

## **A SUMMARY REPORT FROM THE GLOBAL PRICE REPORTING MECHANISM ON ANTIRETROVIRAL DRUGS, October 2007**

### **Quarterly report comparing transaction prices paid in the last 6 months for antiretroviral drugs by low- and middle-income countries to the ones paid in previous years**

The Global Price Reporting Mechanism (GPRM) on Antiretroviral Drugs (ARV) contains information on transaction prices and quantities of antiretroviral drugs purchased by HIV/AIDS programmes in low-income countries<sup>1</sup> (countries with a gross national income (GNI) per capita of US\$ 905 or less, according to the World Bank Atlas calculation method)<sup>2</sup> and middle-income countries<sup>1,2</sup> (countries with a GNI per capita between US\$ 906 and US\$ 11,115). It complements reports of price quotes from pharmaceutical companies<sup>3,4,5</sup>, as well as smaller sets of transaction prices published by other sources<sup>6,7,8</sup>.

The transaction data in the Global Price Reporting Mechanism are provided by the Clinton Foundation HIV/AIDS Initiative (CHAI)/UNITAID (transactions up to September 2007), the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) (transactions up to September 2007), the International Dispensary Association (transactions up to October 2007), John Snow Inc./Deliver (transactions up to September 2007), Management Sciences for Health (transactions up to September 2007), Missionpharma (transactions up to October 2007), Partnership for Supply Chain Management (PfSCM) (transaction up to September 2007), the United Nations Children's Fund (UNICEF) (transactions up to April 2007), the World Health Organization Contracting and Procurement Service (WHO\_CPS) (transactions up to December 2006), and WHO staff working in countries. Transactions data received up to 25th October 2007 were included in this report. These data have been compiled and stored in a searchable database by the WHO AIDS Medicines & Diagnostics Service (AMDS) in the Department of HIV/AIDS and are available at <http://www.who.int/hiv/amds/price/hdd/>.

This summary report contains price information on transactions of thirty-four (34) commonly used adult ART formulations and eighteen (18) commonly used paediatric ART formulations, recommended by WHO for use in first- and second- line antiretroviral treatment<sup>9,10,11</sup>. Please note that the GPRM database contains data on the less frequently used formulations of ART, on HIV diagnostics, HIV prevention, data on anti-malaria drugs, malaria prevention, anti-tuberculosis drugs, tuberculosis diagnostics, as well as more detailed information on specific transactions featured in the report.

In this comparative analysis the median price is used (half of the transactions having a price lower than the median price and half of the transactions having a price higher than the median price). The range between the 25<sup>th</sup> and 75<sup>th</sup> percentiles called the inter-quartile range (IQR), is expressed in brackets in the tables (the IQR, also called the midspread, middle fifty and middle of the numbers, is a measure of statistical dispersion, being equal to the difference between the third and first quartiles). The combination of the median value and the inter-quartile range instead of the mean  $\pm$  standard deviation was selected for this analysis in view of the asymmetrically distributed nature of the data.

For the interpretation and use of the data shown here it is important to note that:

- 1) All prices are shown in US dollars (US\$) per patient per year of a defined daily dose of each drug for adults or infants.
- 2) That, as taxes, tariffs, and/or International Commercial Terms (Incoterms) were not consistently reported, these were not considered in the analysis. Previous investigations by the U.S. Government Accounting Office<sup>5</sup> and Management Sciences for Health suggest that any variation in Incoterms (reflecting transport, insurance, etc.) constitutes a 3-15% increase over the factory or ex works (EXW) price<sup>8</sup>.
- 3) All transactions listed with a price of US\$ 0 or appearing as duplications in the GPRM are considered to be either ARV donations or wrongly filed information and, as such, were removed from the report, along with their corresponding purchase volumes.
- 4) The report provides detailed information on international transactions of antiretroviral drugs, and not the price consumers paid for these medicines. The latter are often higher (because of tariffs, taxes, transportation, and mark-ups) or lower (because of subsidies). More information on end-user prices can be found on the Health Action International website at <http://www.haiweb.org/medicineprices/><sup>12</sup>

### Table of abbreviations

<b>International Non-proprietary Name</b>	<b>Abbreviations</b>
abacavir	ABC
atazanavir	ATV
didanosine	ddI
efavirenz	EFV
fos-amprenavir	FPV
indinavir	IDV
lamivudine	3TC
lopinavir/ritonavir	LPV/r
nelfinavir	NFV
nevirapine	NVP
ritonavir	RTV
saquinavir	SQV
stavudine	d4T
stavudine/lamivudine	d4T/3TC
stavudine/lamivudine/nevirapine	d4T/3TC/NVP
tenofovir	TDF
tenofovir/emtricitabine	TDF/FTC
zidovudine	ZDV
zidovudine/lamivudine	ZDV/3TC
zidovudine/lamivudine/nevirapine	ZDV/3TC/NVP

**Table 1a:** Median transaction price (in US\$ for 1 year's treatment at a WHO recommended usual adult defined daily dose (DDD)) of **first-line** antiretroviral drugs bought by **low-income countries** for adult use

INN (strengths)	Median transaction price (25th -75th Quartile range) in US\$				
	DDD Tablets or capsules	Median Price 2004	Median Price 2005	Median Price 2006	Median Price Jan - October 2007
d4T 30 mg	2	49 (49-49)	49 (39-49)	36 (35-38)	22 (21-22)
d4T 40 mg	2	55 (54-55)	52 (42-55)	39 (35-48)	23 (23-25)
3TC 150 mg	2	70 (69-73)	69 (62-79)	59 (53-60)	40 (40-41)
NVP 200 mg	2	88 (66-438)	86 (69-438)	62 (62-65)	44 (44-44)
d4T/3TC 30/150 mg	2	89 (77-109)	86 (81-97)	75 (75-75)	47 (44-55)
d4T/3TC 40/150 mg	2	107 (89-107)	94 (87-98)	73 (73-73)	51 (51-51)
d4T/3TC/NVP 30/150/200 mg	2	152 (121-165)	153 (140-180)	100 (100-109)	92 (78-93)
d4T/3TC/NVP 40/150/200 mg	2	158 (125-169)	159 (152-189)	105 (105-107)	81 (81-89)
ZDV 300 mg	2	144 (132-212)	139 (128-171)	135 (128-165)	104 (100-110)
ZDV/3TC 300/150 mg	2	222 (195-237)	211 (186-238)	140 ((130-176)	114 (113-128)
ZDV/3TC/NVP 300/150/200 mg	2	231(231-231)	156 (155-297)	253 (207-309)	212 (179-248)
EFV 200 mg	3	507 (402-544)	507 (476-509)	274 (230-394)	206 (203-270)
EFV 600 mg	1	347 (347-347)	347 (347-353)	245 (244-253)	155 (151-198)

