



# 2021–2024 HIV MARKET INTELLIGENCE REPORT

ARGENTINA • ARMENIA • BELARUS  
BRAZIL • KAZAKHSTAN • KYRGYZSTAN



JULY 2026

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# ABBREVIATIONS

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|        |                                                                    |
|--------|--------------------------------------------------------------------|
| ARV    | antiretroviral                                                     |
| AZT    | zidovudine                                                         |
| CSO    | civil society organizations                                        |
| DTG    | dolutegravir                                                       |
| EAEU   | Eurasian Economic Union                                            |
| EFV    | efavirenz                                                          |
| FDA    | Food and Drug Administration                                       |
| GFATM  | Global Fund to fight AIDS, TB and Malaria                          |
| INNs   | international nonproprietary name                                  |
| LEN    | lenacapavir                                                        |
| LPV/r  | lopinavir/ritonavir                                                |
| MI     | market intelligence                                                |
| MoH    | Ministry of Health                                                 |
| NRTIs  | nucleoside reverse transcriptase inhibitors                        |
| NVP    | nevirapine                                                         |
| PAHO   | Pan-American Health Organization                                   |
| SUS    | Sistema Único de Saúde (Unified Health System)                     |
| TB     | tuberculosis                                                       |
| TLD    | tenofovir disoproxil fumarate / lamivudine / dolutegravir          |
| TRIPS  | Agreement on Trade-Related Aspects of Intellectual Property Rights |
| UNAIDS | United Nations Joint United Nations Programme on HIV/AIDS          |
| UNDP   | United Nations Development Program                                 |
| UNICEF | United Nations Children Fund                                       |
| VL     | voluntary licence                                                  |
| WHO    | World Health Organization                                          |

# ABOUT THIS REPORT



This report analyzes antiretroviral medicines (ARV) procurement, pricing, and regulatory environments across a set of focus countries in Eastern Europe, Central Asia, and Latin America (including Armenia, Argentina, Belarus, Brazil, Kazakhstan and Kyrgyzstan) over 2021–2024, based on market intelligence reports prepared by Make Medicines Affordable campaign partners community-based organizations: Fundacion GEP (Argentina), Positive People Armenian Network (Armenia), Positive Movement (Belarus), ABIA (Brazil), Answer and AGEPC (Kazakhstan), Partnership Network (Kyrgyzstan) and ITPC EECA. Country profiles with detailed data on volumes and prices are annexed to the report.

## It is intended to support:

- **Civil society organizations (CSOs)** monitoring transparency, patent barriers, and access to optimal regimens.
- **Government decision-makers** (Ministries of Health, procurement agencies) seeking to optimize ARV budgets while maximizing their budgets and expanding access.
- **Procurement and technical teams** designing tenders, negotiating prices, and planning transitions from donor to domestic funding.
- **Donors and international agencies** (Global Fund, UNDP, UNICEF, PAHO, others) that co-finance and/or implement ARV procurement.

The report focuses on cross-cutting trends: uptake of WHO-recommended regimens, the role of local and foreign manufacturers, national and global procurement mechanism, and regional regulatory frameworks, the persistence of high-priced patented ARVs and opportunities to use TRIPS flexibilities and procurement reforms to lower prices.

Since 2014, the International Treatment Preparedness Coalition's (ITPC) Make Medicines Affordable (MMA) Campaign has worked to improve access to and affordability of HIV, tuberculosis, hepatitis C, COVID-19, and HPV/cervical cancer treatments and vaccines across 24 countries in Eastern Europe and

Central Asia (EECA), Latin America, North Africa, and South-East Asia. Through the collection and analysis of pricing, volumes, procurement, and intellectual property (IP) data, market intelligence (MI) enables communities and civil society to identify procurement and supply issues affecting access to medicines, positioning it as a key strategic focus area of the campaign. By translating complex market data into actionable advocacy tools, MI has proven essential to improving transparency and strengthening evidence-based engagement with governments, donors, and pharmaceutical companies.

# WHO GUIDELINES



WHO treatment guidelines are referenced in this report as a global benchmark for optimal HIV care. Across the countries reviewed, national treatment guidelines and procurement strategies are generally informed by WHO recommendations, particularly the transition toward dolutegravir-based regimens. However, market intelligence findings show that alignment with WHO guidance is uneven in practice. Referencing WHO guidance therefore allows the report to assess treatment optimization and to identify gaps between recommended regimens and medicines actually procured and used.

**TABLE 1 WHO initial treatment regimen recommendations<sup>1</sup>**

| POPULATIONS                   | PREFERRED INITIAL REGIMEN         | ALTERNATIVE INITIAL REGIMEN                                                                  | SPECIAL CIRCUMSTANCES                                                                                                                                                                  |
|-------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ADULTS AND ADOLESCENTS</b> | TDF (or TAF) + 3TC (or FTC) + DTG | TDF + 3TC + EFV 400mg <sup>a</sup>                                                           | TDF (or TAF) + 3TC (or FTC) + EFV 600mg <sup>a</sup><br>AZT + 3TC + EFV 600mg <sup>a</sup><br>ABC + 3TC + DTG<br>TDF (or TAF <sup>b</sup> ) + 3TC (or FTC) + DRV/r (or ATV/r or LPV/r) |
| <b>CHILDREN</b>               | ABC + 3TC + DTG                   | TAF + 3TC (or FTC) + DTG<br>ABC + 3TC + DRV/r <sup>c</sup> (or ATV/r or LPV/r <sup>e</sup> ) | ABC (or AZT) + 3TC + EFV <sup>d</sup> (or NVP)<br>AZT + 3TC + DRV/r <sup>c</sup> (or ATV/r or LPV/r <sup>e</sup> )                                                                     |
| <b>NEONATES</b>               | ABC + 3TC + DTG <sup>g</sup>      | AZT + 3TC + NVP                                                                              | AZT (or ABC) + 3TC + LPV/r <sup>e</sup>                                                                                                                                                |

3TC = lamivudine, ABC = abacavir, ATV/r = atazanavir/ritonavir, AZT = zidovudine, DRV/r = darunavir/ritonavir, DTG = dolutegravir, EFV = efavirenz, FTC = emtricitabine, LPV/r = lopinavir/ritonavir, NVP = nevirapine, TAF = tenofovir alafenamide, TDF = tenofovir disoproxil fumarate

- EFV-based ART should not be used in settings where national estimates of pre-treatment resistance to EFT are 10% or higher.
- In adults and adolescents, TAF daily dosage should be reduced from 25mg to 10mg when used with boosted PIs.
- DRV/r is not approved for children under three years of age.
- EFV should not be used for children younger than three years of age.
- ATV/r can replace LPV/r for children over three months old but consider limited formulations for those under six years of age, lack of fixed-dose combination and separate ritonavir booster administration.
- LPV/r syrup or granules can be used if starting after 2 weeks of age.
- Dolutegravir (DTG) dose of 5 mg every other day (every 48 hours) in the first 2 weeks of life is safe and maintains appropriate drug levels. At age 2 weeks, DTG dosing is increased to 5 mg once every day.


**TABLE 2 WHO subsequent treatment regimen recommendations<sup>2</sup> [MA1]**

| POPULATIONS                                           | FAILING INITIAL REGIMEN           | PREFERRED SUBSEQUENT REGIMEN                      | ALTERNATIVE SUBSEQUENT                                                                                                               |
|-------------------------------------------------------|-----------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>ADULTS AND ADOLESCENTS AND CHILDREN &gt; 30 KG</b> | TDF (or TAF) + 3TC (or FTC) + DTG | TDF (or TAF <sup>a</sup> ) + 3TC (or FTC) + DRV/r | TDF (or TAF <sup>a</sup> ) + 3TC (or FTC) + ATV/r (or LVP/r)                                                                         |
|                                                       | TDF (or TAF) + 3TC (or FTC) + EFV | TDF (or TAF) + 3TC (or FTC) + DTG                 | TDF (or TAF <sup>a</sup> ) + 3TC (or FTC) + DRV/r (or ATV/r or LVP/r)<br>AZT (or ABC) + 3TC <sup>f</sup> + DRV/r (or ATV/r or LPV/r) |
|                                                       | AZT + 3TC + DTG                   | TDF (or TAF) + 3TC (or FTC) + DTG                 | TDF (or TAF <sup>a</sup> ) + 3TC (or FTC) + DRV/r (or ATV/r or LVP/r)<br>ABC + 3TC + DRV/r (or ATV/r or LPV/r)                       |
|                                                       | ABC + 3TC + DTG                   | ABC (or TAF) + 3TC (or FTC) + DRV/r               | TAF (or ABC) + 3TC (or FTC) + ATV/r <sup>b</sup> (or LPV/r)<br>AZT + 3TC + ATV/r <sup>b</sup> (or LPV/r)                             |
| <b>CHILDREN &lt; 30 KG AND INFANTS</b>                | ABC (or AZT) + 3TC + LPV/r        | ABC (or TAF) + 3TC (or FTC) + DTG                 | ABC (or AZT) + 3TC + DRV/r <sup>c</sup>                                                                                              |
|                                                       | AZT + 3TC + NVP                   | ABC (or TAF) + 3TC (or FTC) + DTG                 | ABC (or TAF) + 3TC + DRV/r <sup>c</sup> (or ATV/r <sup>b</sup> or LPV/r)                                                             |

3TC = lamivudine, ABC = abacavir, ATV/r = atazanavir/ritonavir, AZT = zidovudine, DRV/r = darunavir/ritonavir, DTG = dolutegravir, EFV = efavirenz, FTC = emtricitabine, LPV/r = lopinavir/ritonavir, NVP = nevirapine, TAF = tenofovir alafenamide, TDF = tenofovir disoproxil fumarate

- In adults and adolescents, TAF daily dosage should be reduced from 25mg to 10mg when used with boosted PIs.
- ATV/r can replace LPV/r for children over three months old but consider limited formulations for those under six years of age, lack of fixed-dose combination and separate ritonavir booster administration.
- DRV/r is not approved for children under three years of age.

# METHODOLOGY



## This analysis is based on:

- **National market intelligence (MI) reports (2021–2024)**<sup>1</sup> compiled by country partners and technical teams, including data on prices, volumes, suppliers, and budgets.
- **Epidemiological and treatment cascade data** from national HIV programs and UNAIDS where available.

For some information – such as 2024 prices or detailed volumes for specific molecules – data remains incomplete, reflecting persistent transparency gaps and the challenges local CSOs face in obtaining data from procurement authorities and suppliers.

[ 1 ] Available in Country Profiles

# REGULATORY ENVIRONMENT



Across the countries, ARV access is shaped by a mix of **national registration systems** and **regional frameworks**:

- **Eurasian Economic Union (EAEU) members (Kazakhstan, Armenia, Belarus, Kyrgyzstan)** are transitioning from national registration to a common EAEU system by end-2025. This can facilitate regional recognition but also introduces transitional uncertainty.
- **Several countries have accelerated or simplified procedures** for priority or medicines categorized as strategically important, allowing faster registration and, in some cases, national fast-track approval when public health is at stake (Argentina, Armenia, Kazakhstan).
- **All six countries formally allow the use of TRIPS flexibilities**, including compulsory licensing and the application of strict patentability criteria. Parallel importation is legally permitted in some countries; however, available information does not indicate that it is actively used in ARV procurement. Moreover, the terms of certain voluntary licences (VLs) include clauses that effectively prevent parallel importation, as illustrated by the voluntary licence on lenacapavir (LEN).
- **TRIPS plus measures** are identified across country profiles as an important barrier to price reductions and generic competition. Data exclusivity periods range from 4 (Belarus) to 11 years (Armenia) in the countries reviewed and can delay generic entry even in the absence of patents. In Kyrgyzstan, potential future adoption of data exclusivity (through an EU–Kyrgyz agreement) is identified as a risk for delaying generic entry. In Brazil, automatic patent term extensions were challenged and deemed unconstitutional by the Supreme Court in 2021.

Overall, legal and regulatory frameworks are not the only barriers to generic uptake, but they remain critical for newer medicines and for certain ARVs that are still under patent and/or subject to data exclusivity. Procurement rules are described below.



## COLOMBIA: FIRST COMPULSORY LICENSE FOR AN HIV MEDICINE

Since 2024, ITPC has supported IFARMA Foundation to advocate and defend Colombia's first compulsory license on dolutegravir, demonstrating the practical use of TRIPS flexibilities to overcome patent barriers to access. Despite legal challenges from the originator company, the compulsory license stays in force. By early 2025, the first generic dolutegravir entered the Colombian market, reducing the price of a 30-tablet pack from approximately US\$100 to US\$4. This enabled the Ministry of Health to secure treatment for 50,000 people for approximately 18 months, illustrating the significant public health and budgetary impact of using TRIPS flexibilities.

# BUYERS AND PROCUREMENT MECHANISMS



The ARV market in the focus countries is characterized primarily by presence of **centralized public procurement**<sup>3</sup> [MA3] with varying roles for international partners:

- **Public sector procurement is the main channel of ARVs supply**, with Ministries of Health being main buyers often through national procurement units such as DVIHT in Argentina, SK-Pharmacia in Kazakhstan, Kyrgyzpharmacy in Kyrgyzstan.
- **Donors, like the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and its principal recipients play a pivotal role** by financing and procuring ARVs in several lower- and upper-middle-income countries (e.g., Armenia, Kyrgyzstan, Belarus) and by shaping the market through pooled procurement that generates economies of scale and lower prices.
- **International organizations** like UNDP (in Argentina), UNICEF (in Kazakhstan), and PAHO (in Brazil, Argentina) performing the role of international procurement agencies also facilitate access to lower international prices through long-term agreements, pooled procurement, or direct contracts with manufacturers.

## Procurement mechanisms include:

- **Open or two-stage tenders**, where competition can significantly reduce prices,
- **Single-source/direct contracting**, often justified by “exclusive supplier”, IP rights or urgency of purchase, etc., which tends to drive prices up and reduce transparency,
- **Use of donor’s procurement mechanisms** (e.g. Global Fund/UNDP procurement of pediatric ARVs, high-cost or unregistered medicines in Kyrgyzstan)
- **Use of international procurement channels** when national law permits procurement through international agencies and when national tenders fail or specific products are not available domestically, etc. (e.g., Argentina’s shift to procuring TDF/FTC and sofosbuvir through the PAHO Strategic Fund following MI-based advocacy or UNDP-supported procurement and logistics for HIV medicines in Belarus).
- **A recurring pattern** is price differentials and fragmentation of volumes for the same products within the same country **due to dual procurement channels** (State vs. international agencies).



## **BRAZIL: USING PUBLIC PROCUREMENT, PDPS, AND MARKET INTELLIGENCE TO SUPPORT DOMESTIC ARV PRODUCTION**

Brazil coordinates ARV procurement through the Ministry of Health and uses public purchasing as a strategic tool to stimulate domestic pharmaceutical production via Productive Development Partnerships (PDPs) and technology-transfer arrangements for priority medicines. Civil society-led market intelligence on prices, patents, and procurement feeds into this model by supporting dialogue between communities, government institutions, and national industry to improve efficiency and sustainability.

A network of public pharmaceutical laboratories (Fiocruz/ Farmanguinhos, Lafepe, Furp) and private domestic manufacturers (e.g. Cristália) supplies ARVs to the Ministry of Health and plays a central role in formulation and final production for the Sistema Único de Saúde (SUS). Although local production relies largely on imported active pharmaceutical ingredients (APIs), it contributes to national manufacturing capacity, technology transfer, and supply security.



*“Market intelligence brings communities, civil society, governments, and local industry around the same table, while consortium-based work allows countries to share information globally and increase collective impact.”*

– SUSANA VAN DER PLOEG, ASSOCIAÇÃO BRASILEIRA INTERDISCIPLINAR DE AIDS (ABIA), BRAZIL



# PROCUREMENT VOLUMES AND REGIMEN TRENDS



Across all countries, there is a clear strategic shift toward WHO-recommended dolutegravir (DTG)-based regimens:

- **DTG-containing regimens** now represent the majority of annual treatment courses and account for a substantial share of ARV budgets.
- **Older sub-optimal regimens based on Efavirenz (EFV) and Lopinavir/Ritonavir (LPV/r) are being phased out or significantly reduced**, though they still absorb a notable share of budgets in some settings due to residual use and higher unit prices. Darunavir also remains an important component of second- and third-line regimens and one of the largest non-DTG procurement shares in some countries; for example, in Brazil, procurement of darunavir reached over USD 60 million in 2024.
- **Pre-exposure prophylaxis (PrEP) using tenofovir/emtricitabine (TDF/FTC)** is part of national HIV prevention and treatment strategies in some countries, and procurement data show substantial and sustained volumes of TDF/FTC, reflecting its dual use for treatment and prevention. In Brazil and Argentina, large-scale national procurement of TDF/FTC indicates that a significant share of ARV budgets is used for this product, with implications for both ART and PrEP financing.
- **Pediatric formulations are often procured at higher prices and in limited volumes**, which reflects constrained demand and limited manufacturing capacity. In some countries, for example Kazakhstan, this is also shaped by seemingly deliberate policies to exclusively source originator pediatric products.



## ARGENTINA: FROM PATENT OPPOSITION TO SUSTAINED SAVINGS

Civil society organizations in Argentina used pre-grant patent oppositions to prevent patent monopolies on tenofovir/emtricitabine and sofosbuvir, enabling generic production. Subsequent market intelligence revealed rising prices and limited competition despite generic product availability. Price benchmarking against international generics informed advocacy with the Ministry of Health, which shifted procurement to the PAHO Strategic Fund. This change generated estimated annual savings of US\$14.5 million for tenofovir/emtricitabine and US\$0.98 million for sofosbuvir in 2021.



*“Patent oppositions opened the door to lower-priced generics, but market intelligence showed that competition was still limited due to procurement-related barriers – which were also successfully overcome thanks to community groups advocacy.”*

– LORENA DI GIANO, FUNDACIÓN GRUPO EFECTO POSITIVO (FGEP), ARGENTINA

Treatment optimization however, is uneven:

- ➔ **Some countries continue to use higher-priced regimens** (e.g., darunavir/ritonavir, darunavir/cobicistat, or tenofovir alafenamide/emtricitabine/dolutegravir) for relatively small patient cohorts. While these options remain clinically important for specific cases, their use warrants careful monitoring to ensure they are prescribed appropriately.
- ➔ **Inefficiencies in procurement planning sometimes leads to overstock of older regimens**, which in turn causes unnecessary regimen switches to use up expiring stock.

# PRICES AND EXPENDITURES



*“Brazil pays close to one US dollar per tablet for dolutegravir, while international pooled procurement pays around five to six cents. Patent protection is the main reason this price gap persists.” – SUSANA VAN DER PLOEG*

ARV price and spending patterns show three main features:

## 1. DTG and TLD as cost drivers but with strong savings potential

- **DTG-based regimens often account for the largest share of ARV expenditure**, particularly where generic uptake is delayed or where State public procurement pays higher prices than donor-supported channels.
- **When lower-cost generics are introduced (including from national manufacturers), prices can fall rapidly over 2-3 procurement cycles**, dramatically reducing cost per person per year.



## KAZAKHSTAN: UNLOCKING ACCESS TO DOLUTEGRAVIR

Market intelligence in Kazakhstan showed dolutegravir prices reaching up to US\$1,842 per patient per year, absorbing a large share of the ARV budget while reaching only a small proportion of people on treatment. Analysis identified patent monopoly as the main barrier to affordable access. Civil society advocacy for compulsory licensing contributed to Kazakhstan’s inclusion in the special for UMICs MPP dolutegravir voluntary license, opening the door to generic access and large-scale treatment expansion. However, as this special voluntary license had a limited supplier base and a high royalty rate, it resulted in suboptimal generic pricing.

