Key Access challenges in Global Health
Important considerations

Doctors Without Borders/ Medecins Sans Frontieres

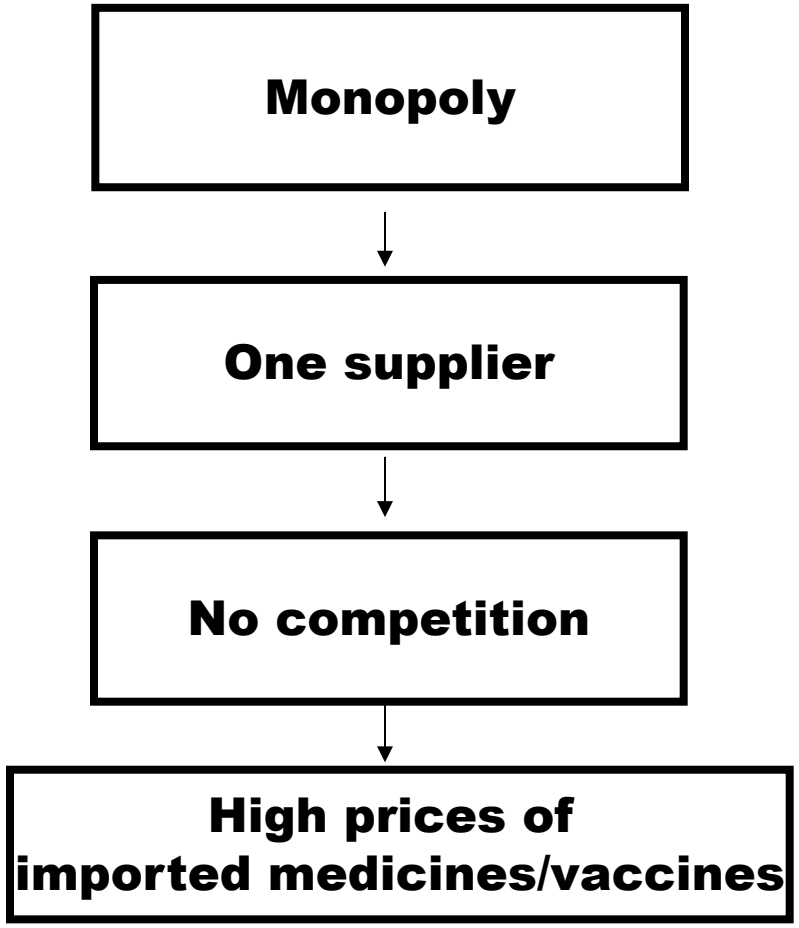
Independent international medical humanitarian organisation working globally to treat people in medical need and those often forgotten or excluded by others

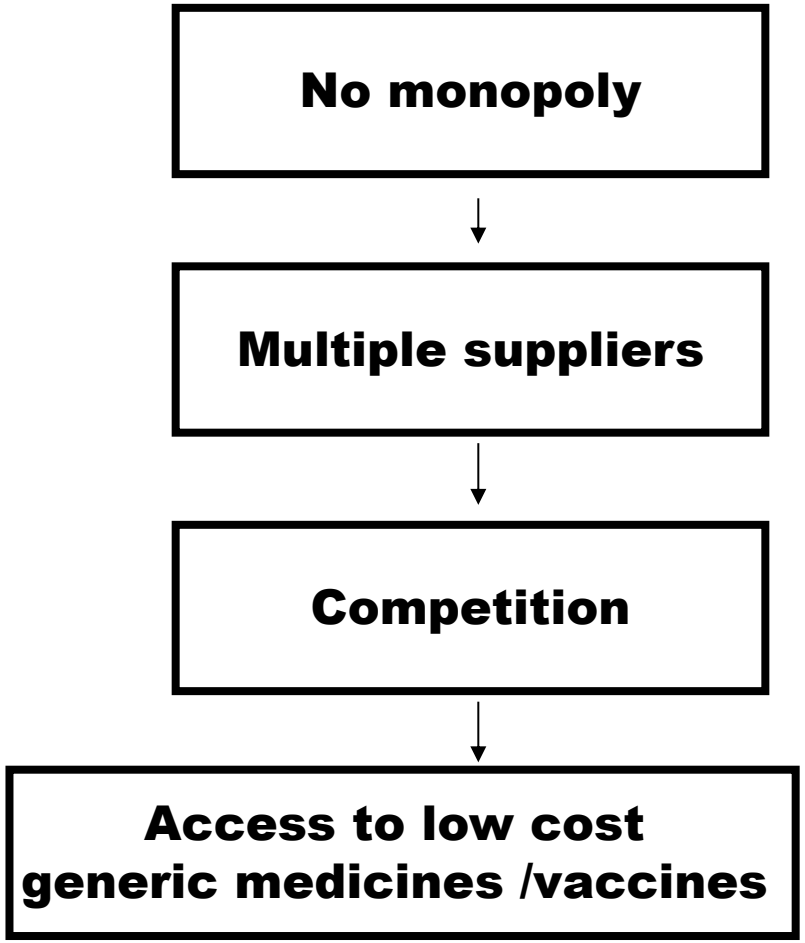
- In the mid–nineties MSF medical staff frustrated at not being able to diagnose and treat patients with appropriate and effective drugs in developing countries

