per person per month (PPPM) to just US\$3.70 per month.

But GSK and ViiV Healthcare supported by the Colombian pharmaceutical association AFIDRO, have challenged the CL in court, which may freeze its validity. **Continued on page 2**



**GSK/VIIV PROTEST**

# **GSK/ViiV Drop the Colombia Compulsory Licence Case Now!**

**Pharma's legal manoeuvres are a direct threat to ensuring wider availability of DTG in Colombia.**

Colombia is home to 190,000 people living with HIV. With this many people needing lifelong and life-saving HIV treatment, access to affordable, effective and safe ARVs is essential. DTG is the WHO-preferred treatment for HIV, due to its superior clinical outcomes, high resistance barrier - meaning people can take it for years - minimal adverse effects, and lower risk of drug interactions. However, DTG access is severely limited in Colombia by its exorbitant price.

"In Colombia, GlaxoSmithKline/ViiV hold a monopoly on dolutegravir's active ingredient until 2026 which prevents generic competition and keeps DTG out of reach" according to Juliana Lopes, from iFarma, Colombia

"GlaxoSmithKline/ViiV's patent monopoly has led to a staggering price disparity between the branded version, priced at US \$102 PPPM vs. generic alternatives, which are priced as low as US \$3.70 PPPM. The Colombian government is spending a significant amount of money on procuring DTG. Procuring it from generics manufacturers would result in significant savings, enabling the Colombian government to provide DTG to more people, and to fund more comprehensive, higher-quality HIV prevention and treatment services."

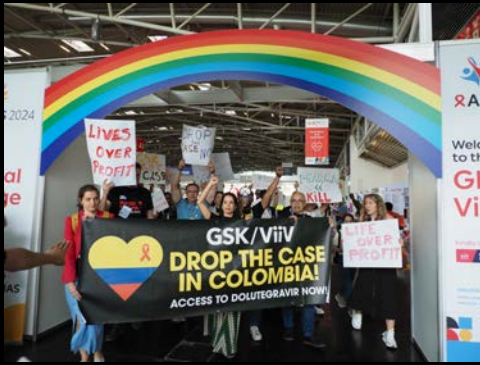
"Colombia, similar to Brazil, was excluded from the voluntary license for dolutegravir granted by ViiV to the Medicines Patent Pool (MPP). ViiV's attempt to prevent the compulsory license is a step back from its commitment in the voluntary license that allows supply to countries when compulsory licenses are issued. We call upon GSK/ViiV and AFIDRO to cease their litigation efforts in Colombia and withdraw the lawsuit challenging the validity of the CL on DTG," said Susana Van der Ploeg from ABIA, Brazil. "It is imperative that they refrain from any actions that hinder the implementation of this first-ever compulsory license on dolutegravir, which is essential for advancing HIV treatment access in Colombia and prioritizing the well-being of individuals over profit."

**"A CL is an established legal tool, defined in international agreements such as the TRIPS Agreement of the World Trade Organization," says Othoman Mellouk, Access to Diagnostics and Medicine Lead at ITPC Global. "It enables governments to address critical public health needs by overriding patent monopolies. Colombia has full right to use such a mechanism to ensure affordable generic versions of DTG are procured and provided to those in need. ViiV's attempts to block this is unacceptable. They should Drop The Case."**