### DTG 50 MG, 2024, US\$ PER PACK

| ARGENTINA            | BELARUS               | BRAZIL                 | KAZAKHSTAN             | KYRGYZSTAN                |
|----------------------|-----------------------|------------------------|------------------------|---------------------------|
| 2,7<br>(Mylan, PAHO) | 17,20<br>(Mylan, MoH) | 22,5<br>(Fiocruz, MoH) | 16,20<br>(Hetero, MoH) | 2,89<br>(Laurus Lab, MoH) |



2. High-priced, patented or quasi-monopolistic ARVs absorbing disproportionate budgets

→ **Certain protease inhibitor combinations** (e.g. darunavir + booster) and newer ARVs (e.g. etravirine, maraviroc, fostemsavir) – while creating important freedom-of-choice for doctors and patients – consume large portions of national HIV budgets due to their high prices.

| FOSTEMSAVIR 600 MG, US\$ PER PACK |               |
|-----------------------------------|---------------|
| ARGENTINA (2023)                  | BRAZIL (2024) |
| 54.75                             | 35.52         |

| ETV 200 MG, US\$ PER PACK |                        |                        |                          |
|---------------------------|------------------------|------------------------|--------------------------|
|                           | ARGENTINA              | BRAZIL                 | KAZAKHSTAN               |
| 2021                      |                        | 1.83<br>(MoH, Janssen) | 231.53<br>(MoH, Janssen) |
| 2022                      | 6.60<br>(MoH, Janssen) | 1.89<br>(MoH, Janssen) | 107.11<br>(MoH, Janssen) |
| 2023                      |                        | 2.40<br>(MoH, Janssen) | 197.23<br>(MoH, Janssen) |
| 2024                      | 3.40<br>(MoH, Janssen) | 2.34<br>(MoH, Janssen) | 195.60<br>(MoH, Janssen) |

→ **In some cases, single local suppliers under direct contracts have raised prices several-fold in a short period, turning specific ARVs into budget “black holes” and crowding out more cost-effective options.** For example, in Argentina, market intelligence identified a quasi-monopoly situation for darunavir/ritonavir (800/100 mg), supplied by a single local manufacturer, which absorbed approximately 43% of the national HIV programme’s executed budget in 2024, with unit prices increasing nearly tenfold between 2023 and 2024.

*“In some countries in our EECA region, limited competition and single-supplier procurement have delayed the transition to affordable dolutegravir-based regimens.” – SERGEY GOLOVIN*

3. Striking price differentials between procurement channels

- **Prices secured by Global Fund/UN agencies are often several times lower than those obtained through State public procurement mechanisms.** In Kazakhstan for instance, zidovudine/lamivudine (AZT/3TC) was procured in 2022 at US\$ 6,38 by UNICEF from Mylan, vs. US\$ 32,18 by the State, from GSK.
- **Even within the same country and product, initial regimens can cost 3-10 times more when procured via State than via international mechanisms,** indicating untapped room for negotiation and competition. [MA4]

Overall, ARV budgets are increasingly constrained by macroeconomic pressures (inflation, currency devaluation) and by under-execution of public health budgets due to delays in organizing procurement, making efficient procurement and price reductions even more urgent.

# MARKET STRUCTURE AND PATENT LANDSCAPE



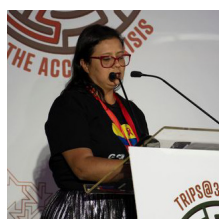
The ARV markets analyzed are dominated by generic suppliers from India and other emerging producers, especially for first-line regimens, with varying degrees of local packaging and repackaging:

- **In several countries (e.g. in Brazil, Kazakhstan, etc.), local manufacturers operate mainly as suppliers on end-stage processes for imported generics**, without contributing significantly to building local production capacity.
- **For key high-cost ARVs, the market remains highly concentrated** – either around a single originator (e.g. for fostemsavir in Brazil) or a small number of licensed suppliers (e.g. for DTG or DRV in Kazakhstan), which limits competition and keeps prices elevated.

Patent and other exclusivity barriers are especially relevant for:

- **Dolutegravir and DTG-based FDCs** in some jurisdictions (Brazil, Kazakhstan, etc.),
- **Boosted protease inhibitors and newer ARVs** (e.g. etravirine, rilpivirine, TAF/FTC/DTG, fostemsavir, maraviroc) in all 6 countries.

Several countries already use measures such as strict patentability standards to prevent unmerited patent monopolies to foster competition, and existing legal frameworks permit tools like compulsory licensing and patent oppositions. Local HIV community-based organizations (e.g. in Argentina and Brazil) have successfully used patent oppositions to prevent patent monopolies. More consistent and scaled-up use of these TRIPS flexibilities could further promote generic entry and help lower prices for high-cost ARVs.



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***“Patent oppositions, compulsory licensing and strict patent examination are not theoretical tools – they directly enable access to generic dolutegravir and other essential HIV medicines.”***

**– JULIANA LOPEZ, FUNDACIÓN IFARMA, COLOMBIA**

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# RECOMMENDATIONS



**Based on cross-country patterns, the following actions are recommended to governments:**

**1**

## **Improve procurement efficiency, security of supply and competition**

- Prioritize open, competitive tenders over direct awards, especially for high-budget ARVs.
- Systematically benchmark national prices against Global Fund / PAHO / UNICEF reference prices and renegotiate where large gaps exist.
- Strengthen and expand the use of international procurement channels (Global Fund, UNDP, PAHO Strategic Fund) when national tenders fail or when specific products are unavailable or overpriced when sourced domestically.
- Avoid fragmentation of volumes between State and international procurement channels to improve negotiating power and reduce price differentials.
- Develop a framework for supporting regional or targeted local manufacturing. Countries should balance the need for competition with efforts to build regional or local ARV production capacity in order to ensure supply security.
- Encourage pooling of volumes nationally by combining State and donor procurement.

**2**

## **Accelerate optimized regimen uptake and reduce use of sub-optimal ARVs**

- Accelerate optimized regimen uptake and de-prioritize sub-optimal ARVs. Consolidate treatment guidelines around DTG/TLD and other WHO-recommended regimens, with clear national targets for phasing out EFV- and LPV/r-based combinations.
- Limit the use of high-cost medicines to clearly defined clinical indications, while preserving access to appropriate options for patients with advanced disease or to manage side effects and quality of life.
- Include long-acting ARVs for PrEP in alignment with WHO recommendations.

**3**

## **Use regulatory and legal tools to foster competition**

- Simplify national registration requirements to enable rapid approval of generics – including pediatric formulations – that have WHO prequalification, US FDA approval, or authorization by another stringent regulatory authority.
- Operationalize TRIPS flexibilities for ARVs that remain prohibitively expensive due to patent protection or data exclusivity.



## 4 Increase transparency and accountability

- Publish comprehensive procurement data (suppliers, volumes, unit prices, contract terms) in accessible formats.
- Encourage and protect civil-society monitoring of procurement and pricing, including the use of access-to-information laws.

## 5 Support sustainable domestic production where feasible

- Support public and private domestic manufacturing capacity and technology-transfer initiatives, while striving to maintain a balance that safeguards competition and value for money.

## 6 Plan sustainable financing transitions

- For countries transitioning away from Global Fund support, develop medium-term plans that increase domestic financing while ensuring continued access to the same affordable products – by securing supplier agreements, supporting registration of key ARVs, and working with the Global Fund to maintain negotiated prices beyond transition.
- Integrate ARV procurement into broader health-purchasing reforms while prioritizing uninterrupted supply.



***“Market intelligence turns price data into power and gives communities evidence, not just arguments – it shows which medicines are draining budgets and how many more lives could be reached with generic prices.”***

**– YELENA RASTOKINA, ANSWER, KAZAKHSTAN**

[1] WHO updated recommendations on HIV clinical management: recommendations for a public health approach. Geneva: World Health Organization; 2025. Licence: CC BY-NC-SA 3.0 IGO. Table 3.2 Preferred and alternative initial regimens in adults, adolescents, children and neonates.

[2] WHO updated recommendations on HIV clinical management: recommendations for a public health approach. Geneva: World Health Organization; 2025. Licence: CC BY-NC-SA 3.0 IGO. Table 3.2 Preferred and alternative initial regimens in adults, adolescents, children and neonates. Table 3.3 Preferred and alternative subsequent ART regimens for adults, adolescents, children and infants.

[3] Within the scope of this report, we did not include ARVs procured outside the MoH’s centralized system – such as procurement by the prison system or tertiary hospitals.



# **COUNTRY PROFILES**

# ARGENTINA



## YEARS

2021, 2022, 2023, 2024

## SOURCES OF DATA

National budget laws, Presupuesto Abierto, COMPR.AR, DVIHT bulletins, PAHO Strategic Fund, FGEP monitoring reports

## 1

### Epidemiology

| 2021                                                                                                                                                                                                                                               | 2022                                                                                                                                                                                                                       | 2023                                                                                                                                                                                                                                             | 2024                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PLHIV:</b> 140,000<br><b>Aware of status:</b> 116,200<br><b>On treatment:</b> 65,000<br><b>Virally suppressed:</b><br>information not available<br><i>Boletín 38 del Ministerio de Salud de la Nación (information from public sector only)</i> | <b>PLHIV:</b> 140,800<br><b>Aware of status:</b> 122,496<br><b>On treatment:</b> 65,500<br><b>Virally suppressed:</b> 29,761<br><i>Boletín 39 VIH, hepatitis virales e ITS- MSAL (information from public sector only)</i> | <b>PLHIV:</b> 140,000<br><b>Aware of status:</b> 121,800<br><b>On treatment:</b> 68,000<br><b>Virally suppressed:</b><br>information not available<br><i>Boletín 40 VIH, hepatitis virales e ITS- MSAL (information from public sector only)</i> | <b>PLHIV:</b> 140,000+<br><b>Aware of status:</b> 121,800<br><b>On treatment:</b> 70,000<br><b>Virally suppressed:</b><br>information not available<br><i>Boletín 41 VIH, hepatitis virales e ITS- MSAL (information from public sector only)</i> |

## 2

### Regulatory Rules and Procurement Mechanisms

#### REGULATORY RULES

- Medicine registration is regulated by the *Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (ANMAT)*.
- Argentina is part of the regional MERCOSUR harmonization initiative, which allows partial recognition of evaluations from neighboring countries.
- Accelerated or simplified procedures are possible for WHO-prequalified products and PAHO Strategic Fund procurements.
- Data exclusivity clauses exist (typically five years); parallel importation is legally permitted.

#### MAIN PROCUREMENT ENTITIES AND MECHANISMS

Centralized procurement is conducted by the Ministry of Health through the DVIHT, using the COMPR.AR e-procurement platform and occasionally the PAHO Strategic Fund. Subnational programs distribute drugs but do not independently purchase.

#### MECHANISMS USED

1. Direct purchases: dominant method – around 83% of medicines procurement expenditure in 2021, and 72% in 2024. Most justified as “exclusive supplier” contracts.
2. Public tenders: limited use (≈6% in 2021), mainly for generics or non-patented products.
3. PAHO Strategic Fund: used intermittently for antiretrovirals like TLD and pediatric formulations.
4. International tenders (UNDP, etc.): rare and declining share.



## MARKET CONCENTRATION

The Argentinian pharmaceutical company Richmond became the largest supplier by 2023–2024, representing 60% of total DVIHT expenditures in 2024.

Its dominance stems from exclusive contracts for Darunavir 800 mg + Ritonavir 100 mg, which absorbed 43% of the DVIHT's executed budget. In 2024, Richmond received over 16 billion ARS (approximately 17,5 million US\$), primarily due to sales of Darunavir 800 mg + Ritonavir 100 mg. The unit price of this drug rose nearly 10-fold from March 2023 (ARS 456 ≈ 0.5 US\$) to November 2024 (ARS 4,295 ≈ 4.7 US\$).

## PROCUREMENT TRANSPARENCY

FGEP reports recurrent problems of incomplete responses to access-to-information requests, delays, and missing data. Over 70% of 2024 purchases were direct awards without competition, eroding price transparency and accountability.

### 3

## ARVs Procurement Volumes *See following Table Antiretroviral medicines prices and volumes procured by MoH*

Between 2021 and 2024, Argentina's procurement strategy increasingly focused on optimizing ART regimens and ensuring stock continuity amid fiscal instability.

- Transition to TLD (Tenofovir + Lamivudine + Dolutegravir) as first-line regimen accelerated after 2021, consistent with WHO guidance.
- Suboptimal regimens (e.g., Lopinavir/Ritonavir, Efavirenz-based) were progressively reduced.
- FGEP monitoring in 2022 and 2023 confirmed that four ARVs had less than three months of stock, showing gradual improvement since earlier reports.
- In 2024, however, stocks of Abacavir/Lamivudine, Darunavir/Ritonavir, Tenofovir/Lamivudine/Dolutegravir, and Etravirine 200 mg were deemed "compromised"; Fostemsavir and Maraviroc (150 mg & 300 mg) were potentially out of stock.

Despite budget constraints, DVIHT maintained ART supply through emergency purchases and OPS (PAHO) requests. Still, recurring procurement delays and exclusive contracting limited efficiency.

### 4

## ARVs Price Analysis

Between 2021 and 2024, Argentina's ARV procurement experienced strong price volatility, largely driven by inflation, currency devaluation, and the growing dominance of local suppliers under non-competitive contracting. Patent restrictions and limited presence of generic alternatives further shaped the market dynamics.

- **Tenofovir/Lamivudine/Dolutegravir (TLD)** became Argentina's main first-line regimen following WHO recommendations. Uptake increased steadily between 2021 and 2023 as older regimens were phased out. Prices remained relatively stable compared to other ARVs, partly because some batches were procured through the PAHO Strategic Fund at lower international reference prices. Despite this, the peso's depreciation led to nominal price increases in 2024, although in real terms TLD remained the most cost-efficient regimen.
- **Darunavir/Ritonavir (800/100 mg)** emerged as the single largest budget driver. Supplied exclusively by Laboratorios Richmond, its unit cost escalated dramatically – from ARS 455.83 (≈ US\$ 1.55) per tablet in March 2023 to ARS 4,295 (≈ US\$ 14.5) in November 2024 – an almost tenfold increase. This combination alone absorbed approximately 43 percent of the DVIHT's executed budget in 2024, highlighting the impact of single-source dependency and the lack of price regulation.
- **Abacavir/Lamivudine** prices rose significantly in 2024 due to limited competition and the withdrawal of several generic alternatives. The combination remained essential for certain patient groups but represented a growing financial burden for the national program.
- **Efavirenz and Lopinavir/Ritonavir** continued to be phased out as Argentina transitioned to dolutegravir-based regimens. Their expenditure shares declined steadily during 2021–2024, reflecting both lower use and reduced procurement volumes.
- **Etravirine, Maraviroc, and Fostemsavir** remained among the most expensive ARVs, characterized by persistent shortages and low patient coverage. Patent protection and the absence of domestic production kept their prices high, making them accessible only through limited direct purchases.

Overall, ARV unit prices increased sharply in nominal terms between 2021 and 2024 due to macroeconomic instability and the near disappearance of competitive tenders. The reduction of the DVIHT budget – estimated at over 65 percent between 2022 and 2023 – further compounded affordability and constrained access to second-line therapies.



## 5

## Stock Management, Patient Coverage, and Procurement Transparency

From 2021 to 2023, DVIHT improved stock monitoring, achieving near-continuous ART coverage. By 2024, however:

- Budget execution fell to 75%, the lowest since 2016.
- Delays and omissions in official responses restricted civil-society monitoring.
- Purchases of drugs for opportunistic infections (bacterial, fungal, viral) were missed entirely, leading to severe shortages.
- FGEP filed multiple access-to-information complaints (Dec 2024-Feb 2025) after the Ministry of Health failed to provide complete procurement data.

Despite setbacks, Argentina maintains a centralized and universal ART supply model, ensuring treatment continuity for most PLHIV, albeit with recurrent procurement crises.

## Conclusions and Key Challenges (2021–2024)

### ACHIEVEMENTS

- Alignment with WHO guidelines and successful nationwide rollout of TLD regimen.
- Continued public provision of ART and essential medicines.
- Active civil-society oversight (FGEP) pushing for patent oppositions and transparency.

### CHALLENGES

- Excessive reliance on direct, non-competitive procurement.
- Monopolization of key ARVs by few local suppliers (notably Richmond).
- Severe budget under-execution (75% in 2024) and volatility due to inflation and devaluation.
- Recurring stockouts, particularly of second-line and pediatric formulations.
- Limited transparency in public procurement data and weak enforcement of access-to-information laws.

### KEY ACTIONS RECOMMENDED

1. **Reinstate open and competitive tendering** for ARVs and essential medicines.
2. **Strengthen public reporting mechanisms** and guarantee timely publication of procurement data.
3. **Reinforce budget execution and secure foreign-currency allocations for health imports.**
4. **Support regional generic production partnerships** through PAHO Strategic Fund and Mercosur frameworks.
5. **Ensure consistent stock monitoring and timely replenishment** at the DVIHT central warehouse.