- The Campaign for Access to Essential Medicines (Access Campaign) was started by Médecins Sans Frontières (MSF) to increase the availability of essential medicines in developing countries

Can life saving medicines become global public goods?

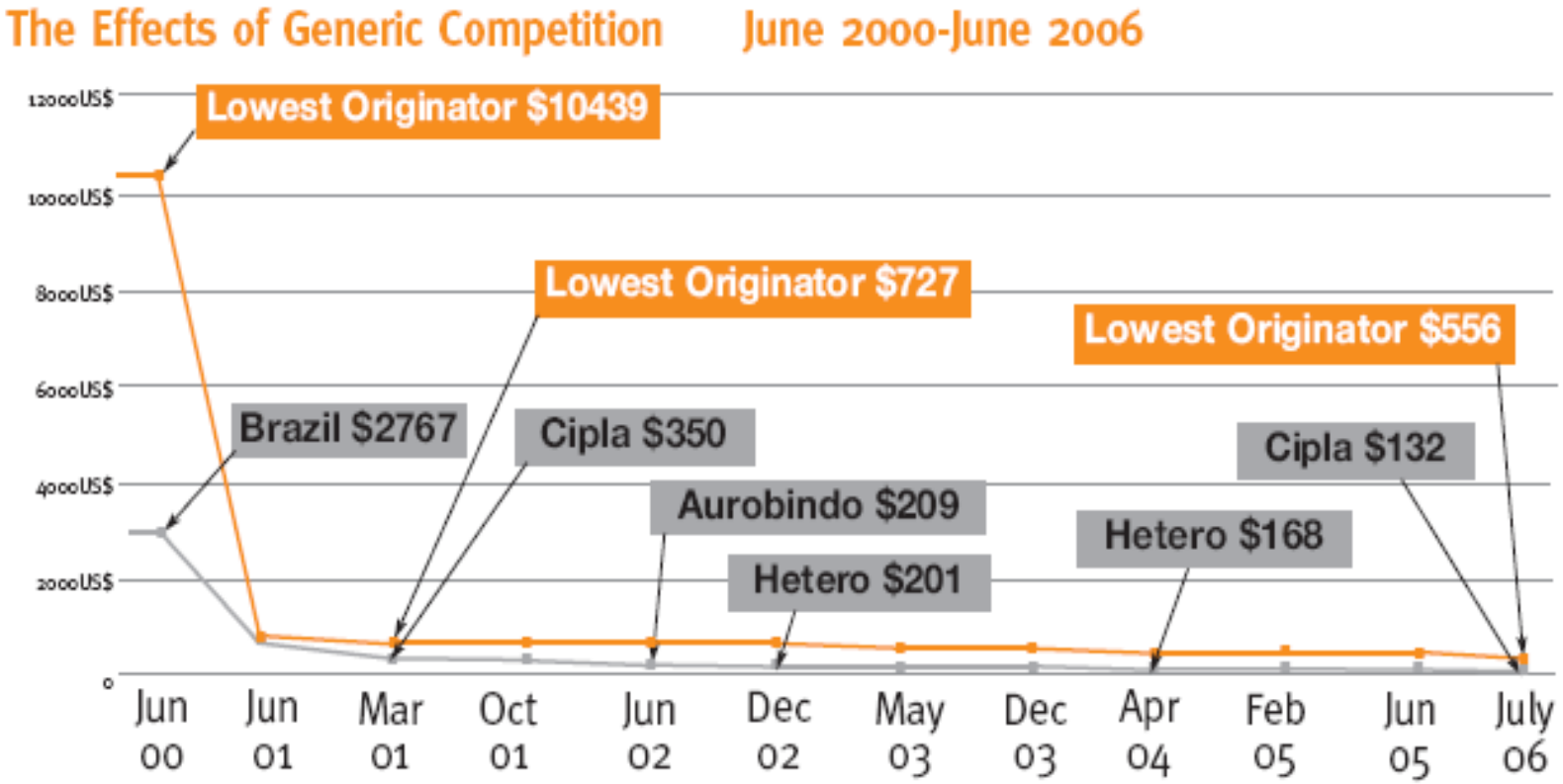
Monopolies linked to Prices/Availability





