

Accelerating Access Initiative (AAI) - Fact Sheet

Estimated number of people living with HIV in developing countries receiving antiretroviral (ARV) treatment with medicines provided by the AAI as of December 31, 2005

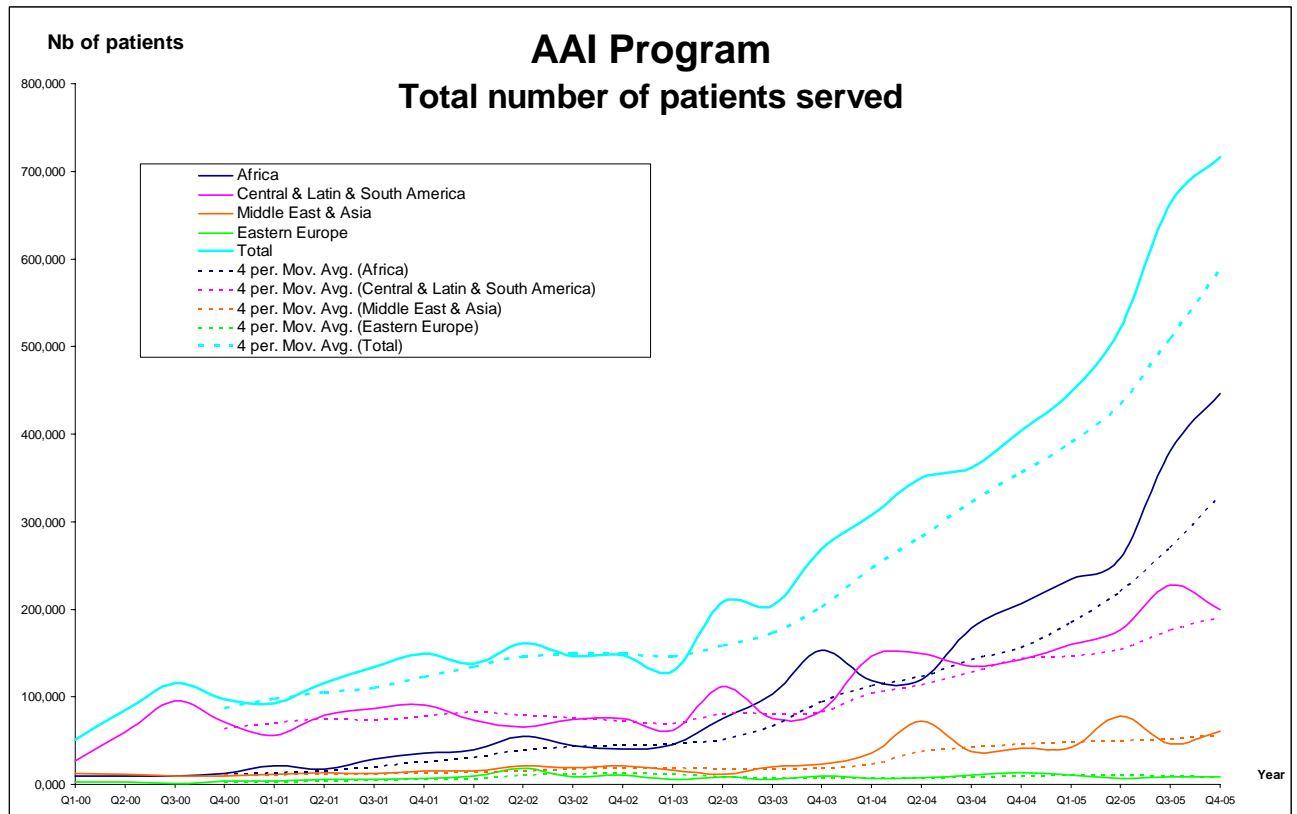
- Established in 2000, the Accelerating Access Initiative (AAI) involves seven research-based pharmaceutical companies; Abbott, Boehringer-Ingelheim, Bristol-Myers Squibb, Gilead Sciences, GlaxoSmithKline, Roche, and Merck & Co., Inc, and five United Nations partners; UNAIDS, the World Health Organization, 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-poor countries
- The AAI companies remain committed to dialogue with all external organisations sharing similar goals to help people living with HIV/AIDS in the poorest countries. AAI members are actively engaged with many groups focused towards making meaningful and practical differences on the ground