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH | 2021  |              |                 |                        |                    |
|------------------------------------------------|-------|--------------|-----------------|------------------------|--------------------|
|                                                | BUYER | MANUFACTURER | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| Abacavir/lamivudine (ABC/3TC) 600/300 mg       | UNDP  | Richmond     | 900,000         | \$0.77                 | \$694,280.34       |
| DRV/r 800 mg/100mg                             | MoH   | Richmond     | 2,142,930       | \$2.36                 | \$5,047,627.04     |
| DTG 50 mg                                      | OPS   | Richmond     | 1,643,400       | \$0.36                 | \$597,589.54       |
| DTG 50 mg                                      | OPS   | Aurobindo    | 5400000         | \$0.10                 | \$555,033.45       |
| 3TC 300 mg                                     | MoH   | Microsules   | 183420          | \$0.31                 | \$56,837.46        |
| LPV/r 80/20mg/ml oral solution                 | MoH   | Abbvie       | 4,800           | \$36.72                | \$176,262.53       |
| LPV/r 100/25mg tablet                          | MoH   | Abbvie       | 86,880          | \$0.57                 | \$49,860.69        |
| Maraviroc 150 mg                               | MoH   | Glaxo        | 108,000         | \$2.54                 | \$274,676.62       |
| NVP 50mg/5 ml oral solution                    | OPS   | Aurobindo    | 79200           | \$0.07                 | \$5,476.08         |
| NVP 200 mg                                     | MoH   | Richmond     | 60,000          | \$0.18                 | \$10,624.32        |
| Raltegravir (RAL) 100mg powder/sachet          | MoH   | MSD          | 1,033,200       | \$2.48                 | \$2,564,578.04     |
| Raltegravir (RAL) 100mg powder/sachet          | MoH   | MSD          | 360,000         | \$2.03                 | \$731,218.82       |
| RAL 400mg tablet                               | MoH   | MSD          | 4,680,000       | \$3.83                 | \$17,908,733.23    |
| TDF/FTC 300/200mg tablet                       | OPS   | Hetero       | 4201200         | \$0.10                 | \$422,437.38       |
| TAF/FTC/DTG 25/200/50 mg                       | OPS   | Aurobindo    | 5400000         | \$0.19                 | \$1,047,408.07     |
| TAF/FTC 25/200 mg                              | MoH   | Richmond     | 180,000         | \$1.88                 | \$338,327.68       |
| TAF/FTC 25/200 mg                              | MoH   | Richmond     | 720,000         | \$2.03                 | \$1,464,638.40     |
| Zidovudina Jarabe 10/mg/ml                     | UNDP  | Richmond     | 1200            | \$10.86                | \$13,027.44        |
| Zidovudina Jarabe 10/mg/ml                     | MoH   | Richmond     | 10,920          | \$9.04                 | \$98,753.05        |
| Zidovudina ampollas                            | UNDP  | LKM          | 7200            | \$14.72                | \$105,992.01       |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH | 2022  |              |                 |                        |                    |
|------------------------------------------------|-------|--------------|-----------------|------------------------|--------------------|
|                                                | BUYER | MANUFACTURER | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| Abacavir/lamivudine (ABC/3TC) 600/300 mg       | MoH   | LKM S.A.     | 550,000         | \$0.23                 | \$124,280.64       |
| DRV/r 800/100                                  | MoH   | Richmond     | 2,394,000       | \$2.55                 | \$6,110,403.13     |
| Etravirine (ETV) 200mg tablet                  | MoH   | Janssen      | 262,920         | \$6.60                 | \$1,734,873.94     |
| Lamivudine (3TC) syrup                         | UNDP  | ELEA         | 10,010          | \$2.59                 | \$25,960.89        |
| 3TC 150 mg                                     | MoH   | Microsules   | 27,000          | \$0.34                 | \$9,151.57         |
| LPV/r 60 mg                                    | MoH   | Abbvie       | 5,040           | \$33.94                | \$171,077.33       |
| LPV/r 100/25mg tablet                          | MoH   | Abbvie       | 119,460         | \$0.53                 | \$63,379.09        |
| NVP 200 mg                                     | MoH   | Richmond     | 150,960         | \$0.25                 | \$37,736.01        |
| TAF/ FTC 25/200 mg                             | MoH   | Richmond     | 306,000         | \$1.91                 | \$584,613.31       |
| Zidovudina Jarabe 10/mg/ml                     | MoH   | Richmond     | 6,210           | \$8.63                 | \$53,596.03        |
| AZT 200 mg                                     | MoH   | LKM          | 2,600           | \$14.25                | \$37,047.71        |
| AZT/3TC/NVP 300/150/200mg tablet               | MoH   | LKM S.A.     | 259,000         | \$0.38                 | \$98,455.92        |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH | 2023  |              |                 |                        |                    |
|------------------------------------------------|-------|--------------|-----------------|------------------------|--------------------|
|                                                | BUYER | MANUFACTURER | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| Abacavir/lamivudine (ABC/3TC) 600/300 mg       | MoH   | ELEA         | 630,000         | \$0.70                 | \$438,001.20       |
| DRV/r 800 mg/100mg                             | MoH   | Richmond     | 1,080,000       | \$1.74                 | \$1,880,572.25     |
| Dolutegravir (DTG) 10 mg - pediatric           | MoH   | Mylan        | 36,000          | \$0.11                 | \$3,960.00         |
| DTG 50 mg                                      | MoH   | Mylan        | 2,520,000       | \$0.10                 | \$252,000.00       |
| DTG/3TC (50/300)                               | MoH   | Richmond     | 24,000          | \$11.93                | \$286,246.05       |
| DTG/ABC/3TC (50/600/300)                       | MoH   | Richmond     | 24,000          | \$40.61                | \$974,558.40       |
| EFV 600mg tablet                               | MoH   | LKM          | 64,575          | \$0.42                 | \$27,134.42        |
| Entecavir 0.5mg                                | MoH   | LKM          | 154,800         | \$1.31                 | \$203,005.65       |
| Fostemsavir 600 mg                             | MoH   | GSK          | 10,800          | \$54.75                | \$591,309.73       |
| Lamivudine (3TC) syrup                         | MoH   | ELEA         | 6,000           | \$13.70                | \$82,214.04        |
| LPV/r 100/25mg tablet                          | MoH   | Abbvie       | 44,400          | \$0.48                 | \$21,417.22        |
| Maraviroc 150 mg                               | MoH   | GSK          | 50,524          | \$2.29                 | \$115,801.01       |
| Maraviroc 300 mg                               | MoH   | GSK          | 37,680          | \$2.29                 | \$86,362.56        |
| Raltegravir (RAL) 100mg powder/sachet          | MoH   | MSD          | 48,360          | \$1.12                 | \$54,317.69        |
| TDF/FTC/EFV 300/200/600mg tablet               | MoH   | Hetero       | 2,430,720       | \$0.23                 | \$559,065.60       |
| TDF/3TC/DTG 300/300/50mg                       | MoH   | Mylan        | 16,650,000      | \$0.17                 | \$2,830,500.00     |
| TAF 25mg                                       | MoH   | Gador        | 10,800          | \$2.00                 | \$21,562.86        |
| Zidovudina ampollas                            | MoH   | Richmond     | 10,800          | \$5.38                 | \$58,071.12        |
| AZT 200 mg                                     | MoH   | LKM          | 6,000           | \$10.89                | \$65,322.00        |
| AZT/3TC 150/300 tablet                         | MoH   | Richmond     | 720,000         | \$0.35                 | \$252,129.17       |
| AZT/3TC/NVP 300/150/200mg tablet               | MoH   | Richmond     | 1,102           | \$0.43                 | \$468.66           |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH                     | 2024  |                                             |                 |                        |                    |
|--------------------------------------------------------------------|-------|---------------------------------------------|-----------------|------------------------|--------------------|
|                                                                    | BUYER | MANUFACTURER                                | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| Abacavir/Lamivudine/Dolutegravir (ABC/3TC/DTG) 600/300/50mg tablet | MoH   | Elea                                        | 30,000.00       | \$71.06                |                    |
| DRV/r 800/100                                                      | MoH   | Richmond                                    | 1,620,000       | \$1.67                 | \$2,708,162.10     |
| DRV/r 600/100                                                      | MoH   | Richmond                                    | 360,000         | \$1.23                 | \$444,097.08       |
| DTG 10 mg - pediatric                                              | OPS   | Mylan                                       | 252,000         | \$0.08                 | \$20,916.00        |
| DTG 50 mg                                                          | OPS   | Mylan                                       | 2,160,000       | \$0.09                 | \$194,400.00       |
| DTG/3TC (50/300)                                                   | MoH   | Richmond                                    | 48,000          | \$13.62                | \$653,529.60       |
| Etravirine (ETV) 200mg tablet                                      | MoH   | Janssen                                     | 192,240         | \$3.40                 | \$652,868.96       |
| EFV 600mg tablet                                                   | MoH   | Microsules                                  | 216,000         | \$0.56                 | \$120,403.08       |
| Entecavir 0.5mg                                                    | MoH   | Laboratorios<br>Federales<br>Argentinos S.A | 151,200         | \$1.23                 | \$185,826.82       |
| 3TC 300 mg                                                         | MoH   | Richmond                                    | 108,000         | \$0.29                 | \$31,306.18        |
| 3TC 300 mg                                                         | MoH   | Richmond                                    | 144,000         | \$0.52                 | \$74,416.99        |
| Maraviroc 150 mg                                                   | MoH   | GSK                                         | 59,940          | \$1.65                 | \$98,721.18        |
| Maraviroc 300 mg                                                   | MoH   | GSK                                         | 15,960          | \$1.65                 | \$26,286.12        |
| Raltegravir (RAL) 100mg powder/sachet                              | MoH   | MSD                                         | 36,000          | \$1.00                 | \$35,997.75        |
| RAL 100mg granulated                                               | MoH   | MSD                                         | 180,000         | \$1.00                 | \$179,988.77       |
| RAL 400mg tablet                                                   | MoH   | MSD                                         | 360,000         | \$1.15                 | \$413,194.09       |
| RAL 400mg tablet                                                   | MoH   | MSD                                         | 126,000         | \$1.15                 | \$144,617.93       |
| TDF/FTC 300/200mg tablet                                           |       | Mylan                                       | 5,100,000       | \$0.19                 | \$948,600.00       |
| TDF/FTC/EFV 300/200/600mg tablet                                   |       | Hetero                                      | 1,499,040       | \$0.26                 | \$391,249.44       |
| TDF/3TC/DTG 300/300/50mg                                           | OPS   | Hetero                                      | 16,200,000      | \$0.17                 | \$2,737,800.00     |
| Zidovudina Jarabe 10/mg/ml                                         | MoH   | Richmond                                    | 12,000          | \$7.29                 | \$87,488.64        |

# ARMENIA

## YEARS

2021, 2022, 2023, 2024

## SOURCES OF DATA

Armenia report 2021; Armenia report 2022; Armenia MI report 2023, Armenia MI report 2024

1

## Epidemiology

Cascade (data from report, Unaided and directly from country leads if missing)

| 2021                   | 2022                                                                                                                   | 2023                                                                                                                                                           | 2024                   |
|------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Cascade not available. | <b>PLHIV:</b> 4,800<br><b>Aware of status:</b> 4,007<br><b>On treatment:</b> 3,095<br><b>Virally suppressed:</b> 1,641 | <b>PLHIV:</b> 5,900<br><b>Aware of status:</b> 4,428<br><b>On treatment:</b> 3,398<br><b>Virally suppressed:</b> 2,421 (71.2%); suppression among those tested | Cascade not available. |

2

## Regulatory Rules and Procurement Mechanisms

### REGULATORY RULES

- State registration by the Ministry of Health (MoH); scientific expertise by SCDMTE.
- Since July 1, 2021, registration and examination of medicines is carried out according to the rules of the Eurasian Economic Union (EAEU). It is meant to fully replace previous national registration procedures by 31 December 2027.<sup>2</sup>
- Accelerated EAEU procedures available for priority products (≤150 days in reference state), national simplified procedure for some priority products (31 days).
- An eleven-year data exclusivity period protects originator clinical trials data, and parallel importation is permitted via MoH certification.<sup>3</sup>

### MAIN PROCUREMENT MECHANISMS

- State procurement is conducted through open tenders (minimum 40 days).
- International procurement agencies can participate. As of 2021 there were 8 international organizations that could potentially supply MoH: UNICEF, UNDP, IDA, GDF, PFSCM, Crown Agents, UNOPS, I+solutions.
- Non-registered but WHO-prequalified or ICH/EU/US/Japan-registered ARVs can also be purchased.

[2] [https://docs.eaeunion.org/upload/iblock/251/gd2gnthg60nwfv6z2c61gmcjwouqmov2/Reshenie-Soveta\\_-29-ot-14-maya-2025-goda.pdf](https://docs.eaeunion.org/upload/iblock/251/gd2gnthg60nwfv6z2c61gmcjwouqmov2/Reshenie-Soveta_-29-ot-14-maya-2025-goda.pdf)

[3] Art. 16, paragraph 15 of the Law of the Republic of Armenia on Medicines <https://www.arlis.am/hy/acts/212086>



## MAIN ACTORS AND MARKET STRUCTURE

In 2021, the Global Fund (GF) was the principal buyer, financing around 65% of total ARV procurement, while the Ministry of Health (MoH) covered the remaining 35%. In 2022, all ARVs were procured by the Global Fund. In 2023, GF again covered the majority of purchases – approximately 64% – with the state budget contributing the remaining 36%.

In 2024, the procurement table shows a visible shift toward MoH-funded purchasing. Several key products, including TDF/3TC/DTG (14,400 packs), LPV/r 200/50 mg (90 packs), DTG 10 mg (68 packs), LPV/r pellets (75 packs) and some ABC/3TC and AZT formulations, were procured directly by the MoH. GF-funded volumes appear only for a limited number of formulations in 2024.

Across all four years, 100% of ARVs were imported, with Indian generic manufacturers overwhelmingly dominant. Indian generics represented about 93% of purchases in 2021, 100% in 2022, and around 64% in 2023. In 2024, all manufacturers for which information is available – Mylan, Hetero, Laurus, Macleods, and Micro Labs – are Indian generic producers, and no originator manufacturers appear in the data.

### 3

## ARVs Procurement Volumes *See following Table Antiretroviral medicines prices and volumes procured by MoH*

Procurement volumes increased further as the budget rose to US\$291,166 in 2022 and US\$341,362 in 2023, with no stockouts reported. Fixed-dose combinations dominated procurement throughout the period, accounting for 94% of volumes in 2021, 88.5% in 2022, and 81.5% in 2023, reflecting the rapid scale-up of DTG- and TLD-based therapy. LPV/r volumes fell through 2022 but rose again in 2023 (+44%), while TDF/FTC procurement expanded 3.5-fold. New formulations – including pediatric DTG 10 mg and TAF/FTC/DTG – were introduced during 2022-2023.

In 2024, procurement remained concentrated around DTG-based combinations, led by 14,400 MoH-funded packs of TDF/3TC/DTG. LPV/r 200/50 mg tablets stabilized at 90 packs, and several ABC- and AZT-containing products also remained in limited use, with volumes generally comparable to or lower than previous years.

Overall, from 2021 to 2024, Armenia maintained a strong focus on optimized regimens, with steadily increasing procurement volumes driven by DTG-based combinations and a gradual decline in older formulations.

### 4

## ARVs Price Analysis

Between 2021 and 2024, Armenia's ARV pricing and procurement patterns were shaped by the continued dominance of Global Fund (GF) and the increased presence of Ministry of Health (MoH) funded procurement in 2024. Most ARVs were sourced from Indian generic manufacturers, and prices were kept relatively stable across the period.

- **Dolutegravir (DTG)** remained a core component of Armenia's regimen mix, almost entirely procured through GF until 2023. Prices for DTG 50 mg decreased from US\$2.60 in 2021 to US\$1.49 in 2023, while pediatric DTG 10 mg remained low-priced (US\$1.60–1.80) before increasing slightly with a supplier change in 2023. Although unit prices were modest, DTG products represented a significant share of spending due to consistently high volumes under GF procurement.
- **The TDF/3TC/DTG (TLD) fixed-dose combination** became Armenia's dominant first-line regimen. GF financed extremely high volumes in 2022 and 2023 (46,800 and 46,500 packs), at prices ranging from US\$5.00 to US\$5.43 per pack. At the end of 2023, more than 50% of the total procurement budget was allocated for the acquisition of TLD. Beginning in 2024, the MoH assumed part of the procurement, maintaining similar pricing (US\$5.47). As a result, TLD was by far the largest cost driver across the period, with total spending primarily driven by volume expansion rather than price changes.
- **Protease inhibitors** were procured in smaller quantities and mainly through GF. **Lopinavir/ritonavir (LPV/r)** from Mylan ranged between US\$18–20 per pack until decreasing to US\$16.20 in 2024 under MoH procurement. Limited branded LPV/r purchases from AbbVie by GF in 2021–2022 were significantly more expensive (around US\$60 per pack). **Darunavir (DRV 600 mg)**, also GF-funded, remained high-cost at US\$50–52 until dropping to US\$40 in 2024 under Hetero. Despite the high unit price, DRV's budget impact remained modest due to low volumes.
- **Older formulations – including ABC, AZT, 3TC, and NVP** – were procured mostly through GF, at low unit prices and declining volumes. Their share of total spending decreased steadily as Armenia phased out older suboptimal regimens and scaled up optimized DTG-based therapies.

Overall, Armenia's ARV budget from 2021 to 2024 became increasingly concentrated in GF-financed DTG-based combinations, particularly TLD. Prices remained stable or decreased due to reliance on generics, and the primary driver of total spending was the large growth in volumes, especially during the transition to WHO-recommended first-line regimens.



## Conclusions and Key Challenges (2021–2024)

### **ACHIEVEMENTS**

- Alignment with WHO-recommended DTG/TLD; very high DTG uptake.
- Consistent ART continuity with GF support; effective use of international procurement.
- Decreased reliance on GF funding; increased domestic financing resilience.

### **CHALLENGES**

- Price inefficiencies in MoH purchases vs GF (notably LPV/r, DTG, pediatric formulations) with improvements in that regard over the period
- Data transparency gaps (missing MoH supplier/price details).
- Residual use and price spikes for older suboptimal regimens (LPV/r) contradict optimization

### **KEY ACTIONS RECOMMENDED**

- 1. Leverage international agencies systematically for MoH buys;** align MoH specs with GF to capture GF-like prices.
- 2. Prioritize TLD/DTG;** further reduce LPV/r based on clinical need; use generic ATV/r + RTV where indicated.
- 3. Strengthen reporting:** publish complete MoH procurement data (suppliers, volumes, unit prices).
- 4. Plan fiscal transition:** increase state budget share for ARVs to ensure post-GF sustainability.
- 5. Procurement planning should be based on the actual number of patients receiving antiretroviral therapy, the expected increase in this number, and take into account stockpiles from previous years.**



