

**UN Observance of International Women's Day
Women and HIV/AIDS**

**The Pharmaceutical Industry Role in Addressing the
Women and HIV/AIDS:
Research, Access & Partnerships
[prepared remarks]**

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First, I would like to express my appreciation to the United Nations for the invitation to share the stage with such a distinguished group of leaders to address women and HIV/AIDS. As Carol Bellamy of UNICEF recently noted—that the face of HIV is increasing a female face---we can picture those many faces of women around the world so burdened by this disease: women already infected and wanting for treatment, women fearful to take the precautions to prevent infection, and women caring for their infected children, grandchildren, nieces, nephews, their partners and their neighbors.

What is the role of the pharmaceutical industry in addressing the needs of women faced with HIV/AIDS? The industry's overall approach in tackling the global HIV/AIDS pandemic is three-pronged: 1) Research for new drugs and vaccines for HIV/AIDS, 2) facilitating access to these technologies for HIV/AIDS prevention and treatment, and 3) forming partnerships to help build the health care capacity to utilize these inventions.

This three-prong approach—research, access, and partnerships—can benefit men, women and children with or at risk for HIV/AIDS. However, the pharmaceutical industry—like the other institutions and stakeholders with us today—also has a responsibility to ensure our efforts especially address the needs of women within the global pandemic of HIV/AIDS.

From a personal perspective, during the vast majority of my 20 years at Merck, in both research and policy, I have focused on HIV/AIDS. Over those years, the science has progressed remarkably, so that today we often speak of HIV/AIDS as an increasingly manageable disease, with many HIV+ individuals living longer and healthier lives. I recall Linda Grinberg, a passionate and devoted HIV/AIDS treatment advocate from California, who was fortunate to qualify for

Merck's expanded access program for the HIV protease inhibitor Crixivan™ prior to its FDA approval in 1996. Her access to treatment brought her from impending death, and Linda's life was extended another seven years to spend working, traveling and helping others. However, for the vast majority of women around the world, HIV/AIDS is not manageable at all and women with AIDS have little hope to live much longer.

Over the last several years, the pharmaceutical industry has stepped up its commitment and actions to addressing the HIV/AIDS at a global level and ensuring that women have equitable access to the prevention, care, treatment and support services they need. The industry's contributions—for both the world's community at large and for women affected by HIV/AIDS—are through research, access and partnerships.

Research

The pharmaceutical industry's primary role in addressing the challenge of HIV/AIDS is the continued investment in the research and development of new medicines and vaccines. To date, 77 medicines for the treatment of HIV/AIDS or its complications are available and more than 80 new medicines are under development, including those for drug-resistant HIV, microbicides and vaccines.

Merck has been conducting HIV research for nearly two decades. As a result, we have two highly effective and widely used HIV/AIDS treatments — Crixivan™ (indinavir) and Stocrin™ (efavirenz). Efavirenz is marketed as Sustiva® by Bristol-Myers Squibb in the US and some western European nations.

Merck's research program includes the development of an HIV vaccine. We are exploring various vaccine candidates and have several candidates in early human trials. Women are playing an important role in the development of this vaccine through their strong participation in the on-going Phase I clinical trials - - approximately one-half of the enrolled volunteers are women.

Access

Through the Accelerating Access Initiative -- a public-private partnership of five United Nations organizations and six research-based pharmaceutical companies -- it is estimated that more than 76,000 people in Africa are on ARV therapy, an eight-fold increase since the program began in May 2000 (as of June 2003).

Merck introduced a pricing policy for CRIXIVAN and STOCRIN that makes these products available at prices where Merck makes “no profit” in the world’s poorest countries and those hardest hit by the epidemic. For other developing countries, we provide our antiretrovirals at substantial discounts. To date, more than 120,000 patients in 63 developing countries are accessing Merck’s HIV medications.

Merck is also addressing the needs of its employees and families around the world concerning HIV/AIDS care. Through a global comprehensive workplace policy, all Merck employees and their dependents can access to HIV/AIDS prevention, care, treatment and support services, including interventions for women to prevent mother-to-child transmission.