**Table 1b:** Median transaction price (in US\$ for 1 year's treatment at a WHO recommended usual adult defined daily dose (DDD)) of **first-line** antiretroviral drugs bought by **middle-income countries** for adult use

INN (strengths)	Median transaction price (25th -75th Quartile range) in US\$				
	DDD Tablets or capsules	Median Price 2004	Median Price 2005	Median Price 2006	Median Price Jan -October 2007
d4T 30 mg	2	40 (33-90)	45 (39-66)	36 (32-72)	34 (31-61)
d4T 40 mg	2	45 (44-56)	51 (44-59)	41 (34-73)	38 (30-65)
3TC 150 mg	2	70 (69-79)	76 (67-117)	64 (53-79)	54 (42-78)
NVP 200 mg	2	103 (80-123)	97 (81-438)	65 (59-132)	53 (49-67)
d4T/3TC 30/150 mg	2	90 (88-91)	96 (88-104)	81 (63-110)	86 (66-110)
d4T/3TC 40/150 mg	2	91 (91-91)	95 (91-95)	85 (80-108)	109 (109-109)
d4T/3TC/NVP 30/150/200 mg	2	155 (154-155)	206 (171-216)	155 (132-169)	99 (92-113)
d4T/3TC/NVP 40/150/200 mg	2	163 (160-165)	212 (179-265)	164 (146-173)	103 (94-173)
ZDV 300 mg	2	145 (141-212)	157 (148-226)	136 (122-228)	114 (100-135)
ZDV/3TC 300/150 mg	2	238 (197-254)	213 (190-248)	176 (156-221)	189 (126-271)
ZDV/3TC/NVP 300/150/200 mg	2	303 (301-304)	366 (286-433)	277 (275-329)	335 (221-417)
EFV 200 mg	3	471 (469-529)	538 (480-588)	377 (306-487)	449 (231-584)
EFV 600 mg	1	376 (347-427)	406 (373-547)	304 (273-367)	237 (183-366)

**Table 2a:** Median transaction price (in US\$ for 1 year's treatment at a WHO recommended usual adult defined daily dose (DDD)), of **second-line** antiretroviral drugs bought by **low-income countries** for adult use

INN (strengths)	Median transaction price (25th -75th Quartile range) in US\$				
	DDD Tablets or capsules	Median Price 2004	Median Price 2005	Median Price 2006	Median Price Jan - October 2007
ABC 300 mg	2	887 (887-887)	887 (887-887)	549 (540-887)	421 (356-436)
ddI 200 mg	2	311 (311-357)	311 (311-313)	249 (228-310)	246 (228-310)
ddI 400 mg	1	253 (222-254)	288 (288-288)	288 (277-292)	288 (288-288)
IDV 400 mg*	4	406 (406-439)	406 (402-406)	429 (404-435)	406 (400-406)
LPV/r 133/33 mg	6	566 (536-594)	548 (500-967)	586 (521-608)	591 (591-920)
LPV/r 200/50 mg	4	-	-	500 (500-512)	496 (496-496)
NFV 250 mg	10	990 (986-1123)	1012 (939-1112)	1013 (910-1083)	1065 (928-1079)
RTV 100 mg**	2	238 (90-583)	85 (84-95)	112 (83-135)	83 (83-105)
SQV 200 mg*	10	1028 (988-1069)	943 (934-994)	1048 (1018-1086)	1064 (1054-1095)
TDF 300mg	1	308 (305-313)	301(299-308)	220 (207-234)	208 (201-230)
TDF/FTC 300/200mg	1	-	362 (362-362)	318 (318-319)	321 (321-321)

\* Protease inhibitor to be used boosted with ritonavir

\*\* The dose of ritonavir is given for its use as booster of other protease inhibitors only

**Table 2b:** Median transaction price (in US\$ for 1 year's treatment at a WHO recommended usual adult defined daily dose (DDD)), of **second-line** antiretroviral drugs bought by **middle-income countries** for adult use

INN (strengths)	Median transaction price (25th -75th Quartile range) in US\$				
	DDD Tablets or capsules	Median Price 2004	Median Price 2005	Median Price 2006	Median Price Jan - October 2007
ABC 300 mg	2	901 (887-937)	957 (887-968)	909 (602-965)	385 (356-575)
ddI 200 mg	2	235 (233-235)	182 (176-272)	176 (176-343)	251 (251-251)
ddI 400 mg	1	1941 (1350-1942)	1271 (767-1811)	988 (507-1883)	507 (292-1810)
IDV 400 mg*	4	401 (392-518)	518 (406-696)	695 (406-698)	696 (513-740)
LPV/r 133/33 mg	6	4510 (3899-4687)	3975 (572-4986)	2445 (1501-4441)	1134 (1000-2373)
LPV/r 200/50 mg	4	-	-	1189 (876-1489)	496 (496-1212)
NFV 250 mg	10	1894 (1620-3466)	1599 (1466-2264)	2113 (1345-2295)	1424 (1059-2263)
RTV 100 mg**	2	797 (759-923)	96 (88-265)	350 (80-883)	125 (89-887)
SQV 200 mg*	10	2376 (2373-2379)	2526 (2015-2570)	2263 (2127-4001)	2743 (2307-2788)
TDF 300mg	1	279 (253-306)	299 (234-321)	344 (207-1278)	219 (187-226)
TDF/FTC 300/200mg	1	-	-	324 (320-360)	357 (340-439)
ATV 150mg*	2	-	3752 (3727-3778)	2208 (2208-2208)	2212 (2212-2212)
ATV 200mg*	2	-	-	2300 (2300-3157)	4010 (4010-4010)

\* Protease inhibitors to be used boosted with ritonavir

\*\* The dose of ritonavir is given for its use as booster of other protease inhibitors only

**Table 3a:** Median transaction price (in US\$ for 1 year's treatment at a WHO recommended usual paediatric defined daily dose (DDD)), of antiretroviral drugs bought by **low-income countries** for paediatric use (**infant weighing 5 kg**)<sup>1</sup>