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

- By the end of December 2005, more than 716,000 people living with HIV/AIDS in developing countries were receiving treatment with at least one ARV medicine provided by the AAI companies.
- The total number of patients receiving treatment from the AAI companies increased by 77 percent from the previous year, with over 403, 000 people treated with ARVs supplied by the AAI companies during that time.
- In Africa alone, over 446,000 patients are being treated with medicines supplied by the AAI companies. This increase of more than 116 percent from the previous year results in a 45-fold increase in the number of people being treated with ARV supplied by the AAI companies in Africa since the establishment of the AAI in May 2000.
- 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 are therefore collected precisely and consistently as they represent units supplied and actual sales, and the analysis is underpinned by reliable data.²

- Below is a graph of the growth in estimated number of patients treated since the AAI began.³



Non adjusted results	Total number of patients																							
Regions	Q1-00	Q2-00	Q3-00	Q4-00	Q1-01	Q2-01	Q3-01	Q4-01	Q1-02	Q2-02	Q3-02	Q4-02	Q1-03	Q2-03	Q3-03	Q4-03	Q1-04	Q2-04	Q3-04	Q4-04	Q1-05	Q2-05	Q3-05	Q4-05
Africa	9,393	9,737	9,574	12,092	21,203	17,373	29,047	36,102	39,510	55,202	44,155	40,662	45,547	75,145	103,499	152,828	118,697	119,971	179,381	206,419	234,398	258,253	380,955	446,584
Central & Latin & South America	26,624	60,156	95,527	71,440	55,757	79,207	87,178	90,811	72,838	65,944	74,235	74,954	61,379	111,843	75,522	83,427	146,535	149,432	135,016	142,889	160,475	176,744	227,265	199,652
Middle East & Asia	12,222	11,248	9,551	10,016	11,701	13,372	12,201	15,271	15,118	20,952	18,917	21,252	15,957	11,994	20,151	23,301	35,641	72,599	37,213	40,975	42,164	78,546	45,906	61,031
Eastern Europe	2,512	3,256	1,422	3,927	3,902	5,379	5,824	6,787	10,025	18,751	8,920	11,000	5,822	8,934	5,607	9,193	6,473	8,115	10,944	13,132	10,724	7,067	8,708	8,901
Total	50,750	84,396	116,074	97,473	92,563	115,331	134,249	148,971	137,491	160,848	146,226	147,867	128,705	207,915	204,779	268,748	307,346	350,117	361,554	403,415	447,781	520,610	662,834	716,168

4 quarters moving average results	Total number of patients																							
Regions	Q1-00	Q2-00	Q3-00	Q4-00	Q1-01	Q2-01	Q3-01	Q4-01	Q1-02	Q2-02	Q3-02	Q4-02	Q1-03	Q2-03	Q3-03	Q4-03	Q1-04	Q2-04	Q3-04	Q4-04	Q1-05	Q2-05	Q3-05	Q4-05
Africa				10,199	13,152	15,060	19,929	25,931	30,508	39,965	43,742	44,882	46,391	51,377	66,213	94,255	112,542	123,749	142,469	155,867	184,792	219,363	270,006	330,048
Central & Latin & South America				63,437	70,720	75,483	73,395	78,238	82,508	79,193	75,957	71,993	69,128	80,603	80,925	83,043	104,332	113,729	128,602	143,468	146,953	153,781	176,843	191,034
Middle East & Asia				10,759	10,629	11,160	11,822	13,136	13,990	15,885	17,564	19,059	19,269	17,030	17,338	17,851	22,772	37,923	42,188	46,607	48,238	49,725	51,898	56,912
Eastern Europe				2,779	3,126	3,657	4,758	5,473	7,004	10,347	11,121	12,174	11,123	8,669	7,840	7,389	7,551	7,347	8,681	9,666	10,729	10,467	9,908	8,850
Total				87,173	97,627	105,360	109,904	122,779	134,011	145,390	148,384	148,108	145,912	157,678	172,317	202,537	247,197	282,747	321,941	355,608	390,712	433,335	508,655	586,843

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. Coverage includes countries that are most affected by the HIV/AIDS epidemic and the regions in which efforts by the AAI have been concentrated.⁴ 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 716,168.⁵

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.

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 For further details on the methodology employed, see Annex 3 (pp. 23-27) of *Accelerating Access Initiative: Widening Access to Care and Support for People Living with HIV/AIDS, Progress Report, June 2002* (Geneva, Switzerland: World Health Organization, July 2002).

⁵ 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.