

Accelerating Access Initiative (AAI) - Fact Sheet

More than 827,700 people living with HIV in developing countries receiving antiretroviral (ARV) treatment with medicines provided by the AAI as of December 2006

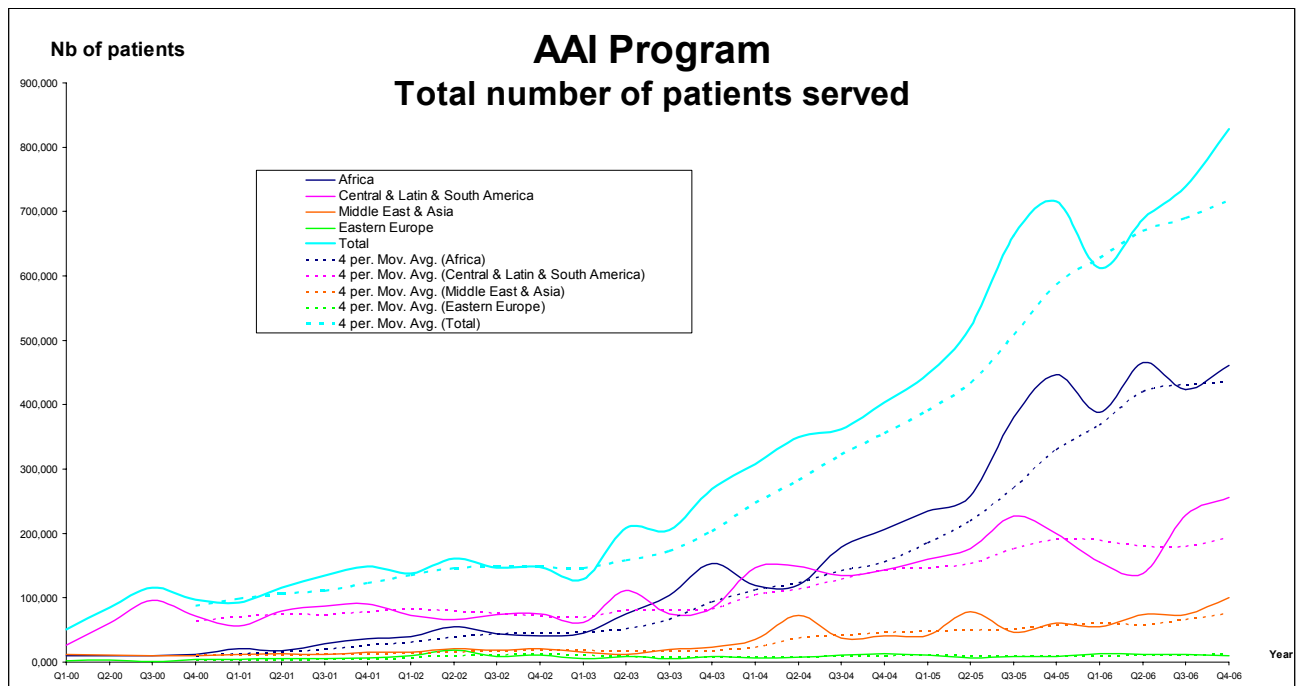
- Established in 2000, the Accelerating Access Initiative (AAI) involves seven research-based pharmaceutical companies; Abbott, Boehringer Ingelheim, Bristol-Myers Squibb, Gilead Sciences, GlaxoSmithKline, Roche, and Merck & Co., Inc, and five United Nations partners; UNAIDS, the World Health Organization, World Bank, UNICEF, and the United Nations Population Fund (UNFPA).
- The AAI combines pharmaceutical industry research knowledge with that of its partners to establish practical, long-term solutions that help to improve access to HIV healthcare in resource-limited countries.
- The AAI companies remain committed to dialogue with all external organisations sharing similar goals to help people living with HIV/AIDS in developing countries. AAI members are actively engaged with many groups focused on improving access to therapy.

Data on patients receiving treatment with ARV medicines provided by the AAI companies

- By the end of December 2006, more than 827,700 people living with HIV/AIDS in developing countries were receiving treatment with at least one ARV medicine provided by the AAI companies.
- In the past two years, the total number of patients in developing countries receiving treatment from the AAI companies has more than doubled, with an increase of 105% since December 2004.
- In Africa alone, over 461,000 patients are being treated with at least one ARV supplied by the AAI companies, an increase of 120% over 2 years. This increase results in a 47-fold increase in the number of people being treated with medicines supplied by the AAI companies in Africa since the establishment of the AAI in May 2000.
- The number of patients treated by at least one ARV supplied by the AAI, represent more than 40% of the total number of patients treated in the developing world, according to UN progress report which estimates that 2 millions people are receiving ARV in these

countries. The AAI represent 34% of those treated in Africa and more than 70% of those treated in Central and South America.