INN (strengths)	Median transaction price (25th -75th Quartile range) in US\$				
	DDD Tablets, capsules or milliliters	Median Price 2004	Median Price 2005	Median Price 2006	Median Price Jan - October 2007
ABC 20 mg/ml	4	191 (191-191)	191 (191-196)	153 (152-191)	128 (110-131)
ddI 10mg/ml	8	502 (343-502)	313 (312-365)	350 (321-482)	306 (276-311)
ddI 25 mg	4	170 (170-180)	170 (170-170)	170 (170-170)	170 (170-183)
EFV 30 mg/ml	3.25	120 (119-120)	118 (112-122)	107 (107-112)	119 (119-119)
3TC 10 mg/ml	6	61 (44-61)	48 (44-61)	46 (37-49)	22 (22-44)
LPV/r 80/20 mg/ml	2	139 (107-237)	111 (100-182)	111 (100-113)	200 (147-200)
NFV 40mg/ml	18.75	1624 (1510-1693)	1576 (1444-1606)	1551 (1545-1600)	998 (990-1466)
NFV 250 mg	4	396 (385-425)	402 (371-423)	408 (396-441)	646 (638-665)
NVP 10 mg/ml	12	319 (319-322)	319 (319-347)	138 (113-319)	85 (85-85)
d4T 1 mg/ml	12	219 (197-219)	33 (33-208)	33 (33-33)	34 (32-35)
ZDV 10 mg/ml	12	155 (67-156)	78 (66-155)	74 (66-116)	64 (39-72)

<sup>1</sup> For the purpose of this analysis, the transaction price for one year ART is estimated for 5 kg infant, however it is important to note that as the infant/child grows, actual ARV required will increase.

**Table 3b:** Median transaction price (in US\$ for 1 year's treatment at a WHO recommended usual paediatric defined daily dose (DDD)), of antiretroviral drugs bought by **middle-income countries** for paediatric use (**infant weighing 5 kg**)

INN (strengths)	Median transaction price (25th -75th Quartile range) in US\$				
	DDD Tablets, capsules or milliliters	Median Price 2004	Median Price 2005	Median Price 2006	Median Price Jan - October 2007
ABC 20 mg/ml	4	204 (191-217)	205 (191-206)	184 (166-198)	146 (113-157)
ddI 10mg/ml	8	307 (124-468)	350 (309-940)	559 (249-743)	934 (431-978)
ddI 25 mg	4	170 (170-170)	260 (259-268)	215 (196-221)	234 (197-336)
EFV 30 mg/ml	3.25	255 (255-255)	222 (205-237)	1111 (111-111)	119 (119-119)
3TC 10 mg/ml	6	61 (47-66)	52 (42-70)	44 (44-66)	44 (22-60)
LPV/r 80/20 mg/ml	2	1186 (906-1186)	125 (113-505)	553 (471-782)	176 (146-482)
NFV 40mg/ml	18.75	2250 (1781-2250)	1684 (1465-1930)	1758 (1744-1836)	1403 (821-1779)
NFV 250 mg	4	757 (648-1386)	639 (574-905)	375 (372-392)	667 (318-911)
NVP 10 mg/ml	12	131 (131-482)	308 (139-410)	147 (114-374)	88 (44-131)
d4T 1 mg/ml	12	281 (262-428)	291 (167-537)	192 (38-526)	44 (44-526)
ZDV 10 mg/ml	12	131 (92-166)	107 (73-167)	101 (71-173)	57 (39-78)

**Table 4a:** Median transaction price (in US\$ for 1 year's treatment at a WHO recommended usual paediatric defined daily dose (DDD)), of antiretroviral drugs bought by **low income-countries** for paediatric use (**infant weighing 10 kg**)<sup>2</sup>

INN (strengths)	Median transaction price (25th -75th Quartile range) in US\$				
	DDD Tablets, capsules or milliliters	Median Price 2004	Median Price 2005	Median Price 2006	Median Price Jan -October 2007
ABC 20 mg/ml	10	477 (476-477)	191 (191-196)	382 (380-476)	327 (293-327)
ddI 25 mg	5	213 (213-225)	213 (213-213)	213 (212-213)	219 (219-219)
ddI 10mg/ml	12	753 (514-753)	469 (467-547)	467 (467-527)	460 (460-474)
ddI 125 mg EC	1	-	119 (107-130)	86 (86-86)	-
EFV 200 mg	1	168 (168-183)	168 (157-168)	91 (77-131)	69 (68-89)
3TC 10 mg/ml	10	102 (73-102)	80 (73-102)	77 (62-82)	37 (27-56)
LPV/r 80/20 mg/ml	4	278 (214-474)	221 (200-363)	223 (200-225)	200 (147-200)
NFV 250 mg	6	591 (575-630)	613 (548-635)	613 (591-657)	529 (456-548)
NVP 10 mg/ml	20	532 (532-537)	532 (532-578)	219 (219-511)	146 (146-146)
NVP 200 mg	1	44 (33-219)	44 (33-219)	29 (29-33)	22 (22-22)
d4T 15 mg	2	73 (58-102)	58 (58-73)	58 (58-58)	29 (22-29)
ZDV 10 mg/ml	20	259 (112-259)	146 (146-292)	146 (146-219)	146 (73-146)
ZDV 100 mg	2	117 (117-117)	61 (54-115)	73 (58-117)	44 (44-44)
d4T/3TC/NVP 6/30/50 mg	4				58 (58-58)
d4T/3TC/NVP 10/40/70 mg	2				66 (66-66)
d4T/3TC/NVP 12/50/100 mg	2				51 (51-51)

<sup>2</sup> For the purpose of this analysis, the transaction price for one year ART is estimated for 10kg infant, however it is important to note that as the infant/child grows, actual ARV required will increase with the possibility of a switch to solid formulations.