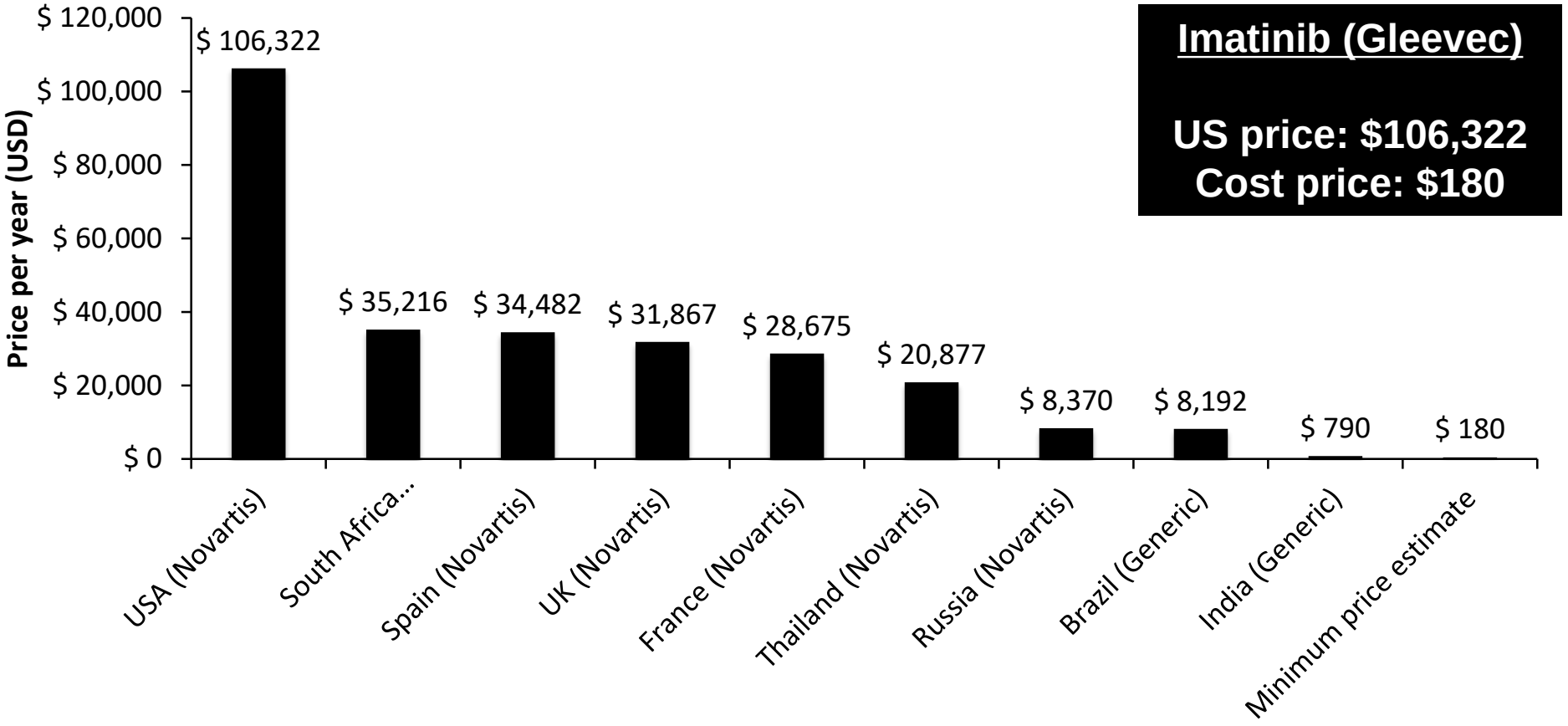
Generic competition needed to drive prices down: the example of AIDS medicines

Graph 1: *Sample of ARV triple-combination: stavudine (d4T) + lamivudine (3TC) + nevirapine (NVP). Lowest world prices per patient per year.*



Generic competition has shown to be the most effective means of lowering drug prices.

