

Mr Daniel O'Day
Chief Executive Officer
Gilead Science, Inc.

30 March 2020

Open Letter to Gilead concerning ensuring Access to Remdesivir

Dear Mr O'Day,

We write to request that Gilead take immediate actions to ensure rapid availability, affordability and accessibility of its experimental therapy remdesivir for the treatment of COVID-19, pending the results of the clinical trials demonstrating its efficacy.

The COVID-19 pandemic has spread across all continents and, to date, nearly 700,000 people have been infected, causing more than 30,000 deaths. Making effective therapeutics available and accessible rapidly for all patients based on their medical needs is essential for all countries to combat the pandemic and may save many thousands of lives .

We are seriously concerned with Gilead's current approach to remdesivir, which may obscure access to this potentially critical treatment for COVID-19. Gilead holds primary patents of remdesivir in more than 70 countries that may block generic entry until 2031. Despite public health emergency declarations in multiple states and cities in the United States since the end of February, Gilead still sought an orphan drug designation from the US Food and Drug Administration on remdesivir with the aim to obtain further exclusive rights in the US, and only applied to rescind this exclusivity after public criticism in late March. Recently, faced with an overwhelming demand for individual compassionate use of remdesivir, Gilead announced its inability to ensure timely supply and reduced the scale of the programme.

The COVID-19 pandemic affects every person. It is unacceptable for Gilead's remdesivir to be put under the company's exclusive control taking into account that the drug was developed with considerable public funding for both early-stage research and clinical trials, the extraordinary efforts and personal risks that both health care workers and patients have faced in using the medicine in clinical trial settings, and the unprecedented disaster all countries are facing for their people, their health care systems and their economies. Gilead has a poor track record for ensuring universal access to life-saving treatments and the company's recent actions with remdisvir provide scant assurance that the company can be trusted to act in the public interest.

We request Gilead to fully recognize the scale and potential consequences of pursuing exclusive rights as opposed to enabling scale-up of production and affordable supply of remdesivir during this pandemic. We, therefore, urge Gilead to take immediate actions to:

- Declare that Gilead will not enforce and claim exclusive rights on patents, regulatory and trial data and any other types of exclusivity anywhere in the world;
- Make publicly available, all data, sample products and know-how that are needed for generic development and for regulatory processes, to facilitate the ability of production and supply by generic manufacturers worldwide;
- Improve transparency by disclosing its manufacturing capacity and existing supply and allow independent and proper governance over the allocation of the treatment according to medical needs.

An exclusivity and monopoly-based approach will fail the world in combating COVID-19 pandemic. Gilead must act in the public's interests now.

SIGNATORIES:

Organisations:

1. Access to Medicines Ireland
2. Access to Medicines Research Group (China)
3. Action against AIDS Germany
4. ADIN (Africa Development Interchange Network)
5. AFT (American Federation of Teachers)
6. AHF India
7. AIDS Access Foundation (Thailand)
8. AIDS Action Europe
9. AIDS and Rights Alliance for Southern Africa (ARASA)
10. AIDS Healthcare Foundation
11. All India Agricultural Workers Union
12. All India Drug Action Network (AIDAN)
13. Alliance of Filipino Workers (AFW)
14. Alliance of Women Human Right Defenders (NAWHRD), Nepal
15. American Medical Student Association
16. ARAS - Romanian Association against AIDS
17. Asia Pacific Forum on Women, Law & Development (APWLD)
18. Asian Peoples Movement on Debt and Development (APMDD)
19. Associação Brasileira Interdisciplinar de AIDS (ABIA)
20. Bangladesh Krishok Federation
21. Centre for Health Policy and Law, Northeastern University, School of Law, US
22. Centre for Peace Education and Community Development, Taraba State, Nigeria
23. Colombian Oversight and Cooperation Committee
(Comité de Veeduría y Cooperación en Salud - Colombia)
24. Comité des Volontaires Contre le Coronavirus Burkina Faso
25. Consumer Association of Penang
26. CurbingCorruption
27. DAWN (Development Alternatives with Women for a New Era)
28. Deutsche Aidshilfe
29. Digo Bikas Institute, Nepal
30. DNDi (Drugs for Neglected Diseases Initiative)
31. Doctors for America
32. Drug Study Group (Thailand)
33. Drug System Monitoring and Development Centre (Thailand)
34. Ecologistas en Acción (Spain)
35. Ecumenical Academy (Czech Republic)
36. Educating Girls and Young Women for Development-EGYD
37. Faith in Healthcare
38. Families USA
39. Focus on the Global South
40. Food Sovereignty Alliance, India
41. Fórum de ONGs AIDS do Estado de São Paulo (FOAESP)

