



WHAT IF...

THE MEDICINES THAT COULD SAVE
YOUR LIFE COST A HUNDRED TIMES
WHAT YOU EARN IN A YEAR?

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HIV/AIDS

“As a person living with HIV/ AIDS, the most fearful thing is when you hear you might not be able to get hold of your medicines. It feels like a rope is being tied around your neck.”

Charles Sako lives in Kenya with his family – partner Noel, and young daughter, Gift. He started antiretroviral therapy with MSF in 2003 and is doing very well on treatment. Over the last ten years, the price of HIV drugs fell steeply, allowing people like Charles access to life-saving treatment. But prices for newer medicines are now climbing rapidly, threatening to block access to treatment once more for people in developing countries.

The MSF Access Campaign is working to ensure the flow of affordable, quality-assured, generic medicines continues to patients in the places where we work.



MSF ACCESS CAMPAIGN

Many people in developing countries can't get hold of the treatment they need to stay alive and healthy.

That's why Médecins Sans Frontières (MSF, or Doctors Without Borders) launched the MSF Access Campaign in 1999 to find ways of ensuring that medicines could be made available for all our patients and others in developing countries.

Our mission is to increase access to – and the development of – affordable, practical and effective drugs, vaccines and diagnostic tests for diseases that affect people in places where we work.

We are a multi-disciplinary team that includes doctors, pharmacists, scientists, lawyers, as well as advocacy and communications experts. We also work with patient groups and other civil society organisations in response to their concerns over access to treatment.

“ Some of the reasons that people die from diseases like AIDS, TB, sleeping sickness and other tropical diseases are that life-saving, essential medicines are either too expensive, are not available because they are not seen as financially viable, or because there is virtually no new research and development for priority tropical diseases.

What we as a civil society movement demand is change, not charity. ”

Dr James Orbinski, President of MSF's International Council, accepting the Nobel Peace Prize on behalf of MSF in 1999.

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TUBERCULOSIS

“My husband made a coffin for me. He prepared everything for the occasion of my possible death while he was away working in Russia and left things so I could be buried decently.”

Rohatav Abdullaeva, a former nurse from Uzbekistan, thought tuberculosis (TB) would end her life. She is now responding well to treatment for a drug-resistant form of the disease, provided by MSF and the Ministry of Health. Drug-resistant TB is very difficult to diagnose and cure with the tests and drugs available today. Patients also often experience very severe and sometimes irreversible side effects from the lengthy two-year treatment.

The MSF Access Campaign is pushing for the development of more accurate tests for TB and more effective medicines for people with drug-resistant strains of the disease, so that many more people can be put on life-saving treatment.

VACCINES

“I know how important the vaccines are for my babies to be healthy, but I was unable to travel the long distance to hospital for my twins to get their further vaccinations.”

Aquil Bol Mallien at an MSF clinic in South Sudan explains the challenges she faces in getting her children adequately protected through vaccination. In fact, at a minimum, five visits to a clinic are required in the first year of life to get a child fully vaccinated. This is difficult for caregivers, who may live far away and can't afford transport, or to leave their families and work for the time of a clinic visit. Vaccines which were originally developed for use

in wealthy countries are often impractical to use in places where MSF works, requiring refrigeration for instance.

The MSF Access Campaign is calling for simpler vaccines to be produced to reach the 22 million children born each year that are left unprotected from basic childhood killers.





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NEGLECTED TROPICAL DISEASES

“I couldn't pay the cost of the medicines back, so I had to mortgage my two pieces of land. I am a sick person, yet we do not have enough food to eat.”

Kamil could not afford the medicines for visceral leishmaniasis, a deadly parasitic disease also known as kala azar, transmitted through the bite of a sandfly. She is now receiving free treatment with MSF in India. But other people with kala azar cannot currently access the best treatment for the disease in South Asia because it is too expensive. For other neglected tropical diseases, such as Chagas or sleeping sickness, the existing medicines and tests are very often not practical or effective in the places where we work.

The MSF Access Campaign raises the alarm about the need for more effective drugs, vaccines and tests for all neglected tropical diseases that affect people where we work and others in developing countries.

FIGHTING FOR ACCESS

“Whether we live or die should not be up to trade negotiators. We watched family and friends sicken and die ten years ago because pharma companies put patents and profits before people. Don’t trade away our lives now.”



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Loon Gangte of the Delhi Network of Positive People (DNP+) took to the streets along with MSF and others in Delhi to protest against harmful provisions included in trade negotiations between Europe and India that could stifle the production of affordable generic medicines and restrict access to treatment for patients in developing countries. India is the source of 80% of the HIV medicines used in MSF projects and without these life-saving,

affordable medicines, it would have been impossible to scale up treatment to the levels seen today.

The MSF Access Campaign works with patient groups and other civil society organisations to identify and campaign against trade and drug company policies that could harm access to affordable, life-saving medicines.



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MEDICINES SHOULDN'T BE A LUXURY

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