**Table 4b:** Median transaction price (in US\$ for 1 year's treatment at a WHO recommended usual paediatric defined daily dose (DDD)), of antiretroviral drugs bought by **low income-countries** for paediatric use (**infant weighing 10 kg**)<sup>2</sup>

INN (strengths)	Median transaction price (25th -75th Quartile range) in US\$				
	DDD Tablets, capsules or milliliters	Median Price 2004	Median Price 2005	Median Price 2006	Median Price Jan -October 2007
ABC 20 mg/ml	10	510 (476-543)	512 (476-514)	461 (416-494)	365 (283-392)
ddI 25 mg	5	213 (213-213)	325 (324-335)	268 (246-276)	375 (325-424)
ddI 10mg/ml	12	460 (186-703)	526 (463-1411)	838 (374-1114)	54 (54-54)
ddI 125 mg EC	1	95 (95-97)	104 (103-106)	730 (730-730)	99 (96-101)
EFV 200 mg	1	156 (156-176)	179 (160-198)	130 (102-166)	151 (77-196)
3TC 10 mg/ml	10	102 (78-109)	87 (71-117)	73 (55-118)	73 (37-100)
LPV/r 80/20 mg/ml	4	2373 (1813-2373)	251 (227-1011)	1107 (942-1563)	351 (291-965)
NFV 250 mg	6	1136 (972-2079)	959 (879-1358)	1251 (802-1319)	1003 (478-1366)
NVP 10 mg/ml	20	226 (191-808)	514 (231-684)	219 (219-584)	146 (73-219)
NVP 200 mg	1	49 (38-60)	44 (38-60)	31 (29-68)	51 (48-106)
d4T 15 mg	2	60 (60-60)	922 (702-925)	32 (31-34)	22 (22-29)
ZDV 10 mg/ml	20	219 (154-277)	146 (146-292)	146 (146-292)	73 (73-146)
ZDV 100 mg	2	84 (78-121)	115 (72-131)	65 (53-114)	44 (37-71)

## Discussion

The value of the procurement transactions included in the Global Price Reporting Mechanism for antiretroviral medicines at the time data collection for this summary report was closed is **US\$ 1,018,991,267**, in 15,495 procurement transactions, included in the database since January 2004. This represents approximately 44% of the volume of ARVs in transactions with low- and middle-income countries (using total number of patient years on treatment estimated by UNAIDS/WHO<sup>13</sup> as the denominator for this estimate).

As in previous reports, the median price for first-line regimens continues to decrease, in both low- and middle-income countries, and the price for first-line treatment paid by middle-income countries is seen to come close to that paid by low-income countries. The median price per patient per year of the most commonly prescribed fixed dose combination in first-line regimen (stavudine 30 mg + lamivudine 150 mg + nevirapine 200 mg) has dropped below US\$ 100 in low- and middle-income countries with a median price of US\$ 92 and US\$ 99 respectively (See graphs below).

Second-line treatment is still significantly more expensive than the first-line treatment in both low- and middle-income countries, disproportionately so in the latter. Prices of second-line treatment have been very stable. The limited decrease observed in both low- and middle-income countries seen in recent months is mostly due to the new price of lopinavir/ritonavir announced by Abbott Laboratories for those countries<sup>14</sup>. In the transactions reported to the GPRM this year, the median price of the heat stable LPV/r was less than US\$ 500 for low and middle income countries. And, while the quantities of second line drugs in this report is higher than in previous editions, the economies of scale that might have been generated by increasing sales have as yet not resulted in price reduction for most of the second-line ARVs. In 2007, the median price of a regimen consisting of didanosine + abacavir + lopinavir/ritonavir (the most commonly used WHO recommended second-line regimen)<sup>15</sup> was US\$ 1,205 in low-income countries and US\$ 1,388 in middle-income countries. The aggregate median price for tenofovir + lamivudine + lopinavir/ritonavir, another WHO preferred treatment regimen, was US\$ 744 per person per year in low-income countries, and US\$ 771 per person per year in middle-income countries. However, the price of second-line regimens varied significantly from one country to the other (see graphs below).

## Paediatric formulations

The median transaction price paediatric ARV drugs decreased. However, unlike that of solid formulations, that of liquid formulations of first-line ARV regimens remained high relative to the cost of the active pharmaceutical ingredients (API). The introduction of solid low dose fixed dose combinations (FDC) ARVs has enabled a rapid decrease in the cost of treating children. However, as very young children (body weight of less than 10 kg) can only use liquid formulations, it is now more expensive to treat them than older children or adults.

The median treatment cost per patient per year of the most widely prescribed first-line regimen of zidovudine 10 mg/ml + lamivudine 10 mg/ml + nevirapine 10 mg/ml for a five (5) kilogram infant

in low-income countries has dropped from US\$ 536 in 2004 to US\$ 174 in 2007 and from US\$ 324 to US\$ 235 in middle-income countries.

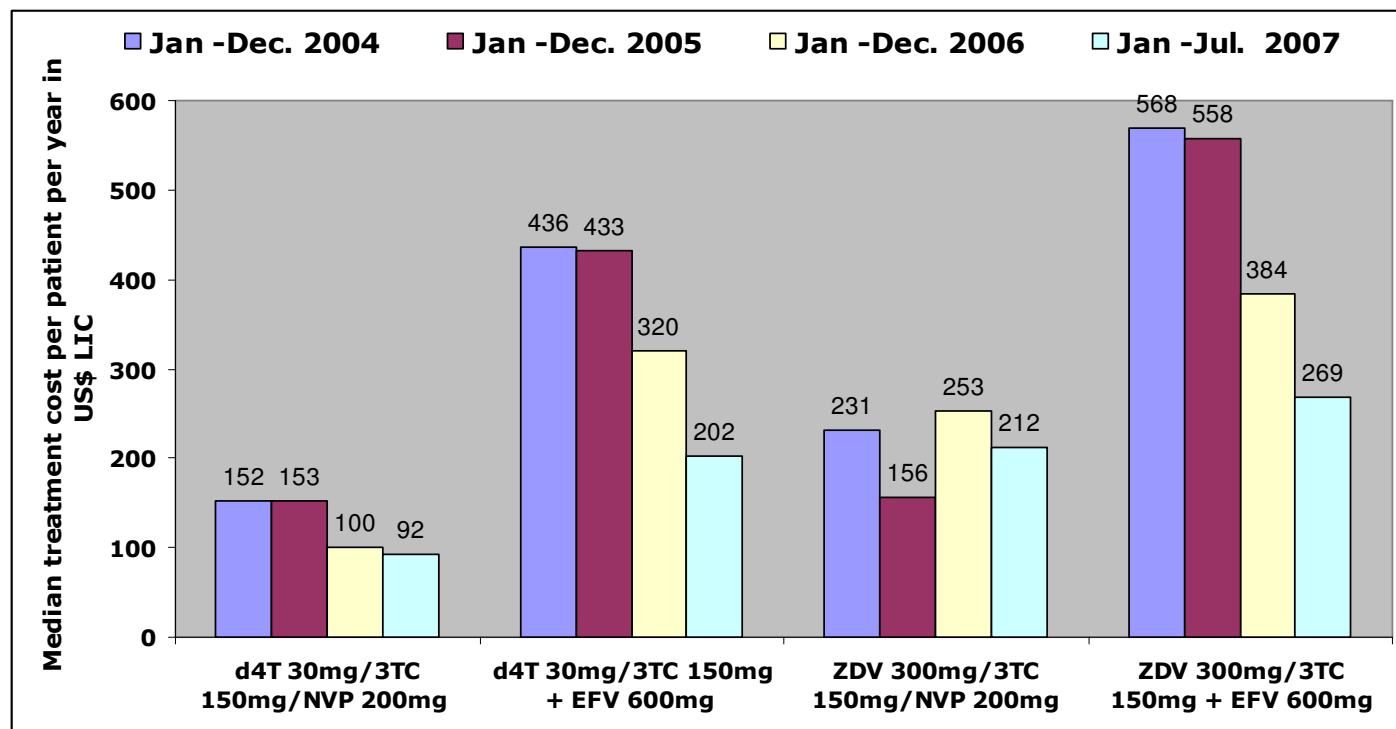
Paediatric second-line treatment is still significantly more expensive than first-line treatment in both low- and middle-income countries, and did not decrease during the reporting period. In 2007, the aggregate median price of a regimen consisting of didanosine 25mg + abacavir 20mg/ml + lopinavir/ritonavir 80/20 mg/ml, recommended by WHO as a preferred regimen<sup>16</sup>, was US\$ 501 for a five (5) kilogram infant in low-income countries and US\$ 793 in middle-income countries. Another combination - didanosine 25mg + zidovudine 10mg/ml + lopinavir/ritonavir 80/20 mg/ml - cost an aggregate median price of US\$ 437 per person per year in low-income countries, and US\$ 701 per person per year in middle-income countries.