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH | 2021        |                                   |                 |                        |                    |
|------------------------------------------------|-------------|-----------------------------------|-----------------|------------------------|--------------------|
|                                                | BUYER       | MANUFACTURER                      | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC 60mg dispersible tablet                    | GF          | Micro Labs, India                 | 250             | \$4.720                | \$1,180.00         |
| ABC 300 mg                                     | GF          | Mylan Laboratories Limited, India | 280             | \$8.000                | \$2,240.00         |
| DRV 600 mg                                     | GF          | Hetero Labs, India                | 144             | \$50.000               | \$7,200.00         |
| DTG 50 mg                                      |             | Hetero Labs, India                | 1568            | \$2.600                | \$4,076.80         |
| Lamivudine (3TC) 150 mg                        | GF          | Micro Labs, India                 | 270             | \$1.900                | \$513.00           |
| 3TC/ZDV (150/300)                              | GF          | Mylan Laboratories Limited, India | 1360            | \$4.990                | \$6,786.40         |
| 3TC 10mg/ml oral suspension                    | GF          | Macleods Pharmaceuticals, India   | 240             | \$1.980                | \$475.20           |
| Zidovudine (AZT) 50 mg/5 ml oral solution      | GF          | Macleods Pharmaceuticals, India   | 64              | \$2.180                | \$139.52           |
| AZT 50 mg/5 ml oral solution                   | GF          | Macleods Pharmaceuticals, India   | 57              | \$1.360                | \$77.52            |
| AZT 300 mg                                     | GF          | Micro Labs, India                 | 88              | \$4.240                | \$373.12           |
| LPV/r 200/50mg tablet                          | GF          | Mylan Laboratories Limited, India | 461             | \$18.650               | \$8,597.65         |
| LPV/r 200/50mg tablet                          | GF          | Abbvie, US                        | 108             | \$60.820               | \$6,568.56         |
| LPV/r 200/50mg tablet                          | GF          | Abbvie, US                        | 151             | \$60.320               | \$9,108.32         |
| NVP 50mg/5 ml oral solution                    | GF          | Aurobindo                         | 24              | \$1.450                | \$34.80            |
| RTV 100mg tablet                               | GF          | Mylan Laboratories Limited, India | 48              | \$7.000                | \$336.00           |
| TDF/FTC 300/200mg tablet                       | GF          | Mylan Laboratories Limited, India | 1080            | \$4.500                | \$4,860.00         |
| TDF/3TC/EFV 300/300/400mg tablet               | GF          | Mylan Laboratories Limited, India | 1080            | \$5.150                | \$5,562.00         |
| TDF/3TC/DTG 300/300/50mg                       | GF          | Cipla, India                      | 8470            | \$5.000                | \$42,350.00        |
| TDF/3TC/DTG 300/300/50mg                       | GF          | Mylan Laboratories Limited, India | 8064            | \$5.470                | \$44,110.08        |
| TDF/3TC/DTG 300/300/50mg                       | MoH Armenia | Mylan Laboratories Limited, India | 14400           | \$5.470                | \$78,768.00        |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH | 2022  |                                      |                 |                        |                    |
|------------------------------------------------|-------|--------------------------------------|-----------------|------------------------|--------------------|
|                                                | BUYER | MANUFACTURER                         | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC 60mg dispersible tablet                    | GF    | Micro Labs, India                    | 260             | \$5.550                | \$1,443.00         |
| ABC 300 mg                                     | GF    | Mylan                                | 300             | \$8.170                | \$2,452.20         |
| DRV 600 mg                                     | GF    | Mylan Laboratories<br>Limited, India | 144             | \$50.740               | \$7,306.56         |
| Dolutegravir (DTG) 10 mg - pediatric           | GF    | Mylan Laboratories<br>Limited, India | 204             | \$1.600                | \$326.40           |
| DTG 50 mg                                      | GF    | Mylan Laboratories<br>Limited, India | 1400            | \$2.970                | \$4,156.00         |
| Lamivudine (3TC) 150 mg                        | GF    | Mylan Laboratories<br>Limited, India | 170             | \$2.250                | \$382.50           |
| 3TC/ZDV (150/300)                              | GF    | Mylan Laboratories<br>Limited, India | 860             | \$6.140                | \$5,284.70         |
| 3TC 10mg/ml oral suspension                    | GF    | Macleods Pharma-<br>ceuticals, India | 300             | \$3.130                | 940,2              |
| Zidovudine (AZT) 50 mg/5 ml oral solution      | GF    | Macleods Pharma-<br>ceuticals, India | 128             | \$3.450                | \$441.60           |
| AZT 300 mg                                     | GF    | Mylan Laboratories<br>Limited, India | 88              | \$5.640                | \$496.32           |
| LPV/r 40/10mg pellets or granules              | GF    | Mylan Laboratories<br>Limited, India | 100             | \$19.170               | \$1,917.00         |
| LPV/r 200/50mg tablet                          | GF    | Mylan Laboratories<br>Limited, India | 160             | \$19.050               | \$3,048.00         |
| NVP 50mg/5 ml oral solution                    | GF    | Aurobindo                            | 55              | \$3.310                | \$182.05           |
| RTV 100mg tablet                               | GF    | Mylan Laboratories<br>Limited, India | 228             | \$8.840                | 2544,6             |
| TDF/FTC 300/200mg tablet                       | GF    | Mylan Laboratories<br>Limited, India | 580             | \$4.570                | \$2,648.70         |
| TDF/3TC/DTG 300/300/50mg                       | GF    | Aurobindo, India                     | 46800           | \$5.430                | \$254,212.17       |
| TAF/FTC/DTG 25/200/50 mg                       | GF    | Mylan Laboratories<br>Limited, India | 600             | 5.64                   | 3382,6             |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH | 2023  |                                   |                 |                        |                    |
|------------------------------------------------|-------|-----------------------------------|-----------------|------------------------|--------------------|
|                                                | BUYER | MANUFACTURER                      | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC 300 mg                                     | GF    | Mylan Laboratories Limited, India | 270             | \$8.110                | 2189,77            |
| ABC/3TC 600/300 mg                             | GF    | Mylan Laboratories Limited, India | 300             | \$8.310                | \$2,491.54         |
| ABC/3TC 120/60mg dispersible tablet            | GF    | Mylan Laboratories Limited, India | 250             | \$3.340                | \$835.00           |
| ATV/r 300mg/100mg tablet                       | GF    | Mylan Laboratories Limited, India | 100             | \$26.940               | \$2,694.00         |
| DRV 600 mg                                     | GF    | Mylan Laboratories Limited, India | 96              | \$51.680               | \$4,961.28         |
| Dolutegravir (DTG) 10 mg - pediatric           | GF    | Macleods Pharmaceuticals, India   | 204             | \$1.800                | \$367.20           |
| DTG 50 mg                                      | GF    | Mylan Laboratories Limited, India | 1250            | \$1.490                | \$1,862.50         |
| Lamivudine (3TC) 150 mg                        | GF    | Mylan Laboratories Limited, India | 150             | \$2.460                | \$369.00           |
| 3TC/ZDV (150/300)                              | GF    | Mylan Laboratories Limited, India | 1000            | \$6.620                | \$6,620.00         |
| 3TC 10mg/ml oral suspension                    | GF    | Macleods Pharmaceuticals, India   | 238             | \$2.630                | \$625.94           |
| Zidovudine (AZT) 50 mg/5 ml oral solution      | GF    | Macleods Pharmaceuticals, India   | 90              | \$2.900                | \$261.00           |
| LPV/r 40/10mg pellets or granules              | GF    | Mylan Laboratories Limited, India | 120             | \$20.940               | \$2,512.80         |
| LPV/r 200/50mg tablet                          | GF    | Mylan Laboratories Limited, India | 90              | \$20.080               | \$1,807.20         |
| NVP 50mg/5 ml oral solution                    | GF    | Cipla, India                      | 84              | \$1.840                | \$154.56           |
| RTV 100mg tablet                               | GF    | Mylan Laboratories Limited, India | 192             | \$9.620                | \$1,847.04         |
| TDF/FTC 300/200mg tablet                       | GF    | Laurus Lab, India                 | 1200            | \$3.960                | \$4,752.00         |
| TDF/3TC/EFV 300/300/400mg tablet               | MoH   | Laurus Lab, India                 | 600             | \$6.190                | \$3,714.00         |
| TDF/3TC/DTG 300/300/50mg                       | GF    | Laurus Lab, India                 | 46500           | \$3.790                | \$176,235.00       |
| TAF/FTC/DTG 25/200/50 mg                       | GF    | Mylan Laboratories Limited, India | 840             | 6.58                   | \$5,527.20         |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH | 2024          |              |                 |                        |                    |
|------------------------------------------------|---------------|--------------|-----------------|------------------------|--------------------|
|                                                | BUYER         | MANUFACTURER | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC/3TC 600/300 mg                             | MoH           | Mylan        | 192             | 6.75                   | \$1,296.00         |
| ABC/3TC 120/60mg dispersible tablet            | MoH           | Mylan        | 300             | 2.7                    | \$810.00           |
| ATV/r 300mg/100mg tablet                       | MoH           | Mylan        | 100             | 10.95                  | \$1,095.00         |
| DRV 600 mg                                     | International | Hetero       | 96              | \$40.00                | \$3,840.00         |
| 3TC 10 mg                                      | International | Macleods     | 180             | 4                      | \$720.00           |
| Lamivudine (3TC) 150 mg                        | MoH           | Mylan        | 135             | 3                      | \$405.00           |
| AZT 50 mg/5 ml oral solution                   | International | Macleods     | 30              | 4                      | \$120.00           |
| AZT 300 mg                                     | International | Mylan        | 48              | 5                      | \$240.00           |
| LPV/r 40/10mg pellets or granules              | MoH           | Mylan        | 75              | 16.9                   | \$1,267.50         |
| LPV/r 200/50mg tablet                          | International | Mylan        | 90              | 16.2                   | \$1,458.00         |
| RTV 100mg tablet                               | MoH           | Hetero       | 216             | 6.5                    | \$1,404.00         |
| TDF/FTC 300/200mg tablet                       | MoH           | Hetero       | 864             | 3.2                    | \$2,764.80         |
| TDF/3TC/EFV 300/300/400mg tablet               | MoH           | Macleods     | 300             | 3.93                   | \$1,179.00         |
| TAF/FTC/DTG 25/200/50 mg                       | MoH           | Mylan        | 864             | 5.11                   | \$4,415.04         |

# BELARUS



## YEARS

2021, 2022, 2023, 2024

## SOURCES OF DATA

Positive Initiative and ITPC EECA market intelligence reports for 2021, 2022, 2023, 2024

1

### Epidemiology

Cascade (data from report, Unaided and directly from country leads if missing)

| 2021                                                                                                                       | 2022                                                                                                                       | 2023                                                                                                                       | 2024                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>PLHIV:</b> 28,000<br><b>Aware of status:</b> 23,330<br><b>On treatment:</b> 19,888<br><b>Virally suppressed:</b> 16,314 | <b>PLHIV:</b> 28,000<br><b>Aware of status:</b> 23,411<br><b>On treatment:</b> 21,242<br><b>Virally suppressed:</b> 17,145 | <b>PLHIV:</b> 27,000<br><b>Aware of status:</b> 25,038<br><b>On treatment:</b> 21,931<br><b>Virally suppressed:</b> 18,775 | <b>PLHIV:</b> 27,000<br><b>Aware of status:</b> 25,557<br><b>On treatment:</b> 23,870<br><b>Virally suppressed:</b> 20,767 |

As of the end of 2024, Belarus HIV cascade stood at roughly 95-93-87. Over five years of universal access, the number of PLHIV receiving ART almost doubled, but since 2020 the pace of growth slowed to about 1,000 new patients per year.

2

### Regulatory Rules and Procurement Mechanisms

#### REGULATORY RULES

- ➔ Registration of medicinal products in Belarus is not mandatory for procurement. This applies both to purchases made with State budget funds, where permission to procure unregistered medicinal products may be included in the Terms of Reference, and to procurements financed through the Global Fund when conducted via international platforms.
- ➔ Belarus is not a member of the WTO, but since 1993 it has actively pursued accession. Though Belarus has not signed FTAs containing TRIPS-plus obligations, legislation provides a four-year data exclusivity period and patent linkage remains for strategically important drugs<sup>4</sup> (marketing authorisation certificate is terminated only after a court found an IP infringement). However, the legislation includes Bolar exception and compulsory licensing to private entities, as well as international parallel importation and government use licensing which were introduced in 2023.<sup>5</sup>

#### MAIN PROCUREMENT ENTITIES AND MECHANISMS

Between 2021 and 2024, ARV medicines were procured through two main channels:

1. State budget financing where healthcare institutions conducted procurement either independently or through the Republican Unitary Enterprise “Belpharmacia” in cases where the value or volume of procurement exceeded legally established threshold requiring centralized procurement.
2. Global Fund grant financing, implemented through the UNDP as principal recipient.

Six types of public procurement procedures have been defined: five competitive procedures (open tender, closed tender, electronic auction, request for price proposals, exchange trading), and one non-competitive – a procedure for procurement from one source with one participant.

[ 5 ]     intelektualnaya-sobstvennost-i-dostup-k-lecheniyu-v-respublike-belarus.pdf  
[ 6 ]     ibid



Most ARVs bought with MoH funds have come from a single supplier, though in 2022, TLD and TDF/FTC were purchased based on auction results, and in 2023 ATV/r, LPV/r, TDF/FTC, TDF/FTC/EFV were purchased mainly based on auction results.

## LOCAL MANUFACTURING SUPPORT POLICIES

- ➔ Belarus encourages local pharmaceutical manufacturing through MoH programs and rules that focus on replacing imports with local products and boosting exports, most recently outlined in Presidential Decree No. 327 (2021).
- ➔ Domestic producers also benefit from a 15% price preference in public procurement. However, the main national suppliers have been Akademfarm (using generics from Cipla) and Belalek (using generics from Hetero) and they have only engaged in packaging and repacking finished tablets rather than producing them.

## 3 ARVs Procurement Volumes *See following Table Antiretroviral medicines prices and volumes procured by MoH*

### ANALYSIS OF ARV PROCUREMENT VOLUMES AND OPTIMIZATION

In 2021, state procurement was still dominated by TDF/FTC/EFV (35% of total MoH budget of \$7,021,307 in 2021), along with LPV/R (41%), while purchases of DTG took only 14% out of the MoH budget.

By 2022-2023, procurement shifted more toward DTG regimens. In 2022, DTG accounted for 33.53% out of the \$8,505,500 MoH budget vs 35.37% out of the \$7,542,015 MoH budget in 2023. TLD represented an even larger share at 49% in 2022 before dropping to 30.09% in 2023.

By 2024, DTG's share dropped to 21% out of the \$5,952,571 MoH budget, while TLD's share also increased to 40.64% of the MoH budget in 2024.

From 2021 to 2024, MoH procurement remained significantly higher than UNDP procurement. UNDP's largest procurement was in 2021 at \$1,005,462, compared with \$7,021,307 procured by the MoH that same year.

### STOCK MANAGEMENT, PATIENT COVERAGE, AND PROCUREMENT TRANSPARENCY

Between 2021 – 2023, Belarus didn't have a nationwide shortage, which was the trend since 2016. However, there were several localized interruptions such as being dispensed medicines close to their expiration date and occasional unavailability at the clinic level. For example, there was an instance where patients were given Tenvir in September 2022, with an expiration date until October 2022.

The transition to dolutegravir based regimens was also disrupted as clinics tried to use up leftover older drugs before they expired. Patients were often switched back and forth between medicines e.g., from TDF/FTC to ABC/3TC or from Efavirenz to Lopinavir/r.

Additionally, In 2022, the procurement of most paediatric forms of drugs didn't take place because the government body in charge (the Republican Scientific and Practical Center for Medical Technologies (RNPC MT), which was supposed to use GF fund to make the purchases, failed to buy through international suppliers.

In 2024, the number of annual treatment courses procured increased by 19%, rising from 22,111 in 2023 to 26,377 in 2024. This volume exceeded the estimated need for 23,870 patients.

## 4 ARVs Price Analysis

- ➔ **In 2021, Belarus switched to buying a generic DTG** from Hetero procured through GF's international platform, after buying from ViiV using MoH budget funds in 2020. This reduced the DTG price to \$52. In 2022, DTG was purchased with state budget funds from Sun Pharma/Terapia, keeping the price at \$28.88. By 2023, DTG price rose again to \$30.32 as procurement was done with MoH budget funds on the national platform, before dropping in 2024 to \$17.20.
- ➔ **For TLD**, procurement began in 2022 and Belarus procured it at \$38.63 (for 98,793 packs). In 2023, TLD was again procured with MoH funds but in smaller volume and lower price at \$32.56 (69,714 packs), before dropping significantly in 2024 at \$18.22 for 133,950 packs. The state bought TLD from Mylan for all three years.
- ➔ **For LPV/r**, the MoH bought 59210 packs of LPV/r at \$48.43 in 2021 and by 2024, they bought 5510 packs at a significantly lower price and volume at \$24.26 and 25,199 packs at \$20.60.

The long-term sustainability of Belarus' transition to DTG regimens is threatened by the possibility DTG prices remain high compared with neighbouring countries, even after the 2020 MPP-ViiV licensing agreement designed to improve affordability. Successful transition requires strong engagement from both primary care providers (who need clear guidance on protocols and timelines), and the patient community.



## 5

## Main Manufacturers (Princeps/Global Generic/Local Generic)

- In 2021, AbbVie accounted for the largest share with Aluvia (LPV/r, 36% of the total budget of the MoH and UNDP) and Norvir (Ritonavir, 2,1%), while Cipla/Akademfarm supplied Viradey (TDF/FTC/EFV, 30,7%). Hetero contributed 12% mainly through DTG.
- In 2022, Procurement shifted heavily toward Dolutegravir-based regimens. Mylan/Tishas led with Acriptega (TLD, 49,9% of the total budget of the MoH and UNDP), followed by Sun/Terapia with DTG (33%).
- In 2023, Mylan/Tishas supplied DTG (35% of the total MoH budget as UNDP didn't procure any drugs for Belarus in 2023) and TLD (30%), accounting for 30% of the MoH budget. Mylan also supplied the same drugs in 2024 (40% of the total budget of the MoH and UNDP for TLD and 21% for DTG)

## Conclusions and Key Challenges (2021–2024)

### KEY ACTIONS RECOMMENDED

1. **For 2024 procurement, Belarus should seek ways to lower DTG prices since the MPP licensing agreement for upper-middle-income countries like Belarus hasn't brought DTG/TLD prices down to global levels.** Alternatively, Belarus could consider enabling access to alternative ARVs such as bictegravir (BIC), doravirine (DOR), darunavir (DRV) and TAF-containing regimens for patient groups for whom TLD is not optimal.
2. **In order to further reduce prices for DTG, it is necessary to support the use of new legislation including the issuance by the government of a compulsory license for DTG for the purpose of “protecting human life and health,” or the inclusion of ARVD in the list of goods for which parallel import is permitted.**





| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH | 2021  |                                                          |                 |                        |                    |
|------------------------------------------------|-------|----------------------------------------------------------|-----------------|------------------------|--------------------|
|                                                | BUYER | MANUFACTURER                                             | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC 300 mg                                     | MoH   | ZiaGen, GSK                                              | 1021            | \$32.25                | \$32,927.00        |
| Abacavir/lamivudine (ABC/3TC) 600/300 mg       | MoH   | Lavudin-AB,<br>Hetero/Belalek                            | 27900           | \$53.02                | \$568,508.00       |
| DRV 600 mg                                     | MoH   | Kemerovir,**<br>Pharmaceutical<br>synthesis/<br>Nativita | 1529            | \$74.03                | \$113,196.00       |
| DRV 600 mg                                     | MoH   | Kemerovir,**<br>Pharmaceutical<br>synthesis/<br>Nativita | 1355=           | \$59.79                | \$81,013.00        |
| DTG 50 mg                                      | GF    | Hetero                                                   | 18384           | \$52.00                | \$955,968.00       |
| ETR 200 mg                                     | MoH   | Intelligence;<br>Janssen                                 | 2553            | \$300.00               | \$689,310.00       |
| Lamivudine (3TC) 150 mg                        | MoH   | Mylan/ Tishas                                            | 7029            | \$6.53                 | \$45,869.00        |
| LPV/r 200/50mg tablet                          | MoH   | Aluvia,<br>AbbVie/ FMG                                   | 59210           | \$48.43                | \$2,867,386.00     |
| TDF/FTC/EFV 300/200/600mg tablet               | MoH   | Viradey, Cipla/<br>Akademfarm                            | 104093          | \$23.54                | \$2,450,780.00     |
| Intravenous ZDV 10 mg/ml-20 ml                 | MoH   | GSK                                                      | 30              | \$63.55                | \$1,907.00         |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH        | 2022  |                                                                   |                 |                        |                    |
|-------------------------------------------------------|-------|-------------------------------------------------------------------|-----------------|------------------------|--------------------|
|                                                       | BUYER | MANUFACTURER                                                      | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| Abacavir/lamivudine (ABC/3TC) 600/300 mg              | MoH   | Hetero/Belalek                                                    | 15726           | \$21.75                | \$376,170.00       |
| Atazanavir/ritonavir (ATV/r) 300mg/100mg tablet       | MoH   | Atzor-R,<br>Emcure/<br>Biopharma                                  | 5587            | \$51.00                | \$284,937.00       |
| DRV 600 mg                                            | MoH   | Kemerovir,<br>Pharmaceutical<br>Synthesis (Russian<br>Federation) | 641             | \$74.74                | \$47,906.00        |
| DTG 50 mg                                             | MoH   | Dolutegravir Sun/<br>Terapia (Romania)                            | 98734           | \$28.88                | \$2,851,496.00     |
| 3TC/ZDV (150/300)                                     | MoH   | Duovir, Cipla/<br>Akademfarm                                      | 20402           | \$11.05                | \$247,953.00       |
| Tenofovir/Emtricitabine (TDF/FTC)<br>300/200mg tablet | MoH   | Fovirem,<br>Hetero through<br>Belalek                             | 62961           | \$7.16                 | \$496,189.00       |
| TDF/FTC 300/200mg tablet                              | GF    |                                                                   | 4176            | \$4.23                 | \$17,664.00        |
| TDF/3TC/DTG 300/300/50mg                              | MoH   | Acrytega,<br>Mylan/ Tishas                                        | 98793           | \$38.63                | \$4,197,917.00     |
| Children's forms R/DT****                             | MoH   |                                                                   |                 |                        | \$2,932.00         |
| Children's forms R/DT****                             | GF    |                                                                   |                 |                        | \$47,307.00        |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH        | 2023  |                                                    |                 |                        |                    |
|-------------------------------------------------------|-------|----------------------------------------------------|-----------------|------------------------|--------------------|
|                                                       | BUYER | MANUFACTURER                                       | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC 300 mg                                            | MoH   | Olitid,<br>Pharmasyntetx                           | 863             | \$9.22                 | \$7,955.00         |
| Abacavir/lamivudine (ABC/3TC) 600/300 mg              | MoH   | Hetero/ Belalek                                    | 24853           | \$21.44                | \$586,198.00       |
| Atazanavir/ritonavir (ATV/r) 300mg/100mg<br>tablet    | MoH   | Atator-R, Emcure/<br>Biopharma<br>(Russia)         | 10071           | \$40.28                | \$405,660.00       |
| DTG 50 mg                                             | MoH   | Mylan/ Tishas                                      | 87972           | \$30.32                | \$2,667,579.00     |
| EFV 600mg                                             | MoH   | Cipla/<br>Academpharm                              | 46514           | \$3.96                 | \$202,860.00       |
| EFV 600mg                                             | MoH   | Mylan/ Tishas                                      | 19380           | \$3.43                 | \$73,183.00        |
| 3TC 150 mg                                            | MoH   | Amiviren,<br>Pharmsintez (Rus-<br>sian Federation) | 604             | \$3.14                 | \$1,895.00         |
| 3TC/ZDV (150/300)                                     | MoH   | Duovir, Cipla                                      | 30584           | \$7.45                 | \$250,651.00       |
| LPV/r 200/50mg tablet                                 | MoH   | Orvical-Reb, World<br>Medicine/<br>Reb-Pharma      | 11513           | \$26.55                | \$336,179.00       |
| Tenofovir/Emtricitabine (TDF/FTC)<br>300/200mg tablet | MoH   | Mylan through<br>Tisas                             | 104508          | \$3.88                 | \$445,521.00       |
| TDF/FTC/EFV 300/200/600mg tablet                      | MoH   | Mylan/Tisas                                        | 20849           | \$12.69                | \$291,025.00       |
| TDF/3TC/DTG 300/300/50mg                              | MoH   | Mylan/Tisas                                        | 69714           | \$32.56                | \$2,269,655.00     |
| Children's forms R/DT****                             | MoH   |                                                    |                 |                        | \$3,654.00         |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH                | 2024  |                                                                                                                                               |                 |                        |                    |
|---------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------|--------------------|
|                                                               | BUYER | MANUFACTURER                                                                                                                                  | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| <b>Abacavir/lamivudine (ABC/3TC)<br/>600/300 mg</b>           | MoH   | Hetero Labs Ltd., India<br>packaged by Belalek LLC,<br>Belarus                                                                                | \$28,449.00     | \$21.56                | \$613,476.20       |
| <b>ABC/3TC 120/60mg dispersible tablet</b>                    | GF    | Mylan                                                                                                                                         | \$734.00        | \$5.48                 | \$4,022.32         |
| <b>Dolutegravir (DTG) 10 mg - pediatric</b>                   | GF    | Macleods Pharmaceuticals<br>Limited, Индия                                                                                                    | 335             | \$8.24                 | \$2,760.40         |
| <b>DTG 50 mg</b>                                              | MoH   | Mylan through Tishas<br>ODO, RB                                                                                                               | 73035           | \$17.20                | \$1,256,500.25     |
| <b>EFV 600mg</b>                                              | MoH   | Hetero Labs Ltd., India<br>packaged by Belalek LLC,<br>Belarus                                                                                | 33770           | \$4.65                 | \$157,022.14       |
| <b>EFV 600mg</b>                                              | MoH   | Hetero Labs Ltd., India<br>packaged by Belalek LLC,<br>Belarus                                                                                | 10586           | \$4.95                 | \$52,432.43        |
| <b>Lamivudine (3TC) 150 mg</b>                                | MoH   | PharmSynthesis JSC, Rus-<br>sian Federation                                                                                                   | 3466            | \$3.31                 | \$11,480.76        |
| <b>3TC/ZDV (30/60)</b>                                        | GF    | Mylan                                                                                                                                         | 180             | \$8.11                 | \$1,459.80         |
| <b>3TC/ZDV (30/60)</b>                                        | GF    | Mylan                                                                                                                                         | 181             | \$9.22                 | \$1,668.82         |
| <b>3TC/ZDV (150/300)</b>                                      | MoH   | Hetero through Belmed-<br>preparaty Rus LLC, Rus-<br>sian Federation                                                                          | 28163           | \$8.22                 | \$231,423.54       |
| <b>3TC 10mg/ml oral suspension, 10 ml</b>                     | GF    | Hetero                                                                                                                                        | 48              | \$31.77                | \$1,524.96         |
| <b>LPV/r 200/50mg tablet</b>                                  | MoH   | World Medicine Ilac San.<br>Ve Tic. A.S., Turkey/Foreign<br>Production and Trade Uni-<br>tary Enterprise Reb-Phar-<br>ma, Republic of Belarus | 5510            | \$24.26                | \$133,670.27       |
| <b>LPV/r 200/50mg tablet</b>                                  | MoH   | Mylan through Tatti Phar-<br>ma LLC, RF                                                                                                       | 25199           | \$20.60                | \$519,151.91       |
| <b>Nevirapine (NVP) 50mg/5 ml oral<br/>solution</b>           | GF    | Cipla                                                                                                                                         | 84              | \$15.78                | \$1,325.52         |
| <b>Raltegravir 100 mg (chewable tab)</b>                      | GF    | Patheon Pharmaceuticals<br>Inc., USA/ MERCK SHARP &<br>DOHME B.V. Netherlands,<br>HAARLEM, Netherlands                                        | 186             | \$88.97                | \$16,548.42        |
| <b>Tenofovir (300 mg)</b>                                     | MoH   | Hetero Labs Ltd., India<br>packaged by Belalek LLC,<br>Belarus                                                                                | 6300            | \$5.73                 | \$36,086.12        |
| <b>Tenofovir/Emtricitabine (TDF/FTC)<br/>300/200mg tablet</b> | MoH   | Mylan through Tatti Phar-<br>ma LLC, RF                                                                                                       | 67096           | \$3.88                 | \$260,261.56       |
| <b>TDF/FTC/EFV 300/200/600mg tablet</b>                       | MoH   | Mylan through TATTI<br>PHARMA LLC, Russian<br>Federation                                                                                      | 35868           | \$6.70                 | \$240,277.53       |
| <b>TDF/3TC/EFV 300/300/400mg tablet</b>                       | GF    | Mylan                                                                                                                                         | 3000            | \$6.86                 | \$20,580.00        |
| <b>TDF/3TC/DTG 300/300/50mg</b>                               | MoH   | Mylan through Tishas<br>ODO, RB                                                                                                               | 133950          | \$18.22                | \$2,440,788.44     |
| <b>AZT 50 mg/5 ml oral solution, 100 ml</b>                   | GF    | Macleods Pharmaceuticals<br>Limited, Inde                                                                                                     | 374             | \$7.94                 | \$2,969.56         |

# BRAZIL



## YEARS

2021, 2022, 2023, 2024

## SOURCES OF DATA

Brazil report 2021, 2022, 2023, 2024

1

### Epidemiology

Cascade (data from report, Unaided and directly from country leads if missing)

| 2021*                                                                                                                          | 2022*                                                                                                                                | 2023*                                                                                                                                | 2024*                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>PLHIV:</b> 960,000<br><b>Aware of status:</b> 888,054<br><b>On treatment:</b> 702,380<br><b>Virally suppressed:</b> 667,693 | <b>PLHIV:</b> Not available<br><b>Aware of status:</b> 930,193<br><b>On treatment:</b> 735,775<br><b>Virally suppressed:</b> 700,310 | <b>PLHIV:</b> Not available<br><b>Aware of status:</b> 975,110<br><b>On treatment:</b> 782,707<br><b>Virally suppressed:</b> 745,158 | <b>PLHIV:</b> Not available<br><b>Aware of status:</b> 1,020,702<br><b>On treatment:</b> 826,415<br><b>Virally suppressed:</b> 789,106 |

2

### Regulatory Rules and Procurement Mechanisms

#### REGULATORY RULES

- Brazil guarantees free and universal access to antiretroviral (ARV) medicines through Law No. 9.313/1996, making the federal government responsible for procurement and distribution of ARVs via the Unified Health System (SUS). All HIV treatment is provided through public health services.
- Brazil has incorporated and used TRIPS flexibilities, including parallel importation and compulsory licensing. In 2007 Brazil issued a compulsory license on Efavirenz. Moreover, harmful TRIPS-plus provisions such as data exclusivity and automatic patent term extensions are not introduced or in force in Brazil; in 2021, Brazil's Supreme Court ruled automatic patent term extensions unconstitutional.<sup>7</sup>
- ARV procurement is coordinated by the Ministry of Health, which also uses public purchasing as a policy tool to stimulate domestic production through Product Development Partnerships (PDPs) and technology-transfer arrangements for strategic medicines.

#### MAIN PROCUREMENT MECHANISMS

- ARV procurement is centralized and conducted by the Ministry of Health, from both multinational pharmaceutical companies and domestic manufacturers (public and private).
- PAHO procurement mechanisms are used for some ARVs.

#### LOCAL MANUFACTURING SUPPORT POLICIES

- Brazil maintains a network of public pharmaceutical laboratories (Fiocruz/Farmanguinhos, Lafepe, Furp) and private domestic

\* <https://www.gov.br/aids/pt-br/indicadores-epidemiologicos/painel-de-monitoramento/painel-integrado-de-monitoramento-do-cuidado-do-hiv> [https://bvsms.saude.gov.br/bvs/publicacoes/relatorio\\_monitoramento\\_clinico\\_hiv\\_2021.pdf](https://bvsms.saude.gov.br/bvs/publicacoes/relatorio_monitoramento_clinico_hiv_2021.pdf)

+ <https://www.gov.br/aids/pt-br/indicadores-epidemiologicos/painel-de-monitoramento/painel-integrado-de-monitoramento-do-cuidado-do-hiv>

[ 7 ] South Centre Policy Brief No. 94, 2021: <https://www.southcentre.int/wp-content/uploads/2021/06/PB-94-1.pdf>



manufacturers (e.g. Cristália, Blanver) that supply ARVs to the Ministry of Health and play a major role in formulation and final production for the Sistema Único de Saúde (SUS – Unified Health System).

- Local production is largely based on imported APIs, but contributes to national manufacturing capacity, technology transfer, and supply security, notably through PDPs
- PDPs are a core element of Brazil's Health Economic-Industrial Complex (CEIS) strategy, using public procurement to strengthen domestic pharmaceutical production and reduce dependence on imports; in 2023 the federal government announced R\$ 42 billion (≈ 8 billion US\$) for reindustrialization, including priority health products for SUS.
- Despite these policies, major gaps remain: of 20 ARVs assessed, 11 lack local finished-product production and 10 lack local API production; DTG is not currently considered locally produced, with technology transfer limited to packaging.

## 3

## ARVs Procurement Volumes See following Table Antiretroviral medicines prices and volumes procured by MoH

### ANALYSIS OF ARV PROCUREMENT VOLUMES AND OPTIMIZATION

Between 2022 and 2023, Brazil substantially increased procurement of dolutegravir (DTG) 50 mg. Purchases from Fiocruz rose from 64.6 million tablets in 2022 to 211.1 million tablets in 2024, while additional DTG volumes from Lafepe reached 79.5 million tablets in 2022. Over this period, DTG unit prices purchased by Fiocruz declined from around US\$0.91 to approximately US\$0.75 per tablet. Despite long-term efforts of ABIA and local manufacturers to prevent patent monopoly on DTG (by filing patent oppositions, patent invalidation action, etc.), patent was granted; and due to court injunction based on patent infringement lawsuit filed by GSK, local public manufacturer Lafepe had to stop supplies of DTG to MoH in 2023.

Procurement of the fixed-dose combination DTG/3TC (50/300 mg) supplied by Fiocruz increased from 10.8 million tablets in 2022 to 49.8 million tablets in 2023, with unit prices falling from US\$1.19 to US\$1.03.

Backbone products such as lamivudine (3TC) 150 mg and tenofovir disoproxil fumarate (TDF) continued to be procured in large volumes, exceeding 68 million tablets of 3TC in 2023. In addition, procurement of the fixed-dose combination TDF/3TC (300/300 mg) exceeded 100 million tablets in 2023, while procurement of efavirenz (EFV) declined between 2021 and 2024.

Overall, procurement data (see Annex 1) shows a progressive concentration of procurement volumes around DTG and DTG-containing products, alongside sustained procurement of NRTI backbones and lower-volume purchasing of multiple other ARVs.

### STOCK MANAGEMENT, PATIENT COVERAGE, AND PROCUREMENT TRANSPARENCY

Civil society organizations (GTPI/Rebrip and ABIA) rely on the Law on Access to Information and Ministry of Health publications to monitor ARV procurement, indicating limited proactive transparency. Details of strategic alliances between Fiocruz/Farmanguinhos and originator companies for DTG and DTG/3TC are classified as confidential, and repeated information requests have been denied, raising concerns about transparency, accountability, and value for money.

## 4

## ARVs Price Analysis

- **Dolutegravir (DTG)**, including DTG 50 mg and DTG/3TC (50/300 mg), is the dominant driver of ARV expenditure in Brazil. Procurement of DTG 50 mg from Fiocruz increased from 64.6 million tablets in 2022 to 180 million in 2023 and 211.1 million in 2024, while unit prices declined from US\$0.91 to US\$0.75 per tablet. Parallel procurement from GSK/Lafepe included 160.5 million tablets in 2021 and 79.5 million tablets in 2022, at unit prices around US\$0.74-0.89. DTG/3TC supplied by Fiocruz rose from 10.8 million tablets in 2022 to 49.8 million tablets in 2023, with unit prices falling from US\$1.19 to US\$1.03. DTG-containing products account for annual expenditures well above US\$200 million in 2024.
- **Efavirenz (EFV)** procurement in comparison is modest and declining, from 6.6 million tablets in 2022 to 3.96 million in 2023 and 3.2 million in 2024, with annual spending of roughly US\$1–2 million.
- **Protease inhibitors remain important budget items.** Atazanavir 300 mg supplied by Fiocruz declined from 20.5 million tablets in 2021 to 9 million in 2024, while darunavir procured from Janssen-Cilag and Cristália represents one of the most expensive non-DTG ARVs, with expenditures reaching tens of millions of USD in some years.
- **Backbone nucleoside reverse transcriptase inhibitors (NRTIs)** are procured in large volumes at low prices. Lamivudine (3TC) 150 mg exceeded 68 million tablets in 2023 (Fiocruz + Furp combined), and TDF 300 mg supplied by Cristália increased from 4.3 million tablets in 2022 to 8.0 million in 2023, with unit prices around US\$0.11. Ritonavir 100 mg is procured in very large volumes (>40 million tablets per year) at low unit prices (US\$0.18-0.20).



## 5

## Main Manufacturers (Principes/Global Generic/Local Generic)

- **Across 2021-2024, Fiocruz/Farmanguinhos/ViiV/GSK is the largest supplier by volume and expenditure**, driven mainly by large-scale procurement of DTG 50 mg, DTG/3TC (50/300 mg) within bilateral VL/strategic alliance with GSK in which Fiocruz appears to serve more as a distributor, repackaging product imported from GSK, without genuine manufacturing; and procurements of lamivudine (3TC), and atazanavir. Fiocruz accounts for the majority of DTG volumes procured in 2022-2024.
- **GSK/ViiV (originator) remains a major supplier through procurement of DTG 50 mg** (via GSK/Fiocruz) and other patented products, contributing substantially to total ARV expenditure, particularly in 2021-2022.
- **Among domestic manufacturers, Cristália supplies darunavir (multiple strengths) and TDF 300 mg**, representing significant non-DTG expenditure lines, while Janssen-Cilag is also a key supplier of darunavir.
- **Lafepe supplies large volumes of ritonavir 100 mg, and Furp supplies substantial volumes of lamivudine (3TC) 150 mg.**
- **Overall, Brazil's ARV procurement combines a strong public manufacturer (Fiocruz/Farmanguinhos, Lafepe) with originator companies and domestic private manufacturers (Cristalia), with expenditure highly concentrated around DTG-based products.**

## Conclusions and Key Challenges (2021-2024)

### KEY ACTIONS RECOMMENDED

1. **Prioritize human rights and the right to health over commercial interests** in public policies related to intellectual property and health.
2. **Use legal mechanisms to combat abuses in the patent system**, especially when patents lead to exorbitant prices and hinder access to essential medicines, in particular, use compulsory licensing as a legal, viable, and ethical mechanism when patents create obstacles to access to essential medicines.
3. **Apply strict criteria in the examination of pharmaceutical patent applications** to prevent the granting of undeserved patents that negatively affect public health policies.
4. **Promote policies that encourage innovation and medicine development** while ensuring accessibility and availability for the entire population.
5. **Facilitate, promote, and incentivize the production of generic medicines** to reduce costs and expand access.