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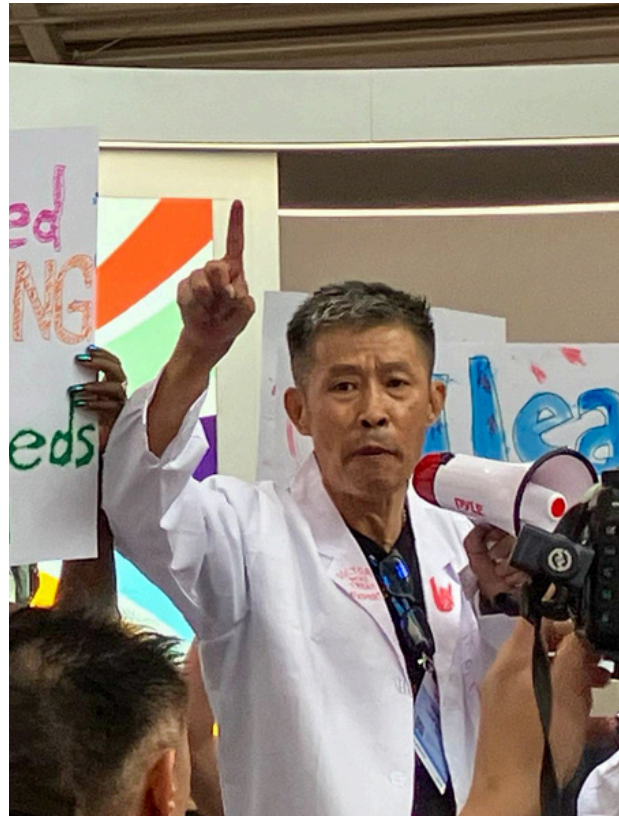
*COMMUNITY-LED MONITORING IN A CHANGING WORLD*

## What CLM needs to survive & thrive

The government has a constitutional duty to provide HIV treatment and prevention services, but community involvement is crucial in monitoring these services.

Communities receiving healthcare from government facilities are the government's best resource to ensure their resources are deployed efficiently.

Loon emphasized the need for government commitment and support while cautioning against community organizations jumping ship once they receive funding. He stressed the importance of collaboration and commitment to ensure effective HIV care and prevention.



*COMMUNITY-LED MONITORING IN A CHANGING WORLD*

## Vuyiseka Dubula's challenge to community organizations

**CLM must evolve. CLM must be agile.** How does it adapt to meet the moment in unstable contexts and what is the number that CLM needs to sustain itself?

What is the amount of money we need in the next replenishment cycle to ensure the sustainability of CLM?

What are you asking the Global Fund? Maybe you can stipulate that a percentage of the total replenishment amount must go to CLM?



**COMMUNITY-LED MONITORING IN A CHANGING WORLD**

**CLM is the pathway to sustainability.** This is the argument that must be made to governments to help them understand that CLM is a win-win. You want to know where to put your money. CLM helps you identify where to put those resources. It helps governments identify effective interventions to improve health systems better and faster, leaving them stronger. You can keep spraying money at the system, or you can go where the communities say they know resources are needed to solve problems. We need sustained funding for each phase of the CLM, not just for data collection. **We are not mere recipients of charity. We are part of the solution!**

*Solange Baptiste*







PATENT OPPOSITIONS WORKSHOP

# Empowering communities: Patent oppositions for access to medicines



During the Patent Oppositions Workshop, the ITPC Science team conducted training for activists on how to do patent oppositions.

They explained how pharmaceutical companies abuse the patent system by using an evergreening strategy to artificially extend their monopoly for many years on ARVs, anti-TB and HCV medicines.

Examples of successful patent oppositions filed and won by community-based organizations were shared by Loon from DNP+, Susana van der Ploeg from ABIA, Chalernsak Kittitrakul from TNP+, Veronika Kochubey from 100% Life.

## TODAY'S POSTERS



**INTER-GENERATIONAL DIALOGUES**

# Fostering mutual learning and collaboration for a sustainable future



**ITPC LATCA's Alma De Leon encourages experienced activists to collaborate with younger activists.**

She says we should reach out to be mentors to young people in our movements and make sure they benefit from our experience.

We need to be empathetic and share our knowledge in ways that they can connect with.

We should also take time to listen to the younger generation. We need to stop judging them and invite them to join our movements. It is in our own best interest to bring them with us because they are the future of the treatment access movement.

We have to establish common objectives and be respectful of each other.

Optimism is learned. The new generation might believe that things are hopeless, but we have lived through very dark times and we can help them develop resilience. This work is difficult and we had to do this work without resources, being criminalised, being without any treatment options.

We know how to carry on through hard times, making incremental gains over decades and fighting for life. That resilience will help the next generation take up the struggle and carry on into the future.