Partnerships

The industry can produce the new innovative drugs and vaccines for HIV/AIDS, and companies can individually implement policies to make antiretroviral drugs and drugs for opportunistic infections available at low or no cost. However, neither of these approaches can benefit women, men and children if inadequate health care infrastructure, public policy, stigma and cultural factors simply prevent or severely delay the delivery of treatment and prevention tools to people who need and want them.

The industry’s response has been to lead, support or implement innovative programs to build in-country health care capacity and to improve the quality of health care services around HIV/AIDS for women, men and children.

Through the varied efforts of Abbott, Boehringer-Ingelheim, Bristol-Myers Squibb, GlaxoSmithKline, Hoffmann – La Roche, Pfizer and Merck, women and children are directly benefiting from programs targeted at reducing mother-to-child transmission, improving access to care and treatment, and enhancing women’s involvement in community-based HIV/AIDS prevention initiatives.

At Merck, we also believe the only sustainable way to address HIV/AIDS is through public-private partnerships.

The Merck/Gates/Botswana Initiative – also known as the African Comprehensive HIV/AIDS Partnerships or ACHAP -- is Merck’s most ambitious public-private partnership. Together, Merck, the Bill & Melinda Gates Foundation and the Government of Botswana are working to scale-up Botswana’s response to the HIV/AIDS epidemic through capacity-building at the government and community levels and a broad range of programs for HIV/AIDS prevention, care, treatment and support.

Through this partnership we are demonstrating the importance of a comprehensive approach, one that links prevention with treatment, leverages the innovation of NGOs, connects the contributions of other development partners and builds capacity—human, physical and systems—to scale-up. And programs supported by the Merck/Gates/Botswana partnership are increasingly addressing gender equity issues.

For example:

- Botswana’s National Strategic Framework for HIV/AIDS supported by our partnership sets forth a strengthened legal and ethical environment

where women's issues are addressed.

- HIV/AIDS education programs supported by the Merck/Gates partnership are reaching teachers—primarily women-- in more than 68% (500) of Botswana's primary and secondary schools. This teacher capacity building initiative, collaboration with UNDP and the Ministry of Education, not only equips the teachers with tools to help educate themselves and their students about HIV/AIDS, but serves to support young girls and boys affected by HIV/AIDS at home.

Take Beauty, a teacher in Botswana. A young girl in her class asks Beauty to meet with her mother who she believes is dying of HIV/AIDS, and notes that a number of men come by her house. Beauty called the mother in, having coached the daughter on how to confront her mother about HIV/AIDS. Beauty found them both crying after this meeting, having discussed HIV/AIDS for the first time. It was the teacher that made this mother-daughter confrontation on HIV/AIDS happen, a small but meaningful way of empowering girls and young women to discuss HIV/AIDS openly. Through her work and the training she is receiving through the teacher capacity building program, Beauty has learned to teach tolerance and empathy for those with HIV/AIDS and to teach her students about gender and HIV/AIDS—that being a girl doesn't make you weaker, and being a boy doesn't make you more intelligent.

- And finally, for HIV/AIDS treatment, the Merck/Gates/Botswana partnership is supporting the largest government-led treatment program in

Africa. Almost 18,000 people are enrolled in Botswana's ARV program, with 12,000 actually on therapy. Women lead the way in gaining access to quality treatment - the female-to-male treatment ratio is nearly 2 to 1. [64% female (7680) to 36% (4320) male].

Janet Fleishman of Human Rights Watch observed that Botswana is demonstrating "that women are participating in testing and treatment programs in greater numbers than men, due largely to referrals from antenatal clinics and the prevention of mother-to-child transmission sites, and have taken increasing initiative in organizing around the provision of care and treatment within their communities." (*Breaking the Cycle: Ensuring Equitable Access to HIV Treatment for Women and Girls, CSIS conference, Feb. 4, 2004*)

From my role in the Merck/Gates/Botswana partnership, I see firsthand that women in leadership positions in Botswana have and will continue to facilitate gender equity in the country's response to HIV/AIDS, including the women serving as the current Minister of Health, the National AIDS Coordinator, and the new Project Leader for the Merck/Gates Partnership, Mrs. Tsetsele Fantan. Mrs. Fantan was the executive with Debswana, the diamond company in Botswana, who spearheaded a groundbreaking HIV/AIDS workplace policy. These are the women leaders who can "carry the torch" on issues of gender inequalities, with unwavering determination to meet challenges head on with all stakeholders, and ensure equitable access of women to prevention and treatment for HIV/AIDS.