42. Forum for Trade Justice, India
43. Foundations for Consumers (Thailand)
44. FTA Watch (Thailand)
45. Fundación Grupo Efecto Positivo, Argentina
46. FUNDACION IFARMA, Colombia
47. Global Health Advocates France
48. Global Humanitarian Progress Corporation GHP Corp. Colombia
49. Global Justice Now
50. Global South
51. GNP+, Global Network of People living with HIV
52. Groupe sida Genève
53. Grupo de Apoio à Prevenção da AIDS - Rio Grande do Sul (GAPA - RS)
54. Grupo de Resistência Asa Branca (GRAB)
55. Grupo de Trabalho sobre Propriedade Intelectual (GTPI)
56. Grupo Incentivo à Vida (GIV)
57. Health Action International (HAI)
58. Health and Development Foundation (Thailand)
59. Health Equity Initiatives
60. Health GAP (Global Access Project)
61. Housing Works, USA
62. Human Rights Research Documentation Centre, Uganda
63. Human Touch Foundation Goa, India
64. IDRIS Association, Kuala Lumpur
65. I-MAK
66. Indonesia AIDS Coalition
67. International Women's Rights Action Watch Asia Pacific (IWRAP Asia Pacific)
68. IT for Change
69. ITPC (International Treatment Preparedness Coalition)
70. Kamayani Bali Mahabal , Convenor Jan Swasthya Abhitan Mumbai, India
71. KEI (Knowledge Ecology International)
72. Kolkata Rishta, India
73. Korean Federation Medical Activist Groups for Health Rights (Association of Korea Doctors for health rights, Association of Physicians for Humanism, Korean Dentist's Association for Healthy Society, Korean Pharmacists for Democratic Society, Solidarity for worker's health)
74. Kripa Foundation Nagaland, India
75. Labor Education and Research Network, Inc (LEARN), Philippines
76. Lawyers Collective, India
77. Lower Drug Prices Now, USA
78. Madhyam (India)
79. Malawi Health Equity Network
80. Malaysian AIDS Council
81. Médecins Sans Frontières Access Campaign
82. Medical Mission Sisters
83. Medical Mission Institute Würzburg
84. Medico International, Germany

85. MyWATCH (Malaysian Women's Action on Tobacco Control and Health)
86. Nelson Mandela TB HIV Community Information and Resource Centre CBO, Kisumu Kenya
87. Nepal Development Initiative
88. NETWORK Lobby for Catholic Social Justice, USA
89. NGO Forum on Asian Development Bank
90. NTFP EP Philippines (Non-Timber Forest Products Philippines)
91. Oxfam
92. Pacific Network on Globalisation (PANG)
93. Pan African Positive Women's Coalition-Zimbabwe
94. Pan-African Treatment Access Movement (PATAM)
95. People PLUS. Belarus
96. People's Health Institute (South Korea)
97. People's Action, USA
98. People's Health Movement, Uganda
99. Pharmaceutical Accountability Foundation
100. Pharmacists without Borders Germany
101. PHM Germany (People's Health Movement, Germany)
102. Pink Triangle Foundation
103. Project on Organising Development Education and Research- PODER
104. Positive Malaysian Treatment Access & Advocacy Group (MTAAG+).
105. Prescrire
106. Public Citizen
107. Public Eye, Switzerland
108. Public Services International
109. Red Latinoamericana por el Acceso a Medicamentos, Argentina
110. Rede Nacional de Pessoas Vivendo com HIV - São Paulo (RNP + SP)
111. Religious of the Sacred Heart of Mary NGO, USA
112. Rural Area Development Programme (RADP), Nepal
113. Sahayog Odisha, India
114. Salud por Derecho
115. Sankalp Rehabilitation Trust, India
116. Sentro Ng Mag Nagkakaisa, Progresibong Manggagawa (SENTRO)
117. Sisters of Charity Federation
118. Social Security Works
119. Society for International Development (SID)
120. Solidaritas Perempuan (Women's Solidarity for Human Rights), Indonesia
121. STOPAIDS
122. Swasthya Adhikar Manch, India
123. T1International
124. Test Aankoop/Test Achats (Belgian consumer organisation)
125. Thai Network of People Living with HIV/AIDS (Thailand)
126. Third World Network (TWN), Malaysia
127. Transnational Institute (TNI), The Netherlands
128. Transparency International Health Initiative

129. TranspariMED
130. Treatment Action Group (TAG)
131. Treatment Preparedness Coalition in Eastern Europe and Central Asia (ITPCru)
132. Trisuli Plus Community action Group, Nepal
133. Universities Allied for Essential Medicines (UAEM)
134. Universities Allied for Essential Medicines Europe
135. Viet Labor Movement, Vietnam
136. Voice of Patient, India
137. War on Want (UK)
138. Woman Health Philippines
139. Women, Law and Development, (MULEIDE), Mozambique
140. World Vision Deutschland e.V.
141. Yale Global Health Justice Partnership
142. Yolge Switzerland
143. Youth Engage, Zimbabwe

Individuals:

1. Achal Prabhala, Shuttleworth Fellow and coordinator of the AccessIBSA project
2. Arjun Kumar Bhattarai, Nepal Development Initiative
3. Dr. med. Christiane Fischer
4. Dr. Hafiz Aziz ur Rehman, International Islamic University, Islamabad Pakistan
5. Dr. Mohga Kamal-Yanni MPhil. MBE. Global Health and Access to Medicines Consultant
6. Dr Prabir Chatterjee MD, State Health Resource Centre, Chhattisgarh (India)
7. Jordan Jarvis, London School of Hygiene & Tropical Medicine, UK
8. Kamayani Bali Mahabal, Convenor Jan Swasthya Abhitan Mumbai, India
9. Katrina Perehudoff PhD, Dalla Lana School of Public Health, University of Toronto, Canada
10. Marcela Vieira, Researcher, Global Health Centre, Graduate Institute of Geneva
11. Prof. Brook K. Baker, Northeastern University, School of Law, US
12. Tracy Swan, ITPC Global