Drug Bust

Marked-down meds for Third World

October 1, 1998 By Gabi Horn

Baby-stepping toward “bridging the treatment gap” —the mantra at July’s 12th World AIDS Conference—several companies, including Glaxo Wellcome, Abbott Labs and Bristol-Myers Squibb, announced drug price cuts of up to 75 percent in the developing world, home to more than 90 percent of the world’s 30.6 million HIVers. As part of the hotly debated UNAIDS HIV Drug Access Initiative, discount drugs were shuttled south in June to Uganda and the Ivory Coast.

But Merck bailed from the price-slashing ship. “To bring sophisticated therapies—Crixivan specifically, which must be stored at low humidity—to countries where there may not be fresh water could engender drug resistance,” said spokesperson Jeff Sturchio. “That would be worse than doing nothing.”

The HIV Human Rights Project’s Eric Sawyer, who helped draft the initiative, doesn’t buy Merck’s message. “If inadequate medical infrastructure is the reason Merck isn’t participating, that’s baseless,” he said, pointing to the rigorous prerequisites participating countries must meet. “Crixivan is difficult to comply with,” Sawyer conceded, “but Merck underestimates the developing world and UNAIDS.” Angry ACT UPers defaced Merck’s booth at Geneva, stating it “has no right participating in a conference entitled ‘Bridging the Gap.’”

Slow down, cautioned Linda Meredith, a medical marketing consultant and activist. “Are developing nations really best served with triple-combination therapy? So often there’s little thought given to what’s needed. Instead, stakes get set in the ground and everyone scrambles to ante up.”

Even marked-down meds are out of most PWAs’ reach. For Ugandans, who typically earn $500 a month, Glaxo’s $200-a-month Combivir (at 60 percent off) is likely too pricey.

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