## Conclusion

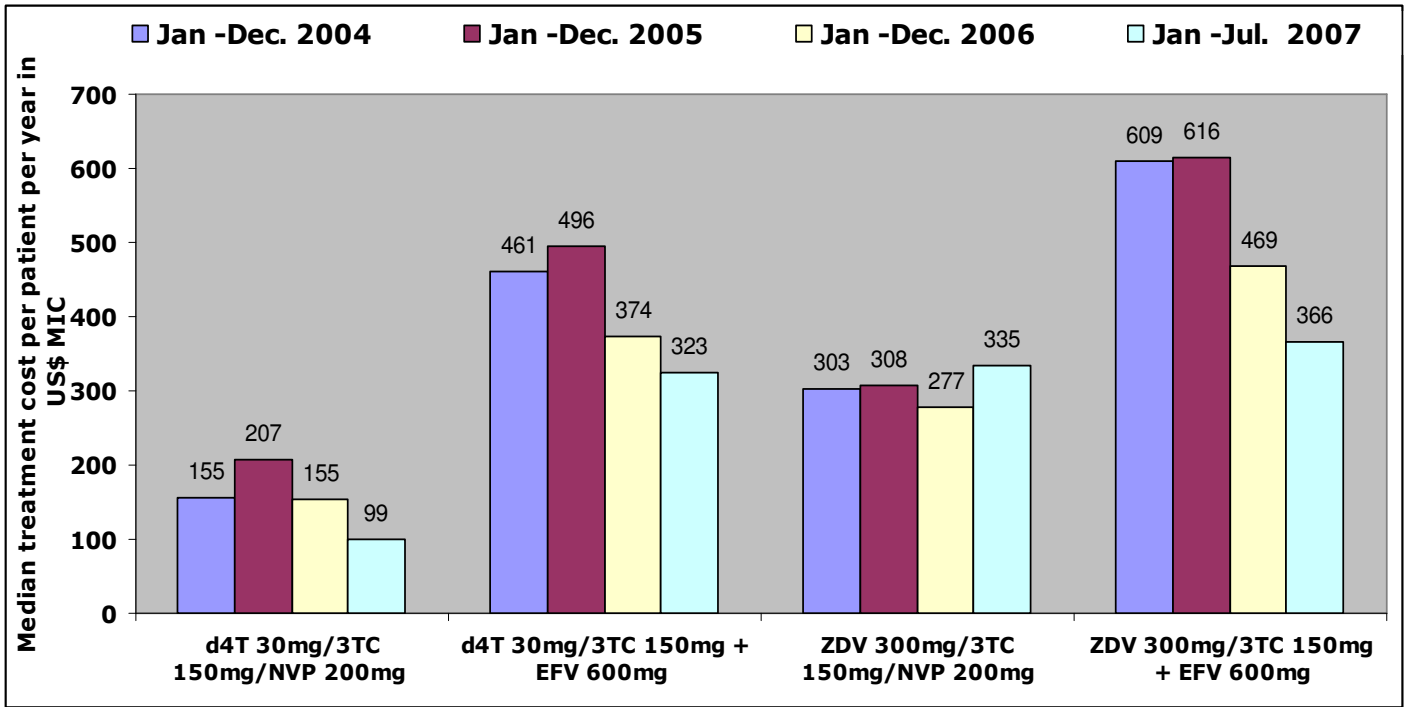
The downward trend in the price of first line ARV drugs, seen since the GPRM started collecting information on ARV procurement in 2004, is seen to continue in the present report, which includes data up to October 2007. However, the price of second-line regimens remains higher than that of first line regimens. This is especially true with regard to protease inhibitors in low-income countries, where prices remained stable since 2004.

One of the many challenges in scaling-up access to ARV drugs towards universal access is the need to cover the cost of second-line drugs, as greater number of patients become eligible for second-line treatment. Unless their price decreases, national programmes will need to raise more funds to sustain their treatment programme requirements.