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH       | 2021                     |                |                 |                        |                    |
|------------------------------------------------------|--------------------------|----------------|-----------------|------------------------|--------------------|
|                                                      | BUYER                    | MANUFACTURER   | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| Abacavir (ABC) 300 mg                                | Ministry of Health (MoH) | GSK            | 13,500,000      | \$0.31                 | \$4,203,900        |
| ABC 20 MG                                            | Ministry of Health (MoH) | GSK            | 7,000           | \$20.56                | \$143,917          |
| Atazanavir (ATV) 300 mg                              | Ministry of Health (MoH) | Fiocruz        | 20,490,000      | \$1.01                 | \$20,764,566       |
| DRV 600 mg                                           | Ministry of Health (MoH) | Janssen-Cilag  | 24,000,000      | \$1.05                 | \$25,142,400       |
| DTG 50 mg                                            | Ministry of Health (MoH) | GSK            | 160,500,000     | \$0.89                 | \$143,612,190      |
| Etravirine (ETV) 100mg                               | Ministry of Health (MoH) | Janssen-Cilag  | 15,720          | \$0.92                 | \$14,403           |
| ETV 200mg tablet                                     | Ministry of Health (MoH) | Janssen-Cilag  | 1,687,200       | \$1.83                 | \$3,091,625        |
| Efavirenz (EFV) 30 mg                                | Ministry of Health (MoH) | Cristalia      | 3,000           | \$13.05                | \$39,155           |
| EFV 200 mg                                           | Ministry of Health (MoH) | OPAS (Strides) | 79,920          | \$0.15                 | \$12,372           |
| EFV 600 mg                                           | Ministry of Health (MoH) | Fiocruz        | 4,320,000       | \$0.26                 | \$1,111,968        |
| Enfuvirtide 90mg/mL                                  | Ministry of Health (MoH) | Roche          | 69,000          | \$59.61                | \$4,113,090        |
| 3TC 150 mg                                           | Ministry of Health (MoH) | Fiocruz        | 12,420,000      | \$0.11                 | \$1,386,072        |
| 3TC 150 mg                                           | Ministry of Health (MoH) | Furp           | 12,420,000      | \$0.11                 | \$1,386,072        |
| Lopinavir/ritonavir (LPV/r) 80/20mg/ml oral solution | Ministry of Health (MoH) | Abbvie         | 9,000           | \$21.68                | \$195,161          |
| LPV/r 100/25mg tablet                                | Ministry of Health (MoH) | Abbvie         | 720,000         | \$0.23                 | \$164,877          |
| Maraviroc (MVQ) 150 mg                               | Ministry of Health (MoH) | GSK            | 1,188,000       | \$4.17                 | \$4,956,811        |
| Nevirapine (NVP) 10 mg                               | PAHO                     | Aurobindo      | 9,000           | \$3.46                 | \$31,153           |
| NVP 200 mg                                           | Ministry of Health (MoH) | Fiocruz        | 3,960,000       | \$0.11                 | \$441,936          |
| Raltegravir (RAL) 100mg powder/sachet                | Ministry of Health (MoH) | Merck          | 300,000         | \$0.83                 | \$248,400          |
| RAL 400mg tablet                                     | Ministry of Health (MoH) | Merck          | 1,860,000       | \$1.62                 | \$3,006,504        |
| Ritonavir (RTV) 100 mg                               | Ministry of Health (MoH) | Lafepe         | 49,515,000      | \$0.18                 | \$9,016,979        |
| Tenofovir Disoproxil Fumarate (TDF) 300 mg           | Ministry of Health (MoH) | Cristalia      | 4,497,900       | \$0.16                 | \$736,756          |
| TDF/Emtricitabine (FTC) 300/200mg tablet             | Ministry of Health (MoH) | Fiocruz        | 1,489,998       | \$0.41                 | \$603,449          |
| TDF/Lamivudine (3TC) 300/300mg tablet                | Ministry of Health (MoH) | Fiocruz        | 9,750,000       | \$0.41                 | \$3,948,750        |
| TDF/FTC/EFV 300/300/600mg tablet                     | Ministry of Health (MoH) | Hetero         | 44,076,480      | \$0.19                 | \$8,481,196        |
| Ritonavir 100 mg                                     | Ministry of Health (MoH) | Lafepe         | 49,515,000      | \$0.18                 | \$9,001,827        |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH | 2022                     |                 |                 |                        |                    |
|------------------------------------------------|--------------------------|-----------------|-----------------|------------------------|--------------------|
|                                                | BUYER                    | MANUFACTURER    | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| Abacavir (ABC) 300 mg                          | Ministry of Health (MoH) | GSK             | 4,875,000       | \$0.34                 | \$1,653,912        |
| ABC 20 MG                                      | Ministry of Health (MoH) | GSK             | 7,000           | \$23.12                | \$161,847          |
| Atazanavir (ATV) 300 mg                        | Ministry of Health (MoH) | Fiocruz         | 16,500,000      | \$1.01                 | \$16,721,100       |
| ATV/r 300mg/100mg tablet                       | Ministry of Health (MoH) | Fiocruz/ Lafepe |                 | \$1,195.56             | \$0                |
| Darunavir (DRV) 75                             | Ministry of Health (MoH) | Janssen-Cilag   | 48,000          | \$0.14                 | \$6,566            |
| DRV 150                                        | Ministry of Health (MoH) | Janssen-Cilag   | 168,888         | \$0.27                 | \$46,208           |
| DRV 600 mg                                     | Ministry of Health (MoH) | Janssen-Cilag   | 3,000,000       | \$1.05                 | \$3,142,800        |
| Dolutegravir (DTG) 5 MG                        | Ministry of Health (MoH) | GSK             | 1,350,000       | \$1.12                 | \$1,506,600        |
| DTG 50 mg                                      | Ministry of Health (MoH) | Fiocruz         | 64,582,920      | \$0.91                 | \$58,671,000       |
| DTG 50 mg                                      | Ministry of Health (MoH) | Lafepe          | 79,500,000      | \$0.74                 | \$58,671,000       |
| Etravirine (ETV) 100mg                         | Ministry of Health (MoH) | Janssen         | 15,600          | \$0.95                 | \$14,742           |
| ETV 200mg tablet                               | Ministry of Health (MoH) | Janssen         | 1,620,000       | \$1.89                 | \$3,061,800        |
| Efavirenz (EFV) 30 mg                          | Ministry of Health (MoH) | Cristalia       | 2,500           | \$9.94                 | \$24,840           |
| EFV 200 mg                                     | Ministry of Health (MoH) | OPAS (Strides)  | 70,020          | \$0.11                 | \$7,814            |
| EFV 600 mg                                     | Ministry of Health (MoH) | Fiocruz         | 6,600,000       | \$0.28                 | \$1,829,520        |
| Enfurvirtide 90mg/mL                           | Ministry of Health (MoH) | Roche           | 55,200          | \$1.11                 | \$61,246           |
| Lamivudine (3TC) syrup                         | Ministry of Health (MoH) | Cristalia       | 30,000          | \$5.40                 | \$161,946          |
| 3TC 150 mg                                     | Ministry of Health (MoH) | Fiocruz         | 27,885,000      | \$0.11                 | \$3,111,966        |
| 3TC 150 mg                                     | Ministry of Health (MoH) | Furp            | 13,125,000      | \$0.12                 | \$1,535,625        |
| Maraviroc (MVQ) 150 mg                         | Ministry of Health (MoH) | GSK             | 1,087,500       | \$3.96                 | \$4,306,500        |
| RAL 400mg tablet                               | Ministry of Health (MoH) | Merck           | 2,472,480       | \$1.53                 | \$3,782,894        |
| TDF/Emtricitabine (FTC) 300/200mg tablet       | Ministry of Health (MoH) | Fiocruz         | 16,275,000      | \$0.58                 | \$9,403,695        |
| TDF/Lamivudine (3TC) 300/300mg tablet          | Ministry of Health (MoH) | Fiocruz         | 78,000          | \$0.39                 | \$30,748           |
| TDF/3TC 300/300mg tablet                       |                          | Lafepe          | 78,000          | \$0.39                 | \$30,748           |
| TDF/FTC/EFV 300/300/600mg tablet               | Ministry of Health (MoH) | Hetero          | 11,997,690      | \$0.15                 | \$1,760,493        |
| Ritonavir 100 mg                               | Ministry of Health (MoH) |                 |                 |                        |                    |
| AZT/3TC 150/300 tablet                         |                          |                 |                 | \$208.80               |                    |

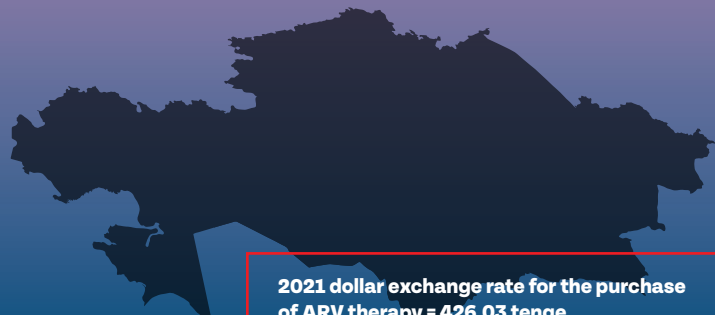


| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH       | 2023                     |               |                 |                        |                    |
|------------------------------------------------------|--------------------------|---------------|-----------------|------------------------|--------------------|
|                                                      | BUYER                    | MANUFACTURER  | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| Abacavir (ABC) 300 mg                                | Ministry of Health (MoH) | GSK           | 2,285,760       | \$0.35                 | \$793,108          |
| Atazanavir (ATV) 300 mg                              | Ministry of Health (MoH) | Fiocruz       | 10,002,000      | \$1.19                 | \$11,858,371       |
| Darunavir (DRV) 75                                   | Ministry of Health (MoH) | Janssen-Cilag | 12,000          | \$0.14                 | \$1,733            |
| DRV 800                                              | Ministry of Health (MoH) | Janssen-Cilag | 17,573,520      | \$1.75                 | \$30,818,682       |
| DTG 50 mg                                            | Ministry of Health (MoH) | Fiocruz       | 180,000,000     | \$0.84                 | \$150,480,000      |
| DTG/Lamivudine (3TC) 50mg/300mg                      | Ministry of Health (MoH) | Fiocruz       | 10,800,000      | \$1.19                 | \$12,825,000       |
| Etravirine (ETV) 100mg                               | Ministry of Health (MoH) | Janssen-Cilag | 11,280          | \$1.20                 | \$13,545           |
| ETV 200mg tablet                                     | Ministry of Health (MoH) | Janssen-Cilag | 1,300,740       | \$2.40                 | \$3,126,329        |
| EFV 600 mg                                           | Ministry of Health (MoH) | Fiocruz       | 3,960,000       | \$0.32                 | \$1,286,604        |
| Enfuvirtide 90mg/mL                                  | Ministry of Health (MoH) | Roche         | 45,000          | \$11.71                | \$527,022          |
| Lamivudine (3TC) syrup                               | Ministry of Health (MoH) | Cristalia     | 37,892          | \$6.04                 | \$229,015          |
| 3TC 150 mg                                           | Ministry of Health (MoH) | Fiocruz       | 36,000,000      | \$0.13                 | \$4,582,800        |
| 3TC 150 mg                                           | Ministry of Health (MoH) | Furp          | 32,043,720      | \$0.13                 | \$4,079,166        |
| Lopinavir/ritonavir (LPV/r) 80/20mg/ml oral solution | Ministry of Health (MoH) | Abbvie        | 7,497           | \$20.89                | \$156,588          |
| NVP 200 mg                                           | Ministry of Health (MoH) | Fiocruz       | 900,000         | \$0.22                 | \$201,780          |
| Raltegravir (RAL) 100mg powder/sachet                | Ministry of Health (MoH) | Merck         | 192,660         | \$0.85                 | \$163,582          |
| Ritonavir (RTV) 100 mg                               | Ministry of Health (MoH) | Lafepe        | 42,030,000      | \$0.20                 | \$8,555,080        |
| Tenofovir Disoproxil Fumarate (TDF) 300 mg           | Ministry of Health (MoH) | Cristalia     | 4,275,000       | \$0.17                 | \$706,658          |
| TDF/Emtricitabine (FTC) 300/200mg tablet             | Ministry of Health (MoH) | Fiocruz       | 18,300,000      | \$0.61                 | \$11,161,170       |
| TDF/Lamivudine (3TC) 300/300mg tablet                | Ministry of Health (MoH) | Fiocruz       | 102,499,980     | \$0.43                 | \$43,623,991       |
| TDF/3TC 300/300mg tablet                             | Ministry of Health (MoH) | Lafepe        | 62,500,020      | \$0.42                 | \$26,006,258       |
| Zidovudine (AZT) 100 mg                              | Ministry of Health (MoH) | Fiocruz       | 600,000         | \$0.06                 | \$33,060           |
| AZT/3TC 150/300 tablet                               | Ministry of Health (MoH) | Furp          | 12,000,000      | \$0.23                 | \$2,781,600        |
| AZT/3TC 150/300 tablet                               | Ministry of Health (MoH) | Fiocruz       | 12,000,000      | \$0.23                 | \$2,781,600        |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH       | 2024  |               |                 |                        |                    |
|------------------------------------------------------|-------|---------------|-----------------|------------------------|--------------------|
|                                                      | BUYER | MANUFACTURER  | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| Abacavir (ABC) 300 mg                                | MoH   | GSK           | 450,000         |                        |                    |
| ABC 20 MG                                            | MoH   | GSK           | 6,500           | \$24.45                | \$158,938          |
| Atazanavir (ATV) 300 mg                              | MoH   | Fiocruz       | 9,000,000       | \$1.12                 | \$10,108,800       |
| Darunavir (DRV) 75                                   | MoH   | Cristalia     | 43,200          | \$0.14                 | \$6,065            |
| DRV 150                                              | MoH   | Cristalia     | 96,320          | \$0.29                 | \$28,260           |
| DRV 600 mg                                           | MoH   | Cristalia     | 2,300,000       | \$0.88                 | \$2,020,320        |
| DRV 800                                              | MoH   | Cristalia     | 32,393,430      | \$1.81                 | \$58,658,023       |
| Dolutegravir (DTG) 5 MG                              | MoH   | GSK           | 1,425,000       | \$1.21                 | \$1,723,680        |
| DTG 50 mg                                            | MoH   | Fiocruz       | 211,050,000     | \$0.75                 | \$158,794,020      |
| DTG/Lamivudine (3TC) 50mg/300mg                      | MoH   | Fiocruz       | 49,800,000      | \$1.03                 | \$51,453,360       |
| Etravirine (ETV) 100mg                               | MoH   | Janssen-Cilag | 10,260          | \$1.17                 | \$12,004           |
| ETV 200mg tablet                                     | MoH   | Janssen-Cilag | 1,565,340       | \$2.34                 | \$3,662,896        |
| EFV 600 mg                                           | MoH   | Fiocruz       | 3,199,800       | \$0.31                 | \$984,898          |
| Enfuvirtide 90mg/mL                                  | MoH   | Roche         | 28,200          | \$10.54                | \$297,248          |
| Fostemsavir 600 mg                                   | MoH   | GSK           | 360,000         | \$35.52                | \$12,788,928       |
| Lamivudine (3TC) syrup                               | MoH   | Cristalia     | 35,500          | \$5.76                 | \$204,480          |
| 3TC 150 mg                                           | MoH   | Fiocruz       | 27,374,880      | \$0.12                 | \$3,350,685        |
| 3TC 150 mg                                           | MoH   | Furp          | 20,625,000      | \$0.12                 | \$2,561,625        |
| Lopinavir/ritonavir (LPV/r) 80/20mg/ml oral solution | MoH   | Abbvie        | 4,210           | \$20.14                | \$84,783           |
| Maraviroc (MVQ) 150 mg                               | MoH   | GSK           | 787,500         | \$3.69                 | \$2,905,875        |
| Nevirapine (NVP) 10 mg                               | PAHO  | PAHO          | 3,000           | \$4.14                 | \$12,420           |
| NVP 200 mg                                           | MoH   | Fiocruz       | 219,060         | \$0.21                 | \$46,528           |
| Raltegravir (RAL) 100mg powder/sachet                | PAHO  | PAHO          | 56,520          | \$3.61                 | \$204,240          |
| Tenofovir Disoproxil Fumarate (TDF) 300 mg           | MoH   | Cristalia     | 8,004,000       | \$0.11                 | \$888,924          |
| TDF/Emtricitabine (FTC) 300/200mg tablet             | MoH   | Fiocruz       | 36,009,990      | \$0.55                 | \$19,769,485       |
| TDF/Lamivudine (3TC) 300/300mg tablet                | MoH   | Fiocruz       | 82,003,500      | \$0.41                 | \$33,949,449       |
| TDF/3TC 300/300mg tablet                             | MoH   | Lafepe        | 102,504,360     | \$0.41                 | \$42,436,805       |
| TDF/3TC 300/300mg tablet                             | MoH   | Furp          | 40,000,500      | \$0.41                 | \$16,560,207       |
| TDF/FTC/EFV 300/300/600mg tablet                     | MoH   | Mylan         | 23,040,000      | \$0.18                 | \$4,105,728        |
| Ritonavir 100 mg                                     | MoH   | Lafepe        | 56,520          | \$0.20                 | \$11,384           |
| Zidovudine (AZT) 100 mg                              | MoH   | Fiocruz       | 440,000         | \$0.05                 | \$22,968           |
| AZT injectable solution 10/mg/ml                     | MoH   | Cristalia     | 23,000          | \$1.46                 | \$33,575           |
| AZT syrup 10mg/ml c/240ml 10/mg/ml                   | PAHO  | PAHO          | 45,890          | \$3.97                 | \$182,183          |
| AZT/3TC 150/300 tablet                               | MoH   | Furp          | 4,020,000       | \$0.22                 | \$897,264          |
| AZT/3TC 150/300 tablet                               | MoH   | Fiocruz       | 4,020,000       | \$0.22                 | \$882,792          |

# KAZAKHSTAN



## YEARS

2021, 2022, 2023, 2024

## SOURCES OF DATA

2021, 2022, 2023 and 2024 national market intelligence reports produced by AGEPC and Answer in Kazakhstan.

2021 dollar exchange rate for the purchase of ARV therapy = 426.03 tenge

2022 dollar exchange rate for the purchase of ARV therapy = 460.48 tenge

2023 dollar exchange rate for the purchase of ARV therapy = 465.19 tenge

2024 dollar exchange rate for the purchase of ARV therapy for = 469.59 tenge

## 1

### Epidemiology

Cascade (data from report, Unaided and directly from country leads if missing)

| 2021                                                                                                                       | 2022                                                                                                                       | 2023                                                                                                                       | 2024                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>PLHIV:</b> 35,000<br><b>Aware of status:</b> 28,550<br><b>On treatment:</b> 22,601<br><b>Virally suppressed:</b> 19,460 | <b>PLHIV:</b> 31,233<br><b>Aware of status:</b> 30,558<br><b>On treatment:</b> 25,642<br><b>Virally suppressed:</b> 20,670 | <b>PLHIV:</b> 40,000<br><b>Aware of status:</b> 32,659<br><b>On treatment:</b> 28,855<br><b>Virally suppressed:</b> 25,937 | <b>PLHIV:</b> 42,000<br><b>Aware of status:</b> 83.3%<br><b>On treatment:</b> 31,614 (90.9%)<br><b>Virally suppressed:</b> 29,612 |

As of the end of 2024, Belarus HIV cascade stood at roughly 95-93-87. Over five years of universal access, the number of PLHIV receiving ART almost doubled, but since 2020 the pace of growth slowed to about 1,000 new patients per year.

## 2

### Regulatory Rules and Procurement Mechanisms

#### REGULATORY RULES

- The **National Center for Expertise of Medicines**, under the **Ministry of Health**, oversees medicine registration.
- By December 31, 2027, all medicines must comply with **EAEU registration rules**; those registered nationally before July 2021 are limited to national circulation until then.<sup>7</sup>
- Since April 2023, **strategically important drugs** – used in emergencies or public health crises - can be registered through simplified, **accelerated national procedures**.
- A **six-year data exclusivity period** protects originator data, and **parallel importation is prohibited**.<sup>8</sup>

#### MAIN PROCUREMENT ENTITIES AND MECHANISMS

ARVs are procured centrally through **SK-Pharmacia LLC**, a government-owned entity operating with the oversight of the **Ministry of Health**.

Procurement follows two main mechanisms:

1. **Two-stage national tenders** are used to source ARVs from domestic, foreign, or international suppliers. The first stage reviews technical documentation for compliance with regulatory and quality standards, while the second evaluates financial bids. The Ministry of Health ensures compliance, and SK-Pharmacia manages operations.
2. **Single-source procurement** is used for urgent or emergency needs, based on a formal request from a health authority. This bypasses tendering to allow SK-Pharmacia to quickly secure critical medicines.

When national tenders fail or specific products are unavailable, ARVs are sourced through **UN agencies like UNICEF** through long-term supply agreements. Used only when no local alternatives exist, this mechanism follows **WHO quality standards** and requires Ministry

[7] [https://docs.eaeunion.org/upload/iblock/251/gd2gnthg60nwf6z2c61gmcjwouqmov2/Reshenie-Soveta\\_-29-ot-14-maya-2025-goda.pdf](https://docs.eaeunion.org/upload/iblock/251/gd2gnthg60nwf6z2c61gmcjwouqmov2/Reshenie-Soveta_-29-ot-14-maya-2025-goda.pdf)

[8] ИНТЕЛЛЕКТУАЛЬНАЯ СОБСТВЕННОСТЬ И ДОСТУП К ЛЕЧЕНИЮ В РЕСПУБЛИКЕ КАЗАХСТАН.pdf



of Health approval. This mechanism usually involves longer lead times, up to six months.auction, request for price proposals, exchange trading), and one non-competitive – a procedure for procurement from one source with one participant.

