

S136

2-hour Symposium

What is hot in HIV/AIDS in 2015?

Joep Lange Memorial Lecture: where are we with low cost/generic provision of antiretrovirals?

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Cheap antiretroviral drugs are changing the shape of the global HIV pandemics. Since 2004, a massive implementation of antiretroviral therapy (ART) in low and middle income countries allowed that in June 2014 13,8 million people were receiving ART, decreasing mortality and morbidity rates and, in some cases, decreasing HIV transmission.

Being a big achievement, this is not enough. According to the current WHO guidelines, 28,6 million people need immediate treatment - 14,8 million more than those on treatment. A huge scale-up is needed, but there are serious concerns about the future: since the onset of the economic crisis in 2008, funding has flat-lined or even decreased (PEPFAR) or only slightly increased (Global Fund). It is hard to see how the current level of funding will allow such a big expansion of the treated population.

What about high-income countries? Several drugs are now available as generics, such as lamivudine (3TC), abacavir (ABC) or efavirenz (EFV), all of them part of regimens recommend by the current guidelines. The economic crisis forced most countries to cut costs on health care; using generic antiretrovirals can save a massive amount of money. But are the regimens based on generic drugs equally effective?

Since there are no fixed-dose coformulation (FDC) of generic drugs, the main discussion has been about FDC versus non-FDC regimens. Unfortunately, this discussion has been plagued by either strongly biased studies, inappropriate stratification and/or small size of study populations, or significant confounding factors. But one thing emerged consistently: when a non-nucleoside reverse transcriptase inhibitor is used as third drug, regimens with lamivudine performed less well than regimens with emtricitabine, both when evaluating virologic failure or selection of resistance.

Other drugs recommended in the current guidelines will become available as generics in the near future. This will have an impact on the development of new drugs: with cheap and highly effective regimens available, the incentive for research and development of new drugs will be low. We can already see it in the slim pipeline of new antiretrovirals entering phase III trials.

Cheap antiretrovirals changed the global HIV pandemics, and will keep doing it in the future. However, they come along with new challenges, which need to be appropriately addressed using sound scientific evidence and well informed decisions.