



## Global Kaletra Campaign

On November 10, 2011, public health groups around the world launched a global campaign to challenge Abbott Laboratories' monopolistic hold on Kaletra (lopinavir+ritonavir), a critical HIV/AIDS medicine. The goal is to spur generic competition and thereby lower the medicine's price, as well as to free up its components for new and improved combination treatments.

**Generic competition** has driven down global prices for HIV treatments from **more than \$10,000 a year per person to less than \$100**. Yet, Abbott prices Kaletra at \$400 in the world's poorest countries, and much higher—from \$1,000 to around \$4,000—in other developing nations. In 2010, the U.S., Abbott priced ritonavir alone, a component of lopinavir/ritonavir, at nearly \$8,000.

The campaign comprises an unprecedented **global effort** to fight Big Pharma's political power and improve access to lifesaving medicines.

### Why Kaletra?

- Lopinavir+ritonavir (LPV/r) is a **key part of HIV/AIDS treatment** regimens worldwide, especially for patients that have developed resistance to older drugs.
- Studies have shown that **ritonavir**, a component of LPV/r, **works as a booster for protease inhibitors** allowing patients to take lower doses of such drugs.
- **Publicly-funded research** directly contributed to the development of ritonavir, yet Abbott maintains exclusive rights to commercialize ritonavir and LPV/r.
- Abbott prolongs its monopoly on Kaletra through its "**patent-evergreening**" strategy.
- Prices for generic LPV/r are **up to 90% lower** than Abbott's prices.
- Abbott has a history of using aggressive tactics to keep Kaletra profits high and has adopted an intransigent approach to matters affecting public health (e.g., product tying in the U.S., refusal to register new products in Thailand, not negotiating with Medicines Patent Pool, and global patent evergreening).

For more information visit, [www.citizen.org/kaletra-campaign](http://www.citizen.org/kaletra-campaign)

Want to launch a TRIPS flexibility campaign in your country?

Send an email to  
[medsaccess@citizen.org](mailto:medsaccess@citizen.org)

We can plan a strategy together that works for your country context and suits your advocacy priorities.

**Public Citizen's  
Global Access to  
Medicines Program**

**Website:**  
[www.citizen.org/access](http://www.citizen.org/access)

**Email:**  
[medsaccess@citizen.org](mailto:medsaccess@citizen.org)

**Twitter:**  
[@PCMedsAccess](https://twitter.com/PCMedsAccess)





## Action Highlights



Indonesia

In September 2012, Indonesia **authorized the use of compulsory licensing for seven HIV/AIDS and hepatitis B medicines**. The licensed medicines include efavirenz, abacavir, didanosine, lopinavir/ritonavir, tenofovir, tenofovir/emtricitabine, and tenfovir/emtricitabine/efavirenz. Indonesia previously made use of compulsory licensing to expand access to nevirapine and lamivudine in 2004 and efavirenz in 2007.



Colombia

In September 2012, the Administrative Tribunal of Cundinamarca **ruled that the Colombian Ministry of Health had violated collective rights to health by maintaining the price of Kaletra above the reference price**. The decision arises from a lawsuit filed by health groups in 2009 to obtain a compulsory license. Civil society action in Colombia has previously resulted in price reductions of 70% for Kaletra and the reinstatement of parallel importation.



Ecuador

In 2009, President Correa issued a decree declaring access to medicines to be in the public interest. The decree established a protocol for licensing patents to protect public health. In 2010, Ecuador **issued its first compulsory license for ritonavir**, one of Kaletra's essential components. Following the license, **the cost of the drug dropped by 30%**. In November 2012, Ecuador **issued a second compulsory license for abacavir/lamivudine**, an HIV/AIDS treatment.



Brazil

On the global day of action, civil society groups filed a pre-grant opposition to prevent patent-evergreening. Shortly thereafter, the patent office granted a priority examination for the application. A final decision is awaiting. In February 2012, a **federal judge annulled another one of Abbott's patents** allowing a local manufacturer to produce generic versions of lopinavir and ritonavir. Brazil previously used compulsory licensing to guarantee access to efavirenz in 2007.



Malaysia

On the global day of action, the Malaysian AIDS Council (MAC) sent a letter to Abbott Laboratories requesting an open license. Abbott's failure to respond prompted MAC to **send a compulsory license request to the Ministry of Health**.



Vietnam

**More than 300 Vietnamese health groups** signed letters to Abbott Laboratories and the Ministry of Health requesting open licenses.

Civil society groups in United States, India, Peru, Saint Maarten (Kingdom of the Netherlands), China, and Thailand have also taken actions.

Learn more at: [www.citizen.org/kaletra-campaign](http://www.citizen.org/kaletra-campaign)

Want to launch a TRIPS flexibility campaign in your country?

Send an email to  
**[medsaccess@citizen.org](mailto:medsaccess@citizen.org)**

We can plan a strategy together that works for your country context and suits your advocacy priorities.

**Public Citizen's  
Global Access to  
Medicines Program**

**Website:**  
[www.citizen.org/access](http://www.citizen.org/access)

**Email:**  
[medsaccess@citizen.org](mailto:medsaccess@citizen.org)

**Twitter:**  
[@PCMedsAccess](https://twitter.com/PCMedsAccess)

