



To: VIIV HEALTHCARE  
**Anjali Radcliffe**,  
International Government Affairs, Policy and Advocacy Director  
[anjali.a.radcliffe@viivhealthcare.com](mailto:anjali.a.radcliffe@viivhealthcare.com)

Copy: MEDICINES PATENT POOL  
**Estebane Burrone**  
Head of Policy  
[eburrone@medicinespatentpool.org](mailto:eburrone@medicinespatentpool.org)  
Mila Maistat  
**Policy and Advocacy Manager**  
[лмаистат@medicinespatentpool.org](mailto:лмаистат@medicinespatentpool.org)

14.11.2023

### **Open letter concerning access to cabotegravir in Eastern Europe and Central Asia**

With this letter we, the participant of the Eurasian Community for Access to Treatment (ECAT)<sup>1</sup>, ask ViiV Healthcare to expand the coverage of the cabotegravir licensing agreement with the Medicines Patent Pool<sup>2</sup> by adding at least the following countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, and Moldova. This request is based upon the discussions held during several meetings between ViiV Healthcare and the Eurasian Community for Access to Treatment (ECAT).

In 2022, the World Health Organization (WHO) issued specific guidelines for using injectable long-acting cabotegravir (CAB-LA) for HIV prevention, stressing that injectable CAB-LA has been shown to be highly effective at reducing the risk of HIV acquisition and recommending that CAB-LA may be offered as an additional HIV prevention option for people at substantial risk of HIV infection<sup>3</sup>.

The World Health Organization puts a specific focus on broadening the range of effective HIV prevention choices to ensure that 95% of people at risk of HIV acquisition have access to HIV prevention options by 2025. We strongly believe that the region of Eastern Europe and Central Asia (EECA) should not be left behind, especially considering the rising HIV

---

<sup>1</sup> ECAT unites access to treatment activists and experts in HIV, hepatitis and tuberculosis fields. The community was created by International Treatment Preparedness Coalition in Eastern Europe and Central Asia (ITPCru) in 2016. As of September 2023, unites over 50 members, representatives of the NGOs from Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Uzbekistan, and Ukraine

<sup>2</sup> <https://medicinespatentpool.org/licence-post/cabotegravir-long-acting-la-for-hiv-pre-exposure-prophylaxis-prep-2> , Appendix B, List of Countries Forming the Territory.

<sup>3</sup> Guidelines on Long-Acting Injectable Cabotegravir for HIV prevention. World Health Organisation, 2022. Available at: <https://www.who.int/publications-detail-redirect/9789240054097>.

epidemic, aggravated by the ongoing humanitarian crisis resulting from the war in Ukraine<sup>4</sup>.

The governments of EECA countries are gradually starting to implement pre-exposure prophylaxis programmes, Georgia, Kazakhstan, and Moldova being among them. In Kazakhstan, for instance, at least 2000 people are already receiving oral PrEP with the financial support of the government<sup>5</sup>. However, the current version of the CAB-LA agreement significantly limits the ability of countries to expand national PreP programmes and provide a wide range of effective and affordable PreP options to people living with HIV, given the patent barriers related to cabotegravir.

We believe that special measures for upper-middle income countries, such as the dolutegravir license covering Azerbaijan, Belarus, Kazakhstan, and Malaysia, have not proven to be the most effective solution to the access issue, as the implementation was associated with significant delays, controversy in the pricing policy across the countries, limited number of suppliers, and lack of transparency regarding the royalty rate<sup>6</sup>.

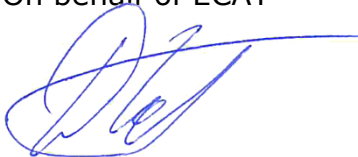
We have seen reluctance from other non-governmental organizations, such as MSF, to conclude agreements related to cabotegravir due to lack of transparency around the pricing policy<sup>7</sup>.

Thus, we specifically ask you not to develop any special agreements for middle-income countries and focus instead on expanding and improving the current CAB-LA license. For any future agreements, we also ask you not to rely solely on the World Bank classification when determining the geographic coverage.

We would like to thank ViiV Healthcare for continuing the dialogue to secure access to affordable up-to-date HIV treatment and prevention options for all in need, and we are looking forward to receiving a reply to this letter at your earliest convenience.

Sincerely,

On behalf of ECAT



Denis Godlevskiy  
Regional coordinator  
International Treatment Preparedness Coalition in EECA

<sup>4</sup> [https://www.unaids.org/en/resources/presscentre/featurestories/2022/october/20221027\\_eastern-europe-central-asia](https://www.unaids.org/en/resources/presscentre/featurestories/2022/october/20221027_eastern-europe-central-asia)

<sup>5</sup> <https://ecom.ngo/news-ecom/dkp-kazakhstan-uspehi>

<sup>6</sup> <https://itpc-eeca.org/2021/10/13/dolutegravir-dolgaya-doroga-v-azerbajdzhan-i-belarus/>

<sup>7</sup> <https://msfaccess.org/msf-refuses-sign-viivs-last-minute-nda-access-most-effective-hiv-prevention-drug-cab-la>