



Image: Global Fund

IMPACT STORY: IMPROVED TREATMENT FOR HIV: DOLUTEGRAVIR

Accelerating access to better and less expensive HIV treatment

The problem

Almost half of all people living with HIV do not have access to treatment.

Without antiretroviral therapy (ART), people living with HIV risk rapid progression to death.

A significant proportion of people living with HIV who have no access to treatment live in resource-limited settings.

New antiretrovirals (ARVs), including dolutegravir (DTG) based regimens, are the standard of care in high-income countries. It can take up to 10 years for new ARVs to reach resource-limited settings¹, because their initial price is too high to be affordable in low- and lower-middle income countries (LMICs); there is limited guidance for their use in certain populations; and often appropriate formulations are lacking.

Yet, these treatments work faster, are less toxic and less prone to drug resistance, and have the potential to be less expensive than other options available in LMICs.

The solution

What is Unitaid doing?

Unitaid funds the Medicines Patent Pool, which in April 2014 obtained from ViiV Healthcare a voluntary license for dolutegravir (DTG) for adults and children, within months of US and European regulatory approval².

A few months later in 2015, Unitaid launched a call for proposals that led to further investment with ANRS and others in four clinical trials³ that will generate data on using new ARVs in resource-limited settings, including data on use during pregnancy and for HIV-associated TB. This evidence is critical to enable revision of WHO treatment guidelines.

A further investment—to the Clinton Health Access Initiative (CHAI)—aims to lower the cost of new ARVs for adults and children, and to accelerate the uptake of these regimens. Catalytic funding provided by Unitaid has already led to the introduction of DTG-based regimens in Kenya, Uganda and Nigeria only 3 years after introduction in the US and Europe, compared to 7-9 years for previous generations of ART.

1 <http://www.unsgaccessmeds.org/inbox/2016/2/26/unitaidb>
2 <https://medicinespatentpool.org/licence-post/dolutegravir-adult-dtg/>
3 Specifically, the ANRS 12313 NAMSAL study, Wits RHI ADVANCE study, University of Liverpool Dolphin 2 study, and the University of New South Wales D2EFT study.

4 Achieved as a result of investments made by DFID and Unitaid.

How is Unitaid working with partners?

Unitaid has partnered with scale-up funders, civil society actors, communities of people living with HIV, researchers, and technical agencies including the World Health Organization (WHO), to accelerate introduction of new regimens in resource-limited settings. For example, in 2016 Unitaid and the United States government including USAID and PEPFAR formed the *ART Optimization Programme Advisory Committee (PAC)* to coordinate efforts to improve treatment access. The PAC is co-chaired by WHO and the Global Fund.

What long-term impact will the investments deliver?

As a result of Unitaid's investments, and the actions of partners such as CHAI⁴ and the Bill and Melinda Gates Foundation, DTG-based regimens are now available for only **US \$75 per person, per year**. This low price will unlock access to improved treatment for millions of people living with HIV. Scaling up access to DTG is a key part of Unitaid's efforts to support global targets to end the HIV epidemic by 2030.

The main contributors to Unitaid are: France, United Kingdom, Brazil, Norway, Chile, South Korea, Mauritius, Madagascar, Spain and Bill & Melinda Gates Foundation.

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DTG-based regimens offer people living with HIV a better treatment and a better quality of life¹

FASTER ACTING



Works faster than alternative treatments to help people living with HIV to control the virus

LESS TOXIC



Less likely to cause side effects, leading to better adherence and quality of life

MORE ROBUST



High barrier to resistance, which means that it can be used for longer than alternative treatments

POTENTIALLY CHEAPER



Potential to be cheaper than alternative treatments over the long term

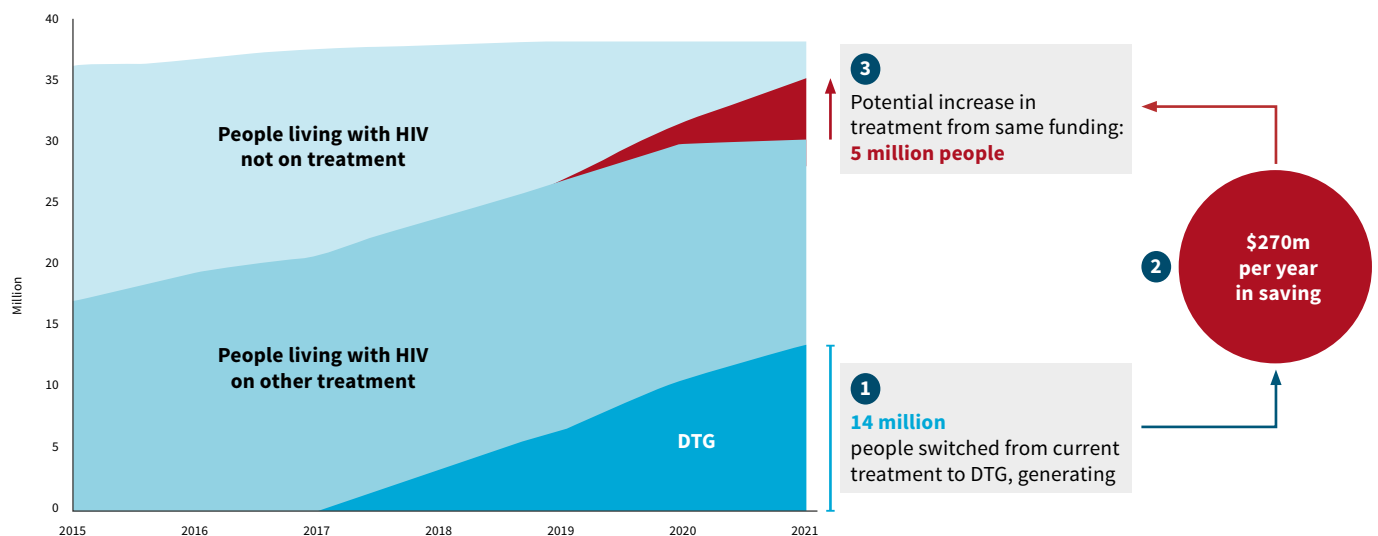
“Since the day I switched to DTG my overall health has greatly improved, and the drug has improved my quality of life. I feel re-energized; my moods are even better now. I hope that policy makers and leaders will embrace and adopt Dolutegravir We need DTG now more than ever in Africa.”

Salim, living in Kenya, is one of the first people in the country to access the new treatment.

¹ <http://www.who.int/hiv/mediacentre/news/transition-to-new-arv-QA/en/index1.html>

Doing more with less

More people living with HIV could access treatment due to the savings possible from optimal regimens



Source: CHAI data.