## LOCAL MANUFACTURING SUPPORT POLICIES

Kazakhstan has implemented **policies to favor domestic manufacturers and producers from the Eurasian Economic Union (EAEU)**. These policies include:

1. **Tender Preference:** In tenders where a domestic or EAEU manufacturer meets procurement requirements, the commission may declare them winners without resorting to single-source procurement.
2. **Domestic Manufacturer Priority:** If multiple EAEU suppliers participate in a tender, only domestic manufacturers can proceed to the final stages.

However, the actual share of locally produced medicines is unclear. In some cases - such as Tegravir (dolutegravir) - it appears that production is limited to repackaging or serving as distributor of imported generics, making it difficult to assess the true impact of these policies on national manufacturing capacity.

### 3

## ARVs Procurement Volumes *See following Table Antiretroviral medicines prices and volumes procured by MoH*

## ANALYSIS OF ARV PROCUREMENT VOLUMES AND OPTIMIZATION

Between 2021 and 2024, Kazakhstan's ARV procurement shifted significantly toward WHO-recommended, dolutegravir-based regimens. By the end of 2023, **42% of patients were on DTG**, accounting for **39% of total ARV spending**, making it the country's largest budget item. In 2024, Kazakhstan procured a DTG-based fixed-dose combination (TDF/3TC/DTG) for the first time, while use of ABC/3TC/DTG rose sharply to **2,754 annual courses** (over one million tablets).

Meanwhile, older regimens were phased out : procurement of LPV/r (200/50 mg) fell sharply and the number of patients using it dropped from 249 in 2023 to 68 in 2024. The TDF/FTC/EFV combination, no longer recommended by WHO, was also fully removed from procurement in 2024.

In the same year, ARV funding **increased by 48%** (from **US\$10.02 million to US\$14.8 million**), supporting more consistent supply and expanded treatment coverage.

## STOCK MANAGEMENT, PATIENT COVERAGE, AND PROCUREMENT TRANSPARENCY

From 2021 to 2024, the number of people on ART in Kazakhstan grew from 22,601 to 31,614 with treatment courses procured each year exceeding patient needs - ensuring **sufficient stock and avoiding stockouts**. Despite generally effective supply chain management, patients reported issues such as **missed or incomplete deliveries, uncoordinated regimen changes, and unexplained substitutions** (e.g., syrups instead of tablets), which disrupted adherence.

A significant share of ARVs is procured through **direct contracts with manufacturers**, often involving originator drugs and lacking transparency. **Confidentiality clauses** also limit access to pricing data, making cost-efficiency assessments difficult. While Kazakhstan has expanded access and improved regimen quality, challenges remain around **procurement transparency, pricing, and timely adoption of newer treatments**.

### 4

## ARVs Price Analysis *See Table Antiretroviral medicines prices and volumes procured by MoH in Annex 1*

- ➔ Between 2021 and 2024, Kazakhstan's ARV pricing was shaped by patent barriers, local generic entry, and evolving procurement strategies. **Dolutegravir** remained a major cost driver while under ViiV patent, but prices fell sharply once generics entered the market in 2022 (Hetero) under Medicines Patent Pool special for UMICs voluntary license. The branded version cost US\$90.5 per pack in 2021, dropping to US\$60.4 with generics in 2022, US\$33.7 in 2023, and just US\$16.2 in 2024.
- ➔ **Darunavir/Cobicistat**, sourced from Janssen, remained one of Kazakhstan's most expensive ARVs throughout the period. In 2023 alone, it absorbed 36,6% of the ARV budget despite being used by fewer than 10% of patients, driven entirely by ongoing patent protection on cobicistat, which continued to block generic entry.
- ➔ **The fixed-dose abacavir/lamivudine/dolutegravir combination** also exerted significant budget pressure, representing about 17% of total ARV spending in 2021–2022 due to the absence of generics. Prices fell from US\$171 in 2021 to US\$99 in 2024 following the introduction of a generic from Hetero.
- ➔ **Tenofovir/Emtricitabine/Rilpivirine** remained among the most expensive ARVs in 2021–2022, costing over US\$300 per pack and representing 13% of the ARV budget in 2021, owing to Janssen's patent protection. No price data were disclosed for 2023–2024 due to confidential direct purchasing agreements.



- **Etravirine** remained one of the highest-cost ARVs with the price reaching over 400 US\$ per package 2022. Patent protection until September 2024 prevented generic entry, and no generics were registered afterward, delaying any potential price reductions.
- **Zidovudine/Lamivudine** prices surged to US\$44 per pack in 2021 but dropped sharply to US\$6 in 2022 after shifting from UNICEF procurement to lower-cost generics. These lower prices were maintained in 2023, illustrating the strong impact of generic competition on affordability.
- **Lopinavir/Ritonavir** continued to be phased out as Kazakhstan transitioned toward optimized DTG-based regimens. Its budget share fell from 0.86% in 2021–2022 to just 0.33% in 2023.

Overall, Kazakhstan's cost structure shifted markedly toward modern regimens. In 2024, more than half of total ARV spending (54.5%) went to dolutegravir-based fixed-dose combinations and DTG monotherapy, while the share of darunavir/cobicistat dropped to 29.6%. In 2023, nearly three-quarters of all spending was concentrated on generic dolutegravir (37.9%) and darunavir/cobicistat (36.6%). This reflects the country's broad transition to WHO-recommended first-line regimens and the growing budget efficiencies achieved through generic uptake.

## Conclusions and Key Challenges (2021–2024)

### CASCADE

Kazakhstan has made progress along the HIV treatment cascade but still falls short of UNAIDS 95-95-95 targets. Improvements in testing, adherence, and data quality are needed to strengthen performance.

### VOLUMES/OPTIMIZATION

Procurement remains overly reliant on patented drugs, limiting cost savings that could be used e.g. for long-acting PrEP. Greater use of generics – especially in second-line regimens – alongside acceptance of FDA-approved alternatives and more streamlined procurement processes would improve efficiency.

### PRICES

High ARV prices, driven by patent restrictions and limited generic access, while underutilising TRIPS flexibilities (e.g. compulsory licensing challenging patents, strict application of patentability criteria) and lacking scrutiny of price discrepancies in state purchases.

### KEY ACTIONS RECOMMENDED

1. **Expand procurement channels beyond UN agencies for the procurement of ARV drugs**, since at present procurement is only possible through organizations established by the General Assembly of the United Nations.
2. **Broaden prequalification standards.** Indicate FDA approval as an alternative to WHO prequalification for participation in tenders organized by international procurement agencies (currently only WHO prequalification is accepted). This measure will allow to expand the range of suppliers of ARV drugs when procuring through UNICEF
3. **Explore use of TRIPS flexibilities to reduce patented ARVs prices**
4. **Improve procurement efficiency and ensure supply continuity**



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH | 2021   |               |                 |                        |                    |
|------------------------------------------------|--------|---------------|-----------------|------------------------|--------------------|
|                                                | BUYER  | MANUFACTURER  | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC solution 20 mg/240 ml                      | MoH    | GSK           | 592.0           | \$38.38                | \$22,719.74        |
| ABC 300 mg                                     | UNICEF | GSK           | 451.0           | \$105.20               | \$47,446.94        |
| ABC/3TC 600/300 mg                             | UNICEF |               | 2007.0          | \$2.38                 | \$4,776.66         |
| ABC/3TC 600/300 mg                             | MoH    | GSK           | 14359.0         | \$71.69                | \$1,029,326.24     |
| ABC/3TC/DTG 600/300/50mg (tablet)              | MoH    | GSK           | 20241.0         | \$171.26               | \$3,466,383.49     |
| DRV/COBI 800/150 mg                            | MoH    | Janssen       | 16838.0         | \$195.06               | \$3,284,364.48     |
| DTG 10 mg                                      | MoH    | GSK           | 1530.0          | \$93.09                | \$142,430.81       |
| DTG 25 mg                                      | MoH    | GSK           | 650.0           | \$113.02               | \$73,463.14        |
| DTG 50 mg (pills)                              | MoH    | GSK           | 46189.0         | \$90.49                | \$4,179,484.90     |
| EFV 200mg tablet (scored)                      | UNICEF |               | 2928.0          | \$10.77                | \$31,545.95        |
| EFV 600mg tablet                               | UNICEF |               | 6520.0          | \$3.45                 | \$22,497.01        |
| ETV 100mg tablet                               | MoH    | Janssen       | 276.0           | \$231.53               | \$63,902.28        |
| ETV 200mg tablet                               | MoH    | Janssen       | 4730.0          | \$231.53               | \$1,095,136.90     |
| Lamivudine (3TC) solution, 5 mg/ml<br>240 ml   | MoH    | GSK           | 2289.0          | \$12.85                | \$29,421.79        |
| 3TC 100 mg tablets                             | UNICEF | GSK           | 311.0           | \$23.53                | \$7,317.48         |
| 3TC 150 mg                                     | UNICEF | GSK           | 846.0           | \$30.56                | \$25,854.80        |
| LPV/r 60 ml solution                           | MoH    | Abbvie        | 271.0           | \$9.13                 | \$2,473.18         |
| LPV/r 100/25mg tablet                          | MoH    | Abbvie        | 1530.0          | \$10.28                | \$15,729.88        |
| LPV/r 200/50mg tablet                          | MoH    | Abbvie        | 3776.0          | \$59.43                | \$224,416.87       |
| TDF/FTC/RIL 300mg/200mg/25mg                   | MoH    | Janssen       | 8627.0          | \$318.08               | \$2,744,043.31     |
| TDF/FTC 300/200mg                              | UNICEF | Krka, Strides | 54046.0         | \$4.80                 | \$259,420.80       |
| TDF/FTC 300/200mg                              | MoH    | Strides       | 731.0           | \$4.80                 | \$3,508.80         |
| Zidovudine solution 10 mg/ml 200ml             | MoH    | GSK           | 1983.0          | \$14.34                | \$28,434.96        |
| Zidovudine 100 mg                              | UNICEF | GSK           | 654.0           | \$31.92                | \$20,877.40        |
| AZT/3TC 300/150mg tablet                       | MoH    | GSK           | 14099.0         | \$44.22                | \$623,489.33       |
| AZT/3TC 300/150mg tablet                       | UNICEF | GSK           | 1393.0          | \$44.22                | \$61,601.58        |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH | 2022   |                                                                  |                 |                        |                    |
|------------------------------------------------|--------|------------------------------------------------------------------|-----------------|------------------------|--------------------|
|                                                | BUYER  | MANUFACTURER                                                     | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC solution 20 mg/240 ml                      | MoH    | GSK                                                              | 711.0           | \$34.19                | \$24,308.46        |
| ABC 300 mg                                     | UNICEF | GSK                                                              | 297.0           | \$82.32                | \$24,448.71        |
| ABC/3TC 600/300 mg                             | UNICEF | GSK                                                              | 11570.0         | \$66.19                | \$765,763.75       |
| ABC/3TC/DTG 600/300/50mg (tablet)              | MoH    | GSK                                                              | 641.0           | \$142.49               | \$91,334.15        |
| DRV/COBI 800/150 mg                            | MoH    | Janssen                                                          | 3385.0          | \$179.58               | \$607,875.37       |
| DRV/COBI 800/150 mg                            | MoH    | Scientific and Production<br>unification ZERDE (whole-<br>saler) | 21255.0         | \$181.75               | \$3,863,112.87     |
| DTG 10 mg                                      | MoH    | GSK                                                              | 729.0           | \$80.63                | \$58,780.37        |
| DTG 25 mg                                      | MoH    | GSK                                                              | 1000.0          | \$82.96                | \$82,960.61        |
| DTG 50 mg (pills)                              | MoH    | GSK                                                              | 4173.0          | \$100.67               | \$420,115.65       |
| DTG 50 mg (pills)                              | MoH    | Hetero                                                           | 88500.0         | \$60.40                | \$5,345,805.14     |
| ETV 100mg tablet                               | MoH    | Janssen                                                          | 100.0           | \$428.42               | \$42,842.25        |
| ETV 200mg tablet                               | MoH    | Janssen                                                          | 4878.0          | \$107.11               | \$522,461.26       |
| Lamivudine (3TC) solution, 5 mg/ml<br>240 ml   | MoH    | GSK                                                              | 2748.0          | \$10.78                | \$29,632.66        |
| 3TC 100 mg tablets                             | MoH    | GSK                                                              | 307.0           | \$21.65                | \$6,645.42         |
| 3TC 150 mg                                     | UNICEF | Nobel Kz                                                         | 1150.0          | \$2.03                 | \$2,336.06         |
| 3TC 150 mg                                     | UNICEF | GSK                                                              | 298.0           | \$26.65                | \$7,942.48         |
| 3TC 240 ml                                     | MoH    | GSK                                                              | 2748.0          | \$10.78                | \$29,632.66        |
| LPV/r 60 ml solution                           | MoH    | Abbvie                                                           | 332.0           | \$42.01                | \$13,946.05        |
| LPV/r 100/25mg tablet                          | MoH    | Abbvie                                                           | 633.0           | \$9.43                 | \$5,969.02         |
| LPV/r 200/50mg tablet                          | MoH    | Abbvie                                                           | 2443.0          | \$54.83                | \$133,942.70       |
| TDF/FTC/RIL 300mg/200mg/25mg                   | MoH    | Janssen                                                          | 9349.0          | \$271.72               | \$2,540,291.49     |
| TDF/FTC 300/200mg                              | UNICEF | Gilead                                                           | 542.0           | \$53.26                | \$28,866.73        |
| TDF/FTC/EFV 600/200/300 mg tablet              | MoH    | Hetero                                                           | 138154.0        | \$5.66                 | \$781,616.58       |
| Zidovudine, 50 mg/ 5 ml                        | GSK    | GSK                                                              | 2406.0          | \$12.08                | \$29,071.80        |
| Zidovudine solution 10 mg/ml 200ml             | MoH    | GSK                                                              | 1983            | \$12.08                | \$23,960.68        |
| Zidovudine 100 mg                              | UNICEF | GSK                                                              | 186.0           | \$19.17                | \$3,565.46         |
| AZT/3TC 300/150mg tablet                       | UNICEF | Mylan                                                            | 11889.0         | \$6.38                 | \$75,814.06        |
| AZT/3TC 300/150mg tablet                       | MoH    | GSK                                                              | 948.0           | \$32.18                | \$30,504.07        |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH | 2023   |                    |                 |                        |                    |
|------------------------------------------------|--------|--------------------|-----------------|------------------------|--------------------|
|                                                | BUYER  | MANUFACTURER       | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC solution 20 mg/240 ml                      | MoH    | GSK                | 403.0           | \$32.68                | \$13,171.46        |
| ABC 300 mg                                     | UNICEF | GSK                | 449.0           | \$71.48                | \$32,094.15        |
| ABC/3TC 600/300 mg                             | UNICEF | GSK                | 5871.0          | \$61.08                | \$358,598.09       |
| DRV/COBI 800/150 mg                            | MoH    | Janssen            | 21637           | \$166.13               | \$3,594,461.10     |
| DTG 10 mg                                      | MoH    | GSK                | 1017.0          |                        |                    |
| DTG 50 mg (pills)                              | MoH    | GSK                | 2262.0          | \$55.88                | \$126,404.37       |
| DTG 50 mg (pills)                              | MoH    | Hetero             | 110745.0        | \$33.65                | \$3,727,082.64     |
| ETV 100mg tablet                               | MoH    | Janssen            | 157.0           | \$192.59               | \$30,236.58        |
| ETV 200mg tablet                               | MoH    | Janssen            | 15586.0         | \$197.23               | \$3,074,072.89     |
| Lamivudine (3TC) solution, 5 mg/ml<br>240 ml   | MoH    | GSK                | 943.0           | \$10.95                | \$10,323.52        |
| 3TC 100 mg tablets                             | UNICEF | GSK                | 408.0           | No data                | No data            |
| 3TC 150 mg                                     | UNICEF | Nobel Kz           | 1200.0          | \$1.83                 | \$2,199.36         |
| LPV/r 60 ml solution                           | MoH    | Abbvie             | 81.0            | \$38.86                | \$3,147.72         |
| LPV/r 100/25mg tablet                          | MoH    | Abbvie             | 113.0           | \$8.72                 | \$985.83           |
| LPV/r 200/50mg tablet                          | MoH    | Abbvie             | 42.0            | \$50.72                | \$2,130.35         |
| TDF/FTC/RIL 300mg/200mg/25mg                   | MoH    | Janssen            | 8974.0          |                        |                    |
| TDF/FTC 300/200mg                              | MoH    | Medservice Plus Kz | 131147.0        | \$3.20                 | \$420,175.60       |
| TDF/FTC 300/200mg                              | UNICEF | Gilead             | 488.0           | \$49.05                | \$23,937.17        |
| TDF/FTC/EFV 600/200/300 mg tablet              | MoH    | Hetero             | 117486.0        | \$6.38                 | \$750,087.96       |
| Zidovudine solution 10 mg/ml 200ml             | MoH    | GSK                | 1438.0          | \$12.21                | \$17,562.40        |
| Zidovudine 100 mg                              | MoH    | GSK                | 385.0           |                        |                    |
| AZT/3TC 300/150mg tablet                       | UNICEF | Mylan              | 10431.0         | \$6.05                 | \$63,112.05        |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH | 2024   |              |                 |                        |                    |
|------------------------------------------------|--------|--------------|-----------------|------------------------|--------------------|
|                                                | BUYER  | MANUFACTURER | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC solution 20 mg/240 ml                      |        |              | 504             |                        |                    |
| ABC 300 mg                                     | MoH    | GSK          | 396             |                        |                    |
| ABC/3TC 600/300 mg                             | MoH    | Macleods     | 12120           | \$48.30                | \$585,396.00       |
| ABC/3TC 600/300 mg                             | MoH    | GSK          | 2540            |                        |                    |
| ABC/3TC/DTG 600/300/50mg (tablet)              | MoH    | Hetero       | 33511           | \$99.00                | \$3,317,589.00     |
| DRV/COBI 800/150 mg                            | MoH    | Janssen      | 26614           | \$164.70               | \$4,383,325.80     |
| DTG 10 mg                                      | MoH    | GSK          | 894             |                        |                    |
| DTG 25 mg                                      | MoH    | GSK          | 14              |                        |                    |
| DTG 50 mg (pills)                              | MoH    | GSK          | 2365            |                        |                    |
| DTG 50 mg (pills)                              | MoH    | Hetero       | 99615           | \$16.20                | \$1,613,763.00     |
| ETV 100mg tablet                               | MoH    | Janssen      | 146             | \$195.60               | \$28,557.60        |
| ETV 200mg tablet                               | MoH    | Janssen      | 5262            | \$195.60               | \$1,029,247.20     |
| 3TC 100 mg tablets                             | MoH    | GSK          | 578             |                        |                    |
| 3TC 150 mg                                     | MoH    | GSK          | 446             |                        |                    |
| 3TC 150 mg                                     | UNICEF | No data      | 858             |                        |                    |
| LPV/r 60 ml solution                           | MoH    | Abbvie       | 164             | \$38.50                | \$6,314.00         |
| LPV/r 100/25mg tablet                          | MoH    | Abbvie       | 126             | \$8.40                 | \$1,058.40         |
| LPV/r 200/50mg tablet                          | MoH    | Abbvie       | 24              | \$12.60                | \$302.40           |
| TDF (300)                                      | MoH    | Getz Pharma  | 58472           | \$2.40                 | \$140,332.80       |
| TDF/FTC/RIL 300mg/200mg/25mg                   | MoH    | Janssen      | 7288            |                        |                    |
| TDF/3TC/DTG (300/300/50)                       | MoH    | Hetero       | 189901          | \$16.80                | \$3,190,336.80     |
| Zidovudine, 50 mg/ 5 ml                        | UNICEF |              | 1860            |                        |                    |
| Zidovudine 100 mg                              | MoH    | GSK          | 314             |                        |                    |
| AZT/3TC 300/150mg tablet                       | MoH    | Hetero       | 11717           | \$13.80                | \$161,694.60       |

\*The terms of the supply contracts stipulate the obligation of the Parties to maintain the confidentiality of the information contained in the supply contracts and not to disclose it to third parties.