- These figures represent a unique set of data, as the AAI is the only organisation with 7 years history of estimate of treated patient number.
- The estimated number of people on treatment is based on actual quarterly drug supply data from the seven companies. The drug unit data were converted into patient-equivalent numbers by quarter, based on dosage and indications.¹ The data represent units supplied and actual sales, and the analysis is conducted independently.²
- Below is a graph of the growth in estimated number of patients treated since the AAI began.³



Notes to editors

1. The Accelerating Access Initiative (AAI) was launched in May 2000 and is based upon the principles set out in the attached Joint Statement of Intent. The AAI is a partnership of five United Nations organizations (UNAIDS Secretariat, WHO, UNICEF, UN Population Fund, and the World Bank) and seven research-based pharmaceutical companies (Abbott, Boehringer Ingelheim, Bristol-Myers Squibb, Gilead Sciences, GlaxoSmithKline, Roche, and Merck & Co., Inc.), designed to improve access to more affordable HIV-related medicines and diagnostics for developing countries and those hardest hit by the epidemic, in the context of a broader framework of care, treatment and support. All of the members of AAI subscribe to the principles in the Joint Statement of Intent. The AAI has been a country-led process, responding to the priorities and needs identified at the national level.
2. The figures announced today are an estimate of the number of patients who have been treated with antiretrovirals supplied by the seven companies in the countries of the regions mentioned. The summary data are attached, together with a graph of the growth in estimated number of patients treated since the AAI began. (This figure shows both the actual numbers as reported (dotted lines) and 4-quarter moving averages (solid lines). The moving averages provide a clearer view of the long-term trends in patient numbers, since they smooth the quarter-by-quarter variations that can occur due to tenders or other unusual buying patterns.)
3. The estimated number of people on treatment was based on actual quarterly drug supply data from the seven companies, provided on a confidential basis, for independent analysis, by each individual company to Axios International, a third party with experience in the area of HIV/AIDS care in the developing world. The drug unit data were converted into patient-equivalent numbers by quarter, based on dosage and indications. The estimated patient numbers are a conservative estimate of the number of people actually treated with antiretrovirals in developing countries, since they do not take into account such factors as patient adherence to therapy, the number of children treated, use of other drugs, and drug wastage.
4. The fact that this analysis was based on drug units supplied and converted into estimated patient numbers offers a number of advantages and limitations compared to formal country surveys. The data are collected precisely and consistently as they represent units supplied and actual sales. The analysis is therefore underpinned by reliable data. The calculated number of patients represents only an estimate of the number of patients treated by antiretrovirals supplied by the seven companies in the Accelerating Access Initiative. The figures announced today do not represent an estimate of the *total* number of patients treated in these countries, as they do not take into account the patients treated with antiretrovirals supplied by other companies. Thus, due to the factors noted above, the actual number of patients treated is likely to be higher than the reported figure of 827,773.⁴

¹ The estimated patient numbers are a conservative estimate of the number of people actually treated with antiretrovirals in developing countries, since they do not take into account such factors as patient adherence to therapy, the number of children treated, use of other drugs, and drug wastage. For further information, please see: Accelerating Access Initiative: Widening access to care and support for people living with HIV/AIDS. Progress report June 2002.

² The calculated number of patients represents only an estimate of the number of patients treated by ARVs supplied by the AAI companies. The figures do not represent an estimate of the *total* number of patients treated in these countries, as they do not take into account the patients treated with antiretrovirals supplied by other companies.

³ This figure shows both the actual numbers as reported (dotted lines) and 4-quarter moving averages (solid lines). The moving averages provide a clearer view of the long-term trends in patient numbers, since they smooth the quarter-by-quarter variations that can occur due to tenders or other unusual buying patterns.

⁴ A further explanation of the possible limitations of the data and a fuller analysis of the reasons for thinking that the patient estimates are a lower bound are found in Annex 3 of the report cited in footnote 1. Given that most of the limitations imply that the actual number of patients is higher than the number calculated in this analysis, it is safe to consider that the numbers provided in this analysis constitute a very conservative estimate of the number of patients actually treated with antiretrovirals supplied by the seven companies in the Accelerating Access Initiative. A 20-50% increase in the calculated number would likely be closer to the real figure.