**PREVENTION PANEL****Prevention literacy is essential****People only listen to what matters to them.**

We need to think differently about the prevention messaging we are putting out to communities.

We need to integrate more than systems and services only. We must integrate our health messaging.

Bombarding people with choices is not the way to go. We cannot say to people, “You can take PrEP, or you can take Lenacapavir, or you can take CAB-LA.” You can take all these different things, but unless you understand what each of them means, how do you choose?

**“You can’t choose correctly if you don’t understand what you are choosing. Building community prevention literacy is essential.”**  
Solange Baptiste

**If we want a prevention revolution we need health education, something that's not funded**, something that no one cares about, because we keep assuming people understand what we're talking about.

We saw that lack of health literacy play out during COVID. ‘Health experts’ were talking about comorbidities and underlying conditions for COVID-19, but nobody understood what that meant. If we had started by asking “COVID is worse if you have sugar. Do you have sugar?” (which means you have diabetes), and now the message lands. We need to integrate our messaging, so communities understand it.

We can talk about wraparound strategies and granularity and how we need to be precise all we like, but it isn’t working. Does the community know what you're talking about? Let’s go back to calling it AIDS instead of advanced HIV disease. People know what AIDS means.

The truth is that none of our interventions will be successful without communities. Isn’t it time we listen to them?

We know resources are shrinking and governments have less money for health, and they need to do even more with less. They need to be precise. The only way to do that is by listening to communities so that interventions are targeted, they are granular, they are specific to what the people need.





# Catch These Tomorrow

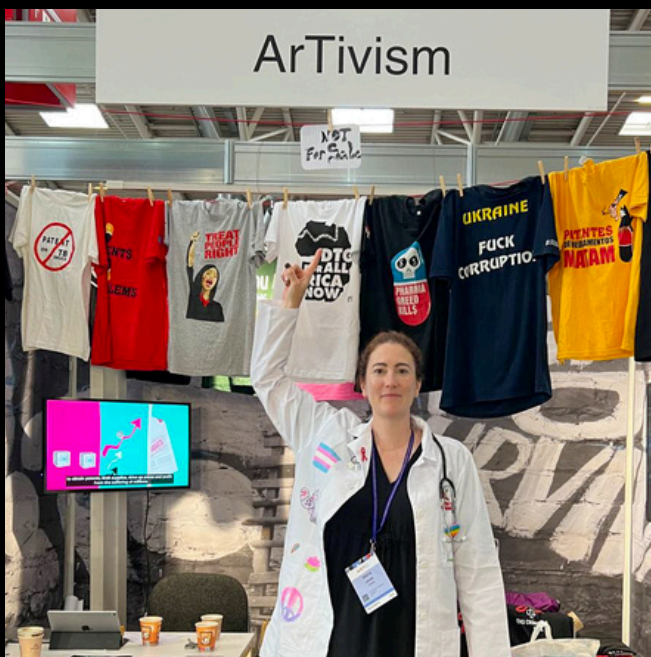
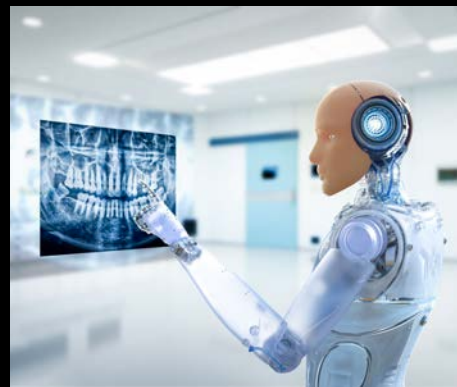


10h30 – 11h30  
Hall B0b/Channel 5

Fake News,  
Misinformation, and the  
HIV Response: Learnings  
from COVID-19

12h00-13h00  
Room 5/Channel 8

AI-mpact: Revolutionizing  
the HIV response in  
resource-limited settings



**Last chance to  
visit the  
ARTIVISM  
booth in the  
Global village**