Strategic advice and expert procurement accelerates the optimization to DTG in the Americas

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BACKGROUND

The WHO guidelines recommend dolutegravir (DTG) as the preferred anchor drug for first-line ART and for second-line ART after an NNRTI failure. DTG has a higher resistance barrier and efficacy, fewer side effects, and a safer profile than other options. The transition to DTG increases viral suppression and ART durability.

The Strategic Fund (SF) of the Pan American Health Organization (PAHO) is a technical cooperation mechanism for the pooled procurement of essential medicines and health supplies that meet international safety, efficacy, and quality standards. PAHO provides technical assistance to countries on rational selection and use of medical technologies, demand planning, and strengthening of strategic supply chain management elements to access these health supplies.

METHODS

Quantitative, descriptive analysis of purchase orders from Latin American and Caribbean countries between January 2018 and September 2023 (with a refresh to December 2023). All products containing DTG were included in the analysis. For comparison, we included all NNRTIs, PIs, and other integrase inhibitors but excluded NRTI drugs to avoid duplication. We calculated the average annual cost of treatment per unit procured, weighted by the number of units procured. Correlations were calculated using the Pearson coefficient (r).

Pooled procurement mechanisms and expert advice supported the increase in access to Antiretroviral therapy (ART) in the Americas Region.
Technical cooperation accelerated the migration of patients to a cost-effective, safer, and more durable scheme.

RESULTS*

Adult DTG-based treatments procured increased from 13% in 2018 (58,135 annual treatments) to 82% in 2023 with 290,263 by December 2023, representing more than a 300% increase. Non-DTG treatments decreased from around 390,000 in 2018, to 97,000 in 2022, to 64,739 by the end of 2023. In addition, the unit prices of DTG-based treatments decreased by 40% since 2018 (from 69 USD to 37 USD treatment per year), while non-DTG regimens increased by 15% in the same period (from 75 USD to 86 USD). The acquisition of treatment was inversely associated with the cost (r 0.925). For pediatrics, dispersible pDTG 10 mg was introduced in 2021 and continued to increase from 16% to 61% by December 2023. The use of pDTG represented a 90% price reduction compared to other regimens, with a weighted average of 53 USD per year vs 414 USD by December 2023.

*Results presented up to September 2023 in the abstract were updated up to December 2023 here.

CONCLUSIONS

- PAHO's technical cooperation supported the increase of uptake to generic DTG-based ART for adults and children in Latin America and the Caribbean countries.
- The transition to DTG represented significant savings due to the lower price of DTG compared to non-DTG regimens, particularly for children, which was a strong incentive for transitioning to more effective and safer treatments in the Region.
- Savings on ART could free up the public budget to advance the elimination of AIDS as a public health problem by extending coverage, funding diagnosis and prevention, or other public health strategies.
- Updates to the 2023 data from September to the end of 2023 confirmed the results presented in the abstract.

ADDITIONAL KEY INFORMATION

For technical cooperation visit:
http://www.paho.org/HIV
For products and prices visit:
https://www.paho.org/en/paho-strategic-fund