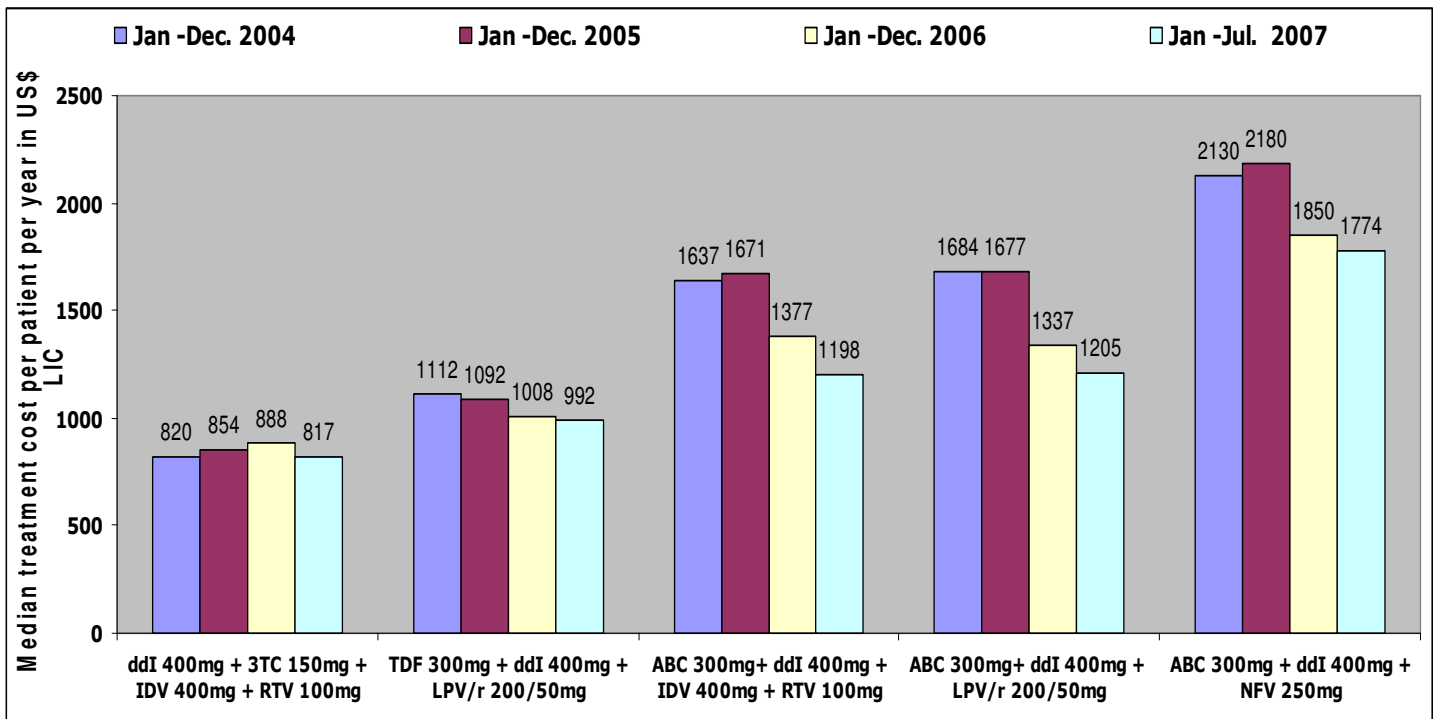
**Fig. 1a:** Price trend for the most commonly used **first-line regimens in low-income countries (LIC)** for adult patients.



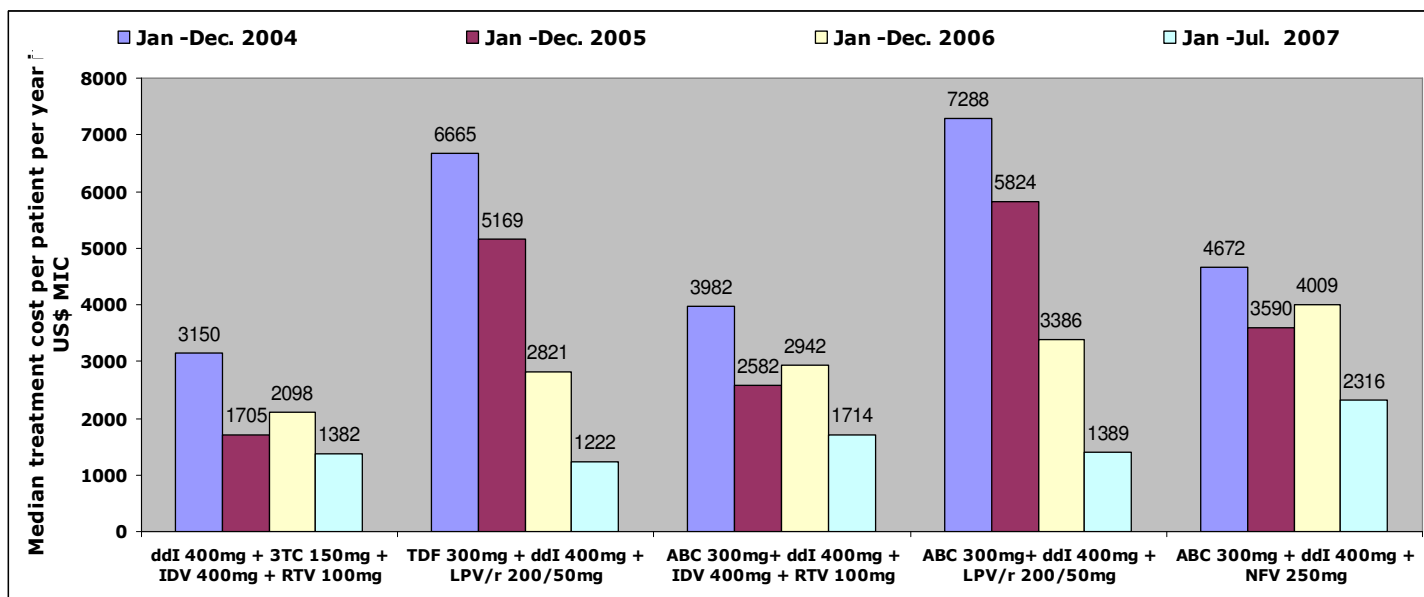
**Fig. 1b:** Price trend for the most commonly used **first-line regimens in middle-income countries (MIC)** for adult patients.



