

Cipla at the forefront of HIV battle

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Cipla has launched a first-of-its-kind 'Mother-Baby Pack', containing an entire range of anti-retroviral drugs to reduce the incidence of mother-to-child transmission of the disease

A decade ago, when the accessibility of HIV/AIDS drugs in the under developed nations was low and the cost of treatment astronomically high, India's leading generic pharmaceutical player, Cipla vowed to revolutionize treatments for HIV/AIDS by increasing affordability. They wanted to bring down the cost of treatment and make Anti Retroviral Drugs (ARVs) available at less than a 'dollar-a-day.' Soon, HIV/AIDS treatment became a reality with costs coming down from \$12,000 to \$300 per patient per year and the survival rates going up dramatically. In last 10 years, Cipla has remained focused towards this

mission.

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— Dr YK Hamied,

chairman, Cipla

In November 2010, the company went a step ahead in revolutionizing treatment for HIV/AIDS by developing a first-of-its-kind 'Mother-Baby Pack' to reduce the incidence of mother-to-child transmission of the disease. Developed in collaboration with UNICEF, this color-coded, take-home kit contains the entire range of ARVs and antibiotics required by an HIV-infected mother — starting from the 14th week of pregnancy until the sixth week after delivery.

Developed in line with the latest World Health Organization (WHO) guidelines on Prevention of Mother-to-Child Transmission (PMTCT), the Mother-Baby Pack is adorned with simple graphics to help mothers identify the different sets of drugs each to be taken during pregnancy, labor and breastfeeding, covering the entire period when the transmission can occur. The pack also contains drugs for the newborn baby. Launched in Kenya, Cameroon, Zambia and Lesotho, the pack mainly addresses the logistical challenge of access to essential HIV drugs during the entire term of pregnancy and the susceptible period thereafter.

High Risk of Transmission

Everyday, over 1,000 infants contract HIV from their mothers at the time of birth, with the highest rate reported in sub-Saharan Africa. The risk of transmission from an infected mother to her infant ranges from about 15-45 percent, with 25-35 percent transmission occurring antenatally, 70-75 percent during labor, delivery and about 14 percent is attributable to breastfeeding. The intrapartum period is said to provide a crucial window of opportunity for prevention. Dr Duru Shah, chairman of Gynaecworld and Gynecworld Fertility Clinic, Mumbai and a Consultant to the Breach Candy Hospital, says, "In India, today, there are 40 percent chances of the disease transmission from the HIV infected mother to the child. Plus, there are maximum chances of the disease being transmitted to the child during delivery." A Joint Technical Mission initiated by National AIDS Control Organization (NACO) in 2006, estimated that out of 27 million annual pregnancies in India, 189,000 occur in HIV positive pregnant women. In the absence of any intervention, an estimated cohort of 56,700 infected babies will be born annually.

Doctors in India believe that the main issues are the lack of awareness about the risk of transmission to unborn infants, reluctance in going for HIV/AIDS tests at an early stage of pregnancy and accessibility to medicines especially to the far flung regions of India. Dr G Saple, HIV Consultant/ Surgeon at Mumbai's Breach Candy Hospital, says, "The main problem is that mothers in India do not go for an HIV testing at early stages of pregnancy but at later stages when the child has already contracted the disease." Another major issue is the lack of well-trained doctors in the field. Dr Janak Maniar, HIV Consultant at Jaslok Hospital, Mumbai, says, "The number of doctors looking at HIV/AIDS in India is even less than 100 today."

Benefits of the Pack

Now, with the launch of the Mother-Baby Pack, an HIV positive mother-to-be even in the remotest corner of the least developed nations would have access to essential PMTCT (Preventing Mother to Child Transmission) drugs during her entire term of pregnancy, in the convenience of her own home.

On making another landmark contribution in the fight against HIV/AIDS, Dr YK Hamied, chairman, Cipla, says, "We were approached by UNICEF to produce this pack for the PMTCT program. Cipla is proud to extend its world-class antiretrovirals to the infected expectant mothers and the specially designed Mother-Baby Pack will increase adherence and play a pivotal role in the total prevention of mother-to-child transmission of HIV/AIDS." The drugs for the Mother-Baby Pack are being manufactured and packaged in Cipla's manufacturing units in Goa and Patalganga, Maharashtra which are approved by WHO-Geneva, US FDA, MHRA-UK and various other regulatory bodies.

Commenting on the benefits of this pack, a reputed Obstetrician and Gynecologist from Mumbai, says, "HIV-infected mothers usually do not take the entire course of drugs due to many reasons. The benefit of this pack is that since it consists of drugs which covers the entire period right from a mother's pregnancy to post delivery, it ensures that she takes the entire course of medicines. It is an easy-to-use package for mothers." Doctors point out that this development would drastically help in reducing the number of child deaths due to AIDS. According to a report by UNAIDS, globally, in 2009, an estimated number of 370,000 children contracted AIDS during the perinatal and breastfeeding stage.

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The pack costs \$70 and covers a period of 12 months. Dr YK Hamied further adds, "Cipla would make the Mother-BabyPack available to various Ministries of Health in sub-Saharan Africa, various NGOs and donor agencies for their treatment programs."

Cipla's AIDS mission

In the past 10 years, Cipla along with a handful of other Indian generic players played a crucial role in reducing the incidence of HIV/AIDS in the country. Cipla's contribution to PMTCT was towards the 'Nevirapine donation program' aimed at reducing the rate of mother-to-child transmission by 50 percent in the developing countries. Through this program, Cipla offered the anti-HIV drug 'Nevimune' free of cost to agencies or Ministry of Health that approached Cipla with its HIV/AIDS treatment programs. Pregnant women who were found to be HIV positive were given a single dose of Nevirapine at the time of labor; their newborn babies also got a single dose of Nevirapine immediately after birth so as to prevent transmission of HIV from mother to child.

In 2001, taking a significant step, Cipla's innovative Fixed Dose Combination of the 'triple cocktail drug', Triomune, simplified treatment and fostered adherence. The company was also the first to prepare a child-friendly three-in-one paediatric formulation, Triomune Baby and Junior, for the young population infected with HIV/AIDS. Cipla thereafter initiated a patient education campaign 'Living with Hope' in 2004 and has been conducting several ongoing training programs and CMEs in India and internationally to cover various aspects of HIV/AIDS treatment including adult, paediatric, MTCT, PEP.

Currently, the company has more than 45 ARV formulations in its portfolio and Cipla supplies these to over 120 countries including various Ministries of Health, Government of India and to several international AIDS agencies like UNICEF, MSF, SCMS/PEPFAR, Clinton Foundation, IDA, PAHO among others. Today, almost one out of three HIV-infected patients in the third world is on Cipla drugs as it continues to work towards its commitment that 'none shall be denied.'

Nayantara Som in Mumbai