While the Merck/Gates initiative in Botswana is our largest partnership to address HIV/AIDS, other programs supported by Merck are also achieving measurable outcomes:

- The Government of Romania, in partnership with Merck, has achieved universal access to ARV treatment for thousands of AIDS patients – primarily children. Today, these children are growing up and entering mainstream life, contributing to Romania’s wider community.
- With Merck’s support the Harvard AIDS Institute established the Enhancing Care Initiative or “ECI” - a collaboration that works in resource constrained regions to help find local solutions to improving the care of people living with HIV/AIDS. For example, research conducted by ECI’s Brazilian team contributed toward a much needed integrated health care center for HIV+ women and their children.
- Merck and Voluntary Service Overseas collaborate on the Regional AIDS Initiative of Southern Africa. RAISA strengthens the regional response to HIV/AIDS by building capacity of in-country partners and is bringing men into the dialogue on how HIV/AIDS particularly burdens women.

Conclusion

The pharmaceutical industry's three-prong approach to HIV/AIDS—research, access and partnerships---connects the creation of new drugs and vaccines to the delivery of these interventions to women, men and children in developing countries. The first two—conducting research and facilitating access through low or no-cost HIV/AIDS drugs—are more or less within the decisions of individual companies. The third—building health care capacity through public private partnerships—is really the hard part. Partnerships by definition involve many stakeholders, and it's often a slow, cumbersome, and frustrating process. But HIV/AIDS is an enormous public health challenge for all governments in the developing world, and the factors leading to the disproportionate burden on women are many. It is too daunting, however, for any one government or institution to manage on its own.

I believe partnerships like the Merck/Gates initiative in Botswana exemplify the ability of the pharmaceutical industry to join others in government, the NGO community, academe, foundations and affected communities in scaling up our response to HIV/AIDS at the local, regional and global levels and addressing the special needs of women facing HIV/AIDS. Through these partnerships, Merck and others in the pharmaceutical industry are supporting and are learning from new approaches to HIV/AIDS prevention, care, treatment and support to help improve the daily lives of women and girls, men and boys. We also are gaining better understanding of the legal, policy and cultural factors that must be addressed to ensure a better connection between the creation and delivery of new tools for HIV/AIDS prevention and treatment for women, as well as for men and children.

To me, the lessons from our collective experience at Merck in HIV/AIDS – whether it is in the research laboratories or in delivering antiretroviral drugs to people living with AIDS in a rural African village -- tell us several things:

- 1) Set lofty goals, whether it's "3 by 5" for WHO or an AIDS-free generation in Botswana by 2016 or a safe and effective prophylactic HIV vaccine that is globally useful and accessible,
- 2) Do something today—it might not be all that's needed but it's enough to begin to make a difference,
- 3) Focus on the needs of women and girls as primary bearers of the burden of HIV/AIDS, and most importantly,
- 4) Bring hope to women and men that they and their children might live a longer and healthier life despite HIV/AIDS.

The Merck and the pharmaceutical industry are firmly committed to research, access and partnerships in our contributions toward addressing the HIV/AIDS pandemic and its especially heavy toll on women. Together, with the UN family, NGOs, foundations, governments and people living with HIV/AIDS, we must show resolve—through leadership, collaborations and partnerships--to overcome this pandemic. The task is enormous, but not impossible. As Joy Phumaphi, former Botswana Minister of Health and now Assistant Director-General at WHO for General, Family and Community Health determinedly noted, when it comes to HIV/AIDS, failure is not an option.

Thank you.

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