



Taking action in the fight against HIV/AIDS



the epidemic and its human impact

Since 1981, AIDS, the acquired immunodeficiency syndrome caused by the human immunodeficiency virus (HIV), has resulted in an estimated 25 million deaths.

Today, it continues to be a leading cause of death globally, and even though infection rates have declined in recent years due to more widespread access to treatment, there still are approximately 7,000 new infections occurring every day. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), about 33 million people currently are infected with HIV. Approximately 85% of these individuals live in sub-Saharan Africa. According to the World Health Organization's (WHO) treatment guidelines, 15 million of those infected need treatment, but only 6.6 million, or less than half of them, receive it. For these reasons, the fight against HIV/AIDS must remain an important global health priority.

The cost of treatment has plummeted

As recently as 2000, the cost to supply one person living with HIV/AIDS with a year's supply of antiretroviral (ARV) medicine averaged about \$10,000 – a virtual death sentence for most people living in the developing world. Since then, generic competition, bulk purchase agreements and innovation have dramatically reduced drug costs. For example, in 2008, low income countries paid, on average, \$400 per patient per year for a WHO-recommended once-daily regimen. And prices have continued to drop even further, as that same regimen now is available for \$159 per patient per year, a reduction of 60 percent since 2008 alone.

The need for a new strategic approach

Reducing the cost of treatment was a critical step, and keeping treatment costs low remains an important priority. Today, the primary barrier standing between patients and treatment is not the cost of drugs. Instead, it is ensuring that adequate funds are targeted to provide access to these drugs. A 2010 report indicated that ARVs represent 39% of the costs associated with treating a patient through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) program; the remaining 61% relate to health infrastructure, e.g., for clinical staff, laboratory supplies and utilities. To prevail in the fight against HIV/AIDS, we now must find more efficient and effective ways to reach the 15 million people who need help.

NEW DATA PROVES

“Treatment is Prevention”

NIH study demonstrates early treatment enhances HIV/AIDS prevention

A recent large-scale, randomized control trial study sponsored by the National Institutes of Health (NIH) and the National Institute of Allergy and Infectious Diseases (NIAID) found that HIV-infected men and women with relatively healthy immune systems who received early treatment after diagnosis with highly active antiretroviral therapy (HAART) were 96 percent less likely to transmit the virus to their uninfected partners. They also remained healthier than those whose treatment was delayed and were less likely to develop tuberculosis, the leading cause of death of people living with HIV/AIDS. This breakthrough study proved that treatment can:

- > Reduce significantly the transmission of the virus to others,
- > preserve the health of those infected and improve quality of life, and
- > decrease the incidence of tuberculosis.

These results must become a catalyst to change the way current funding and treatment programs are deployed, and to focus more resources on testing and early treatment – which is why world leaders joined together at the United Nations General Assembly High Level Meeting on AIDS in June 2011 and pledged to increase the number of people on treatment to 15 million by 2015. According to Michel Sidibé, Executive Director of UNAIDS, “Through shared responsibility, the world must invest sufficiently today, so we will not have to pay forever.”

MYLAN VALUES: INNOVATION • INTEGRITY • RELIABILITY • SERVICE • TEAMWORK

We cannot afford **not** to treat!

Case Study BRAZIL AND SOUTH AFRICA:

Illustrating the success of “treatment as prevention” is a comparison of the treatment efforts of Brazil and South Africa. In 1990, the countries had similar numbers of infected individuals, ranking just after the U.S. in the number of documented AIDS cases. Due to enormous pressure from Brazil’s AIDS movement, Brazil began treating those infected with HIV via public clinics in 1990, while South Africa began treating HIV patients only in 2003. The results are tangible: Today, South Africa has an HIV/AIDS prevalence of 20 percent, while Brazil’s is less than 1 percent. Brazil also has saved billions of dollars by relying on generic AIDS medicines to treat its patients.

Sustained funding for HIV/AIDS is critical, and must prioritize evidence-based treatment and prevention programs

A June 2011 article published in *The Lancet* by a group of renowned HIV experts, led by UNAIDS noted, “Substantial changes are needed to achieve a more targeted approach to investment in the response to the HIV/AIDS epidemic that will yield long-term dividends. . . Major efficiencies can be gained through community mobilization, synergies between program elements, and benefits of the extension of antiretroviral therapy for prevention of HIV transmission.” The article also states that with a more targeted approach and an additional \$6 billion in funding by 2015, we can reach the goal of providing treatment for 15 million people, while also preventing 12 million new infections and 7.4 million AIDS-related deaths by 2020.

Expanded treatment can reduce costs over the long term

In addition to the proven health benefits of commencing early treatment after diagnosis, *early treatment of people living with HIV also can reduce costs over the long term.* Although expanded treatment is initially resource intensive, it ultimately leads to reduced HIV transmission within a population, reduced costs associated with opportunistic infections and fewer hospitalizations, saving billions of dollars while seeing significant declines in AIDS-related morbidity and mortality.

Mylan Call to Action:

- > Recognize that everyone living with HIV/AIDS has a right to treatment.
- > Begin treatment soon after diagnosis to ensure better health outcomes for individuals, reduce HIV transmission and create long-term cost savings.
- > Expand testing programs, as they are a prerequisite for treatment.
- > Focus funding programs on proven methods of treatment and prevention.

Mylan is one of the world’s leading generics and specialty pharmaceutical companies, providing products to customers in more than 150 countries and territories. We are committed to setting new standards in health care. Working together around the world to *provide 7 billion people access to high quality medicine*, we innovate to satisfy unmet needs; make reliability and service excellence a habit; do what’s right, not what’s easy; and impact the future through passionate global leadership. Through its Mylan Laboratories Limited (formerly Matrix Laboratories) subsidiary, Mylan is one of the world’s largest producers of active pharmaceutical ingredients used to manufacture generic ARV therapies for the treatment of HIV/AIDS, and also offers finished dosage formulations, including adult and pediatric therapies. Today, approximately one out of three people in the developing world being treated for HIV/AIDS depends on a Mylan ARV product. Note: ARVs protected under specific patents in certain countries are not offered for sale by Mylan in those countries and are for sale only for developing countries.



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