# KYRGYZSTAN



## YEARS

2021, 2022, 2023, 2024

## SOURCES OF DATA

Kyrgyzstan report 2021, 2022, 2023, 2024

1

### Epidemiology

Cascade (data from country MI reports, Unaid and directly from ITPC EECA/Partnership Network if information was missing)

| 2021*                                                                                                                  | 2022*                                                                                                                   | 2023*                                                                                                                   | 2024*                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>PLHIV:</b> 9,200<br><b>Aware of status:</b> 7,307<br><b>On treatment:</b> 4,799<br><b>Virally suppressed:</b> 4,187 | <b>PLHIV:</b> 10,000<br><b>Aware of status:</b> 8,303<br><b>On treatment:</b> 5,771<br><b>Virally suppressed:</b> 5,208 | <b>PLHIV:</b> 11,000<br><b>Aware of status:</b> 9,034<br><b>On treatment:</b> 6,357<br><b>Virally suppressed:</b> 5,791 | <b>PLHIV:</b> 12,000<br><b>Aware of status:</b> 9,806<br><b>On treatment:</b> 6,894<br><b>Virally suppressed:</b> 6,313 |

Despite efforts by the government, international partners, and the civil society to achieve 95-95-95, significant gaps remain. By 2024, the number of people living with HIV who know their status and the number of people living with HIV who know their status and have initiated treatment are still lagging behind. At the same time, relatively high viral suppression rates have been achieved.

2

### Regulatory Rules and Procurement Mechanisms

#### REGULATORY RULES

- The Department of Medicines and Medical Products under the Ministry of Health of the Kyrgyz Republic is the body responsible to carry out registration. The standard registration process for medicines could take up to 180 days. However, an accelerated procedure is available, reducing the timeline to 60 days for medicines prequalified by WHO PQ or approved by the FDA, EMA, PMDA, Swissmedic, or MHRA. Medicines may also be imported without registration under various exceptional circumstances.
- Due to the Eurasian Economic Union (EAEU) establishment on 1 January 2015, all drugs that were registered under national rules before 31 December 2020 must undergo the procedure to meet EAEU single market rules by 31 December 2027.
- As Kyrgyzstan signed in 2024 EU-Kyrgyz EPCA agreement, upon ratification of the agreement it will be obliged to introduce 5 years of DE protection, up to 5 years of patent term extension (with additional 6 months in case of pediatric trials), limit parallel importation to national or regional only and introduce border measures.

#### MAIN PROCUREMENT MECHANISMS

- Until 2023, the Republican Center for the Prevention and Control of HIV/AIDS is responsible for HIV treatment. After 2023, the state enterprise, Kyrgyzpharmacy was created to handle large-scale medicine procurement. All state medical institutions, including the Republican Center for the Prevention and Control of HIV/AIDS, transferred their funds to Kyrgyzpharmacy for medicine purchases.
- Procurement within the framework of the humanitarian aid mechanism: ARV drug supplies through the UNDP, a Global Fund principal recipient;
- Single-Source Procurement (for UN agencies & Special Programs): This allows the government to directly purchase medicines from UN organizations or specialized procurement agencies under UN health programs.



## 3

## ARVs Procurement Volumes See following Table Antiretroviral medicines prices and volumes procured by MoH

### ANALYSIS OF ARV PROCUREMENT VOLUMES AND OPTIMIZATION

Between 2021 and 2024, there was a continuation of shift toward DTG based regimens, with usage rising from 80% in 2021 to 91% by 2023, mostly with the TLD combination, while efavirenz use dropped to just 12% by 2021. In second-line treatment, there has been a shift away from lopinavir/ritonavir, with more patients switching to darunavir, atazanavir, and dolutegravir, which has been used in second-line therapy since 2018.

Between 2021 and 2024, TLD dominated budget allocation for ARV purchases. In 2021, the state spent 75% of its \$356,440 budget on TLD while UNDP spent 47% of its \$162,748 on the same drug. By 2024, state procurement in TLD reached 94% of its \$242,965 budget.

Overall, Kyrgyzstan's funding for ARV drugs came from both the state budget and the GF. The state allocated \$356,440 while the GF contributed \$162,748 for ARV purchases in 2021 and by 2023, the state allocated \$364,569 while the GF contributed \$264,134. There was a decrease in funding on both sides in 2024 with GF allocated \$48,332 while the state allocated \$242,965. Although public procurement has been growing, the GF financing remains essential, particularly for pediatric forms of ARVs and drugs that are either unregistered in Kyrgyzstan or too expensive.

In 2024, a reduction in the range of products purchased from the MoH was noted. Only three types of ARV were purchased (vs four in 2022 and 2021) with all other medications being procured with Global Fund funding through UNDP.

### STOCK MANAGEMENT, PATIENT COVERAGE, AND PROCUREMENT TRANSPARENCY

Across 2021–2024, ARV procurement volumes were sufficient to cover patient needs, with no nationwide stockouts reported, largely due to buffer stock management. In 2021 and 2022, part of the procurement included carry-over stock from previous years. In 2023, procurement exceeded demand (8,570 courses for 6,357 patients), creating a buffer of 2,213 courses, which was used in 2024.

## 4

## ARVs Price Analysis

- **DTG and TLD** combination's prices steadily decreased under both state and UNDP procurement, though UNDP secured lower prices. MoH procured 1,980 packs of DTG at \$7.61 in 2022; and in 2024, the procurement volume remained nearly the same at 1,999 packs but the price fell sharply to \$2.80 per /pack. On the other hand, UNDP purchased 3,025 packs at \$1.90 in 2022, and then 2,100 packs at an even lower price of \$1.04 in 2024. By 2024, the state procured TLD at \$3.83 (vs \$5.57 in 2023, \$6.51 in 2022, and \$7.82 in 2021). On the other hand, TLD was procured by UNDP at \$2.80 in 2024 (vs \$3.33 in 2023, \$5.81 in 2022, and \$4.96 in 2021).
- **In 2021 UNDP procured 225 packs of raltegravir** at \$36 per pack in 2021, and in 2022, they bought 157 packs at a slightly higher price of \$37.14. However, in 2023, procurement volume increased to 350 packs, yet the price/pack also climbed to \$43.07.
- **Regular monitoring of ARV drug procurement, joint efforts for competitive procurement and for supplier diversification seem to have resulted in significant price reductions for key ARV drugs.** TLD price has decreased almost threefold over the past four years, from \$15 per TLD package in 2019 to \$3.83 in 2024 in government procurement, almost three times from \$6.2 to \$2.80 – in UNDP purchases.

## 5

## Main Manufacturers (Principes/Global Generic/Local Generic)

- The reports list manufacturers only for the 2023 and 2024 procurements. In 2023, UNDP purchased small quantities (less than 1% of the combined MoH and UNDP budgets) of EFV from Micro Labs, 3TC/ZDV from Mylan, and AZT from Hetero. MoH procurements in 2023 (TDF/FTC/EFV and TLD) were attributed only to MedService KZ LLC officially indicated as manufacturer, though it appears to be serving more as distributor.
- In 2024, MoH procured TLD from Laurus Labs Limited through KyrgyzPharmacy at \$3.83 per pack using 94% of its \$242,965 budget, while GF procured the same combination from Cipla cheaper at \$2.80.



## Conclusions and Key Challenges (2021–2024)

### **KEY ACTIONS RECOMMENDED**

1. **Kyrgyzpharmacy and the Republican Center for the Prevention and Control of HIV/AIDS** should expand the range of ARV drugs purchased to support the transition to state funding.
2. To ensure the sustainability of HIV programs and a full transition to state funding, the state should broaden its ARV drug procurement and develop a transition plan and roadmap.
3. **UNDP should work to reduce the cost of some ARV drugs such as abacavir/dolutegravir/lamivudine.** This includes considering alternative suppliers and optimizing transport, and logistics expenses.



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH     | 2021  |              |                 |                        |                    |
|----------------------------------------------------|-------|--------------|-----------------|------------------------|--------------------|
|                                                    | BUYER | MANUFACTURER | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC 300 mg                                         | GF    |              | \$102.00        | \$7.75                 | \$790.50           |
| Abacavir/lamivudine (ABC/3TC) 60/30 mg             | GF    |              | \$600.00        | \$3.50                 | \$2,100.00         |
| Abacavir/lamivudine (ABC/3TC) 600/300 mg           | GF    |              | \$287.00        | \$8.17                 | \$2,344.79         |
| ABC/3TC/DTG 60/300/50mg dispersible tablet         | GF    |              | \$1,200.00      | \$20.00                | \$24,000.00        |
| Atazanavir/ritonavir (ATV/r) 300mg/100mg tablet    | GF    |              | \$236.00        | \$12.66                | \$2,987.32         |
| Darunavir (DRV) 600 mg                             | MoH   |              | \$204.00        | \$75.53                | \$15,408.77        |
| Efavirenz (EFV) 200mg tablet (scored)              | GF    |              | \$259.00        | \$9.30                 | \$2,408.70         |
| Raltegravir 100 mg (chewable tab)                  | GF    |              | \$225.00        | \$36.00                | \$8,100.00         |
| Raltegravir 100 mg (granules)                      | GF    |              | \$72.00         | \$57.00                | \$4,104.00         |
| 3TC/ZDV (30/60)                                    | GF    |              | \$2,350.00      | \$2.94                 | \$6,909.00         |
| 3TC/ZDV (150/300)                                  | GF    |              | \$1,170.00      | \$5.41                 | \$6,329.70         |
| LPV/r 40/10mg pellets or granules                  | GF    |              | \$96.00         | \$17.25                | \$1,656.00         |
| LPV/r 80/20mg/ml oral solution                     | GF    |              | \$112.00        | \$18.25                | \$2,044.00         |
| LPV/r 200/50mg tablet                              | GF    |              | \$158.00        | \$18.00                | \$2,844.00         |
| Nevirapine (NVP) 50mg/5 ml oral solution           | GF    |              | \$252.00        | \$0.83                 | \$210.00           |
| Nevirapine (NVP) 50mg/5 ml oral solution           | GF    |              | \$84.00         | \$2.00                 | \$168.20           |
| Ritonavir (RTV) 100mg tablet                       | GF    |              | \$137.00        | \$4.60                 | \$630.20           |
| Tenofovir/Emtricitabine (TDF/FTC) 300/200mg tablet | MoH   |              | \$4,000.00      | \$5.44                 | \$21,757.72        |
| TDF/FTC/EFV 300/200/600mg tablet                   | GF    |              | \$3,134.00      | \$5.69                 | \$17,832.46        |
| TDF/FTC/EFV 300/200/600mg tablet                   | MoH   |              | \$6,000.00      | \$8.87                 | \$53,246.45        |
| TDF/3TC/DTG 300/300/50mg                           | GF    |              | \$15,504.00     | \$4.96                 | \$76,899.00        |
| TDF/3TC/DTG 300/300/50mg                           | MoH   |              | \$34,000.00     | \$7.82                 | \$266,027.19       |
| Zidovudine (AZT) 50 mg/5 ml oral solution, 240 ml  | GF    |              | \$30.00         | \$2.22                 | \$66.60            |
| Zidovudine (AZT) 50 mg/5 ml oral solution, 240 ml  | GF    |              | \$108.00        | \$3.00                 | \$324.00           |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH          | 2022  |              |                 |                        |                    |
|---------------------------------------------------------|-------|--------------|-----------------|------------------------|--------------------|
|                                                         | BUYER | MANUFACTURER | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC 300 mg                                              | GF    |              | \$102.00        | \$16.49                | \$1,681.77         |
| ABC/3TC 120/60mg dispersible tablet                     | GF    |              | \$2,030.00      | \$3.15                 | \$6,399.53         |
| ABC/3TC/DTG 60/300/50mg dispersible tablet              | GF    |              | \$1,200.00      | \$21.58                | \$25,900.29        |
| ATV 300mg                                               | GF    |              | \$42.00         | \$48.61                | \$2,041.72         |
| Atazanavir/ritonavir (ATV/r) 300mg/100mg tablet         | GF    |              | \$318.00        | \$11.82                | \$3,760.09         |
| Dolutegravir (DTG) 10 mg - pediatric                    | GF    |              | \$120.00        | \$6.75                 | \$810.36           |
| DTG 50 mg                                               | GF    |              | \$3,024.00      | \$1.90                 | \$5,755.97         |
| DTG 50 mg                                               | MoH   |              | \$1,980.00      | \$7.61                 | \$15,059.91        |
| Raltegravir 100 mg (chewable tab)                       | GF    |              | \$157.00        | \$37.14                | \$5,830.54         |
| Lopinavir/ritonavir (LPV/r) 40/10mg pellets or granules | GF    |              | \$112.00        | \$19.38                | \$2,170.87         |
| Nevirapine (NVP) 50mg/5 ml oral solution                | GF    |              | \$252.00        | \$1.82                 | \$459.28           |
| Ritonavir (RTV) 100mg tablet                            | GF    |              | \$137.00        | \$7.32                 | 1,002.68           |
| Tenofovir/Emtricitabine (TDF/FTC) 300/200mg tablet      | MoH   |              | 200             | \$10.67                | \$2,133.47         |
| TDF/3TC/DTG 300/300/50mg                                | GF    |              | \$900.00        | \$5.18                 | \$4,662.56         |
| TDF/3TC/DTG 300/300/50mg                                | MoH   |              | \$40,000.00     | \$6.51                 | \$260,377.36       |
| TAF/FTC/DTG 25/200/50 mg                                | MoH   |              | \$2,000.00      | \$10.66                | \$21,316.08        |
| Zidovudine (AZT) 50 mg/5 ml oral solution, 240 ml       | GF    |              | \$100.00        | \$3.96                 | \$395.91           |
| AZT 50 mg/5 ml oral solution, 100 ml                    | GF    |              | \$30.00         | \$4.58                 | \$137.39           |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH     | 2023  |                     |                 |                        |                    |
|----------------------------------------------------|-------|---------------------|-----------------|------------------------|--------------------|
|                                                    | BUYER | MANUFACTURER        | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC/3TC 120/60mg dispersible tablet                | GF    |                     | \$4,358.00      | \$3.95                 | \$17,202.56        |
| ABC/3TC/DTG 60/300/50mg dispersible tablet         | GF    |                     | \$2,300.00      | \$21.90                | \$50,359.43        |
| Atazanavir/ritonavir (ATV/r) 300mg/100mg tablet    | GF    |                     | \$576.00        | \$11.35                | \$6,539.34         |
| Dolutegravir (DTG) 10 mg - pediatric               | GF    |                     | \$1,000.00      | \$4.95                 | \$4,950.09         |
| Efavirenz (EFV) 200mg tablet (scored)              | GF    | Mickro Labs Limited | \$340.00        | \$10.51                | \$3,573.63         |
| Raltegravir 100 mg (chewable tab)                  | GF    |                     | \$350.00        | \$43.07                | \$15,073.55        |
| 3TC/ZDV (30/60)                                    | GF    |                     | \$800.00        | \$6.52                 | \$5,216.37         |
| 3TC/ZDV (30/60)                                    | GF    | Mylan               | \$350.00        | \$4.00                 | \$1,401.26         |
| LPV/r 200/50mg tablet                              | GF    |                     | \$50.00         | \$16.88                | \$844.08           |
| Nevirapine (NVP) 50mg/5 ml oral solution           | GF    |                     | \$602.00        | \$2.23                 | \$1,339.97         |
| Tenofovir/Emtricitabine (TDF/FTC) 300/200mg tablet | GF    |                     | \$6,584.00      | \$2.13                 | \$14,018.28        |
| TDF/FTC/EFV 300/200/600mg tablet                   | MoH   | MedService KZ LLC   | \$3,000.00      | \$10.21                | \$30,628.27        |
| TDF/FTC/EFV 300/200/600mg tablet                   | GF    |                     | \$5,024.00      | \$6.37                 | \$32,000.92        |
| TDF/3TC/DTG 300/300/50mg                           | MoH   | MedService KZ LLC   | \$60,000.00     | \$5.57                 | \$333,940.36       |
| TDF/3TC/DTG 300/300/50mg                           | GF    |                     | \$33,314.00     | \$3.33                 | \$111,048.29       |
| Zidovudine (AZT) 50 mg/5 ml oral solution, 240 ml  | GF    | Hetero              | \$150.00        | \$3.78                 | \$566.51           |



| ANTIRETROVIRAL<br>MEDICINES<br>PROCURED BY MOH       | 2024  |                                                  |                 |                        |                    |
|------------------------------------------------------|-------|--------------------------------------------------|-----------------|------------------------|--------------------|
|                                                      | BUYER | MANUFACTURER                                     | VOLUME IN PACKS | PRICE PER PACK,<br>USD | TOTAL COST,<br>USD |
| ABC/3TC/DTG 60/300/50mg dispersible<br>tablet        | IO    | LaurusLabs<br>Limited                            | 600             | \$17.24                | \$10,344.00        |
| DTG 50 mg                                            | MoH   | LaurusLabs<br>Limited                            | 1999            |                        | \$5,590.87         |
| DTG 50 mg                                            | IO    | Emcure                                           | 2100            | \$1.04                 | \$2,184.00         |
| Efavirenz (EFV) 200mg tablet (scored)                | IO    | Micro Labs Limited                               | 100             | \$13.73                | \$1,373.22         |
| 3TC/ZDV (30/60)                                      | IO    | Mylan                                            | 300             | \$5.72                 | \$1,716.73         |
| 3TC/ZDV (150/300)                                    | IO    | Sun Pharma                                       | 500             | \$6.81                 | \$3,405.00         |
| TDF/FTC 300/200mg tablet                             | MoH   | LaurusLabs<br>Limited                            | 2000            | \$3.87                 | \$7,744.78         |
| TDF/FTC/EFV 300/200/600mg tablet                     | IO    | Hetero                                           | 2016            | \$5.76                 | \$11,612.16        |
| TDF/3TC/DTG 300/300/50mg                             | MoH   | Laurus Labs<br>Limited through<br>KyrgyzPharmacy | 59998           | \$3.83                 | \$229,629.71       |
| TDF/3TC/DTG 300/300/50mg                             | IO    | Cipla                                            | 6020            | \$2.80                 | \$16,856.00        |
| Zidovudine (AZT) 50 mg/5 ml oral solution,<br>240 ml | IO    | Mylan                                            | 96              | \$8.76                 | \$840.95           |

# MAKE MEDICINES AFFORDABLE CAMPAIGN PARTNERS COMMUNITY-BASED ORGANIZATIONS



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ASSOCIAÇÃO BRASILEIRA  
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make  
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