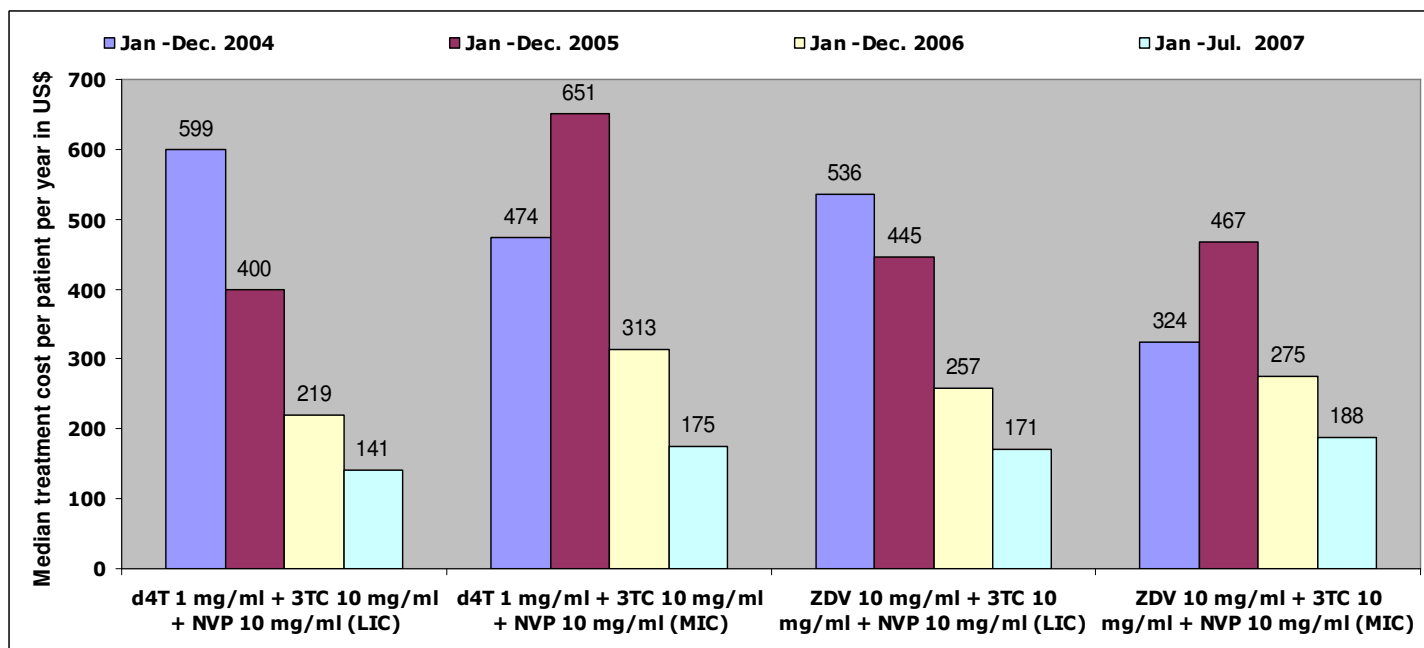
**Fig. 2a:** Price trend for the most commonly used **second-line regimens in low-income countries (LIC)** for adult patients.



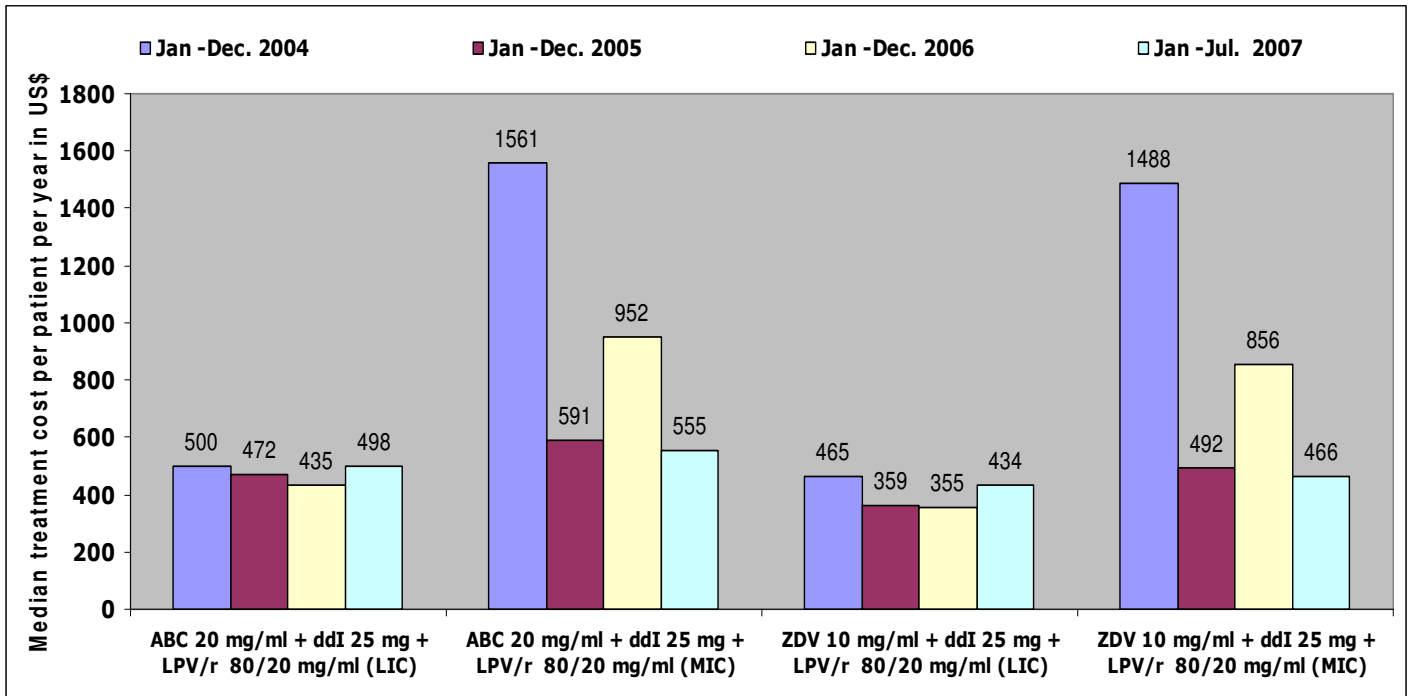
**Fig. 2b:** Price trend for the most commonly used **second-line regimens in middle-income countries (MIC)** for adult patients



