

CREATING A COMPETITIVE PRICING ENVIRONMENT TO ENABLE ACCESS TO PREP IN AUSTRALIA: THE ROLE OF AUSTRALIA'S NATIONAL HIV COMMUNITY ORGANISATIONS IN NEGOTIATING WITH PREP SUPPLIERS AND GOVERNMENT

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Track D: Social and political research, law, policy and human rights

Background: On 1 April 2018 subsidised access to PrEP was introduced in Australia enabling rapid scale up of this highly effective HIV prevention strategy among gay and bisexual men. Australia's health system subsidises medication on the grounds of cost-effectiveness. Gilead Sciences, the original patent holder of the medication used for PrEP made two major submissions to the Pharmaceutical Benefits Advisory Committee (PBAC), but neither at a price considered by PBAC to be cost-effective.

Description: AFAO, in close partnership with NAPWHA, developed a strategy to introduce competition to the process for approving the subsidisation of medication. The gap between public health need and cost-effective access to PrEP was resolved through a productive relationship between community, industry and government.

Typically, the patent holder initiates applications for government subsidised medication in Australia. This occurred with PrEP however the Australian patent ended prior to subsidisation being achieved. AFAO initiated engagement with generic suppliers of PrEP to encourage their submission of minor applications to PBAC to create a competitive pricing environment.

AFAO played an intermediary role with the generic suppliers to support formal submissions which allowed a cost-effective price to be set by PBAC. The original patent holder, and the generic suppliers, accepted that price and confirmed supply. AFAO and NAPWHA's interventions brokered a solution to an impasse that placed Australia's progress towards meeting its target to virtually eliminate HIV transmission by 2020 in jeopardy.

Lessons learned: Relations between pharmaceutical companies and HIV community organisations are often characterised through the power imbalance between capital and consumer.

The process for ultimately achieving equitable access to PrEP in Australia challenges this narrative.

Conclusion: The goodwill and trust that has existed between government and HIV community-led organisations in Australia from early in the HIV epidemic was operationalised to engage with generic providers of PrEP to broker equitable access to PrEP in Australia. This demonstrates that HIV community organisations are able to influence outcomes that are in the public interest when relations with government and pharmaceutical companies are based on careful advocacy and solution-finding.