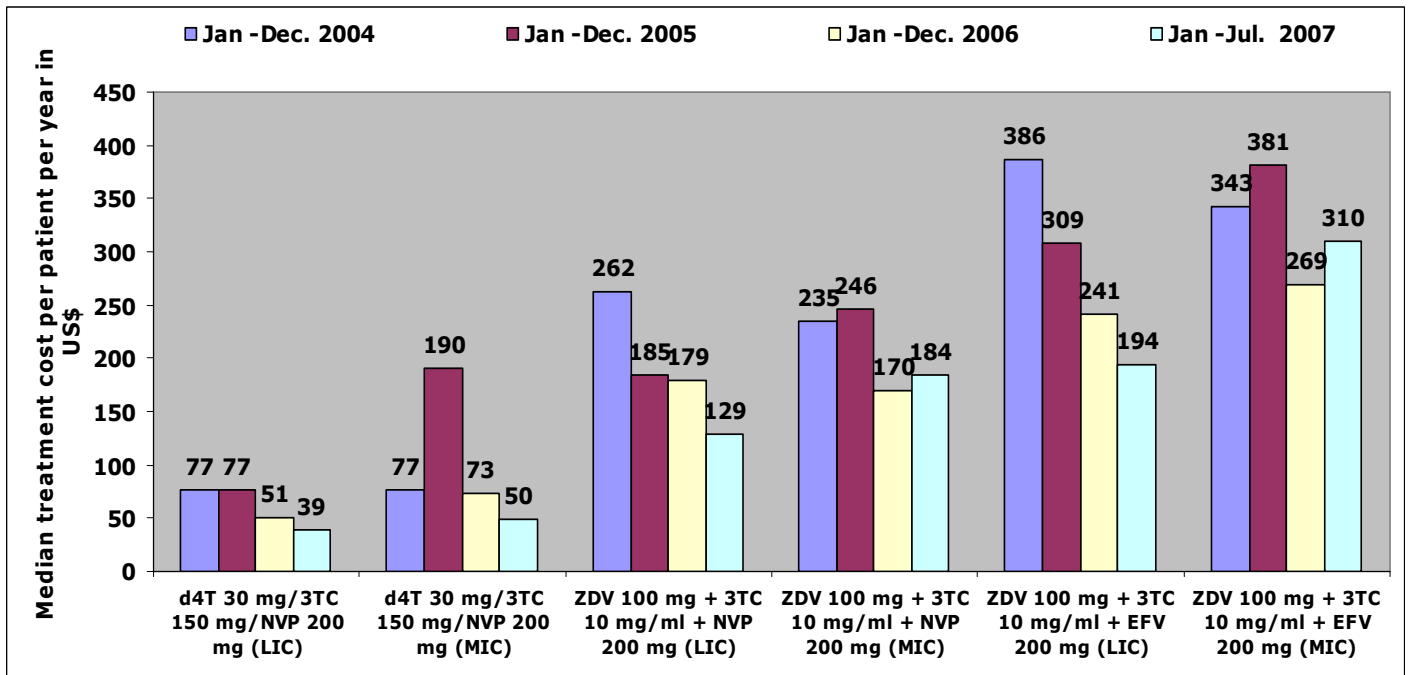
**Fig. 3a:** Price trend for the most commonly used **first-line regimens in low- and middle-income countries (LIC/MIC)** for paediatric patients (infant of 5 kg)



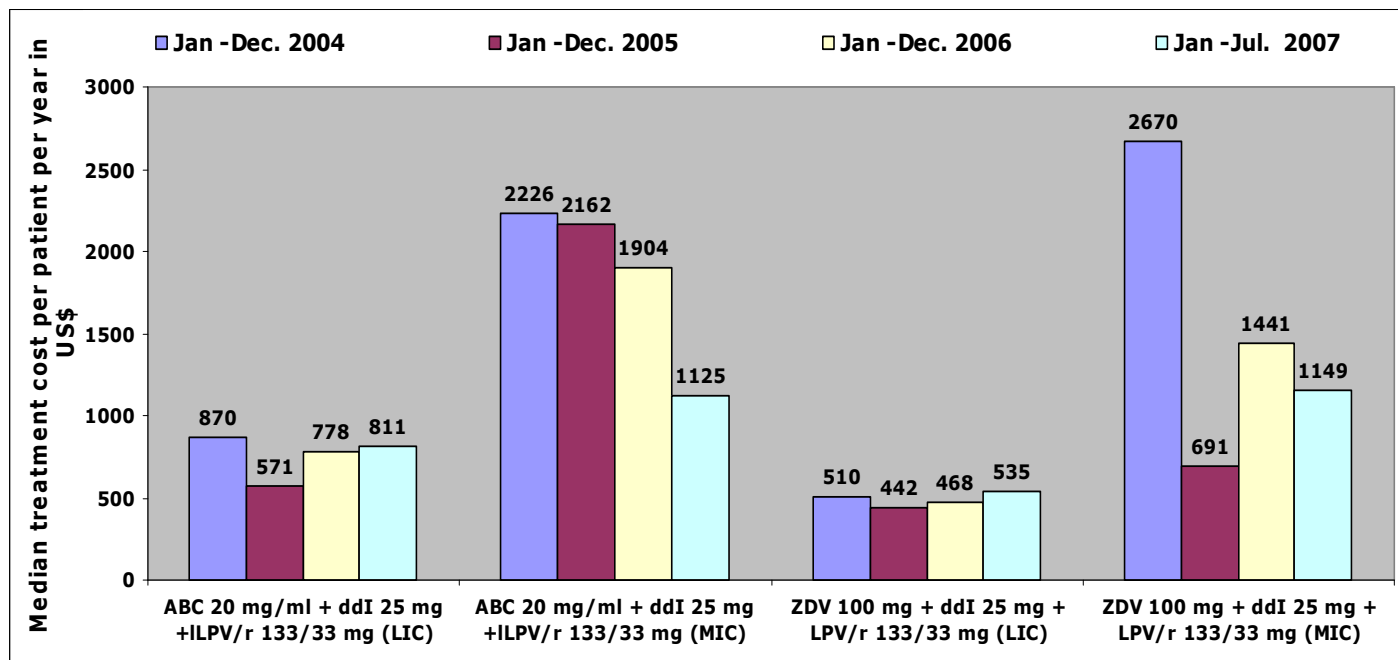
**Fig. 3b:** Price trend for the most commonly used **second-line regimens in low- and middle-income countries (LIC/MIC) for paediatric patients (infant of 5 kg)**



**Fig. 4a:** Price trend for the most commonly used **first-line regimens in low- and middle-income countries (LIC/MIC) for paediatric patients (infant of 10 kg)**



**Fig. 4b:** Price trend for the most commonly used **second-line regimens in low- and middle-income countries (LIC/MIC)** for paediatric patients (**infant of 10 kg**).



This summary report is intended to provide ARV pricing data to governments, non-governmental organizations, donors, international organizations, academia, and individuals or institutions directly involved or interested in the procurement of ARVs in resource-poor settings. The next summary report will become available in February 2008.

Any suggestions you may have would be greatly appreciated. Please send your comments to Mr Boniface Dongmo Nguimfack at [dongmonguimfackb@who.int](mailto:dongmonguimfackb@who.int).

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