Lowest available price for Imatinib (400mg) in selected countries

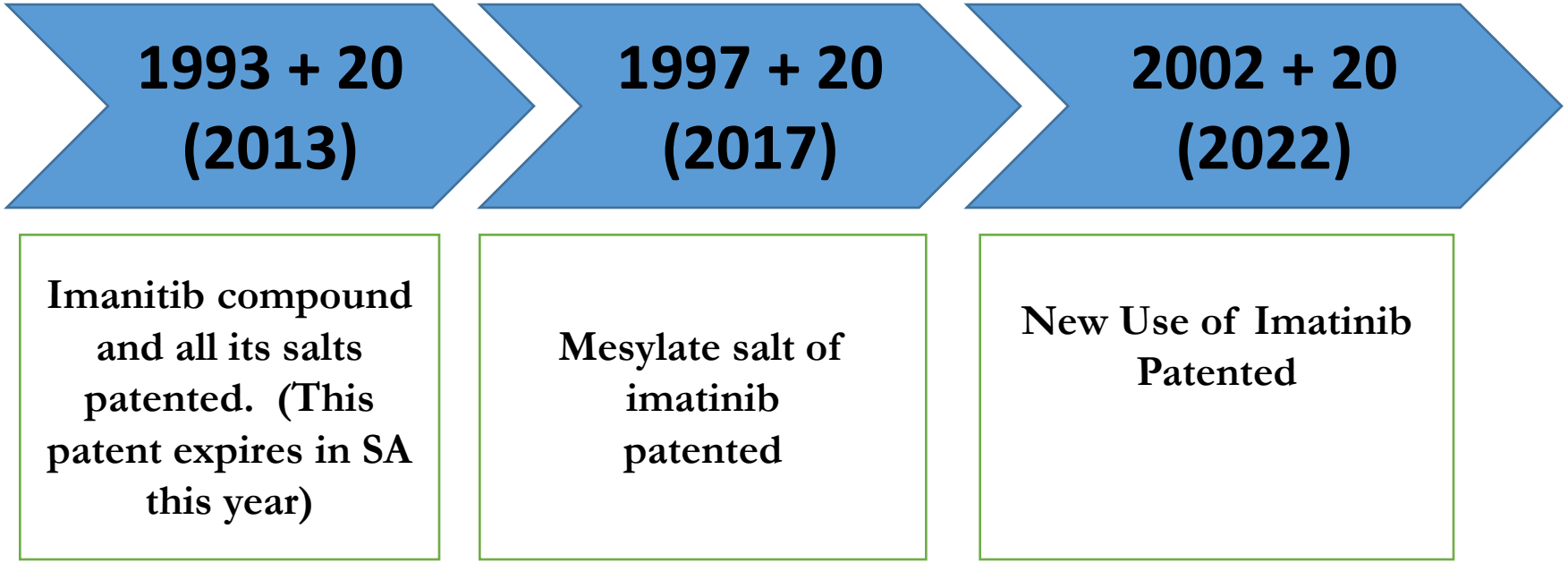


Hill et al: Target prices for mass production of Tyrosine Kinase Inhibitors:http://bmjopen.bmj.com/content/6/1/e009586.full

Abuse of the patent system

Cancer drug

Imatinib Mesylate Patents: Evergreening Trend



Japan's role

- Many new HIV, HCV and TB drugs developed by Japanese companies
- Robust role in drug development
- **Down stream access strategies are missing:**

- *Drugs not developed in combination (key to treating diseases)*
- *Not licensed for generic production*
- *Japanese companies indulging in abusive evergreening practices in developing countries*
- *TB is one of the three main killer infectious diseases. The TB drug delamanid developed by Otsuka gained approval from regulatory authorities in 2014. From 2015 to 2019 only 3,750 people accessed the drug. Key barrier prices and ability to deliver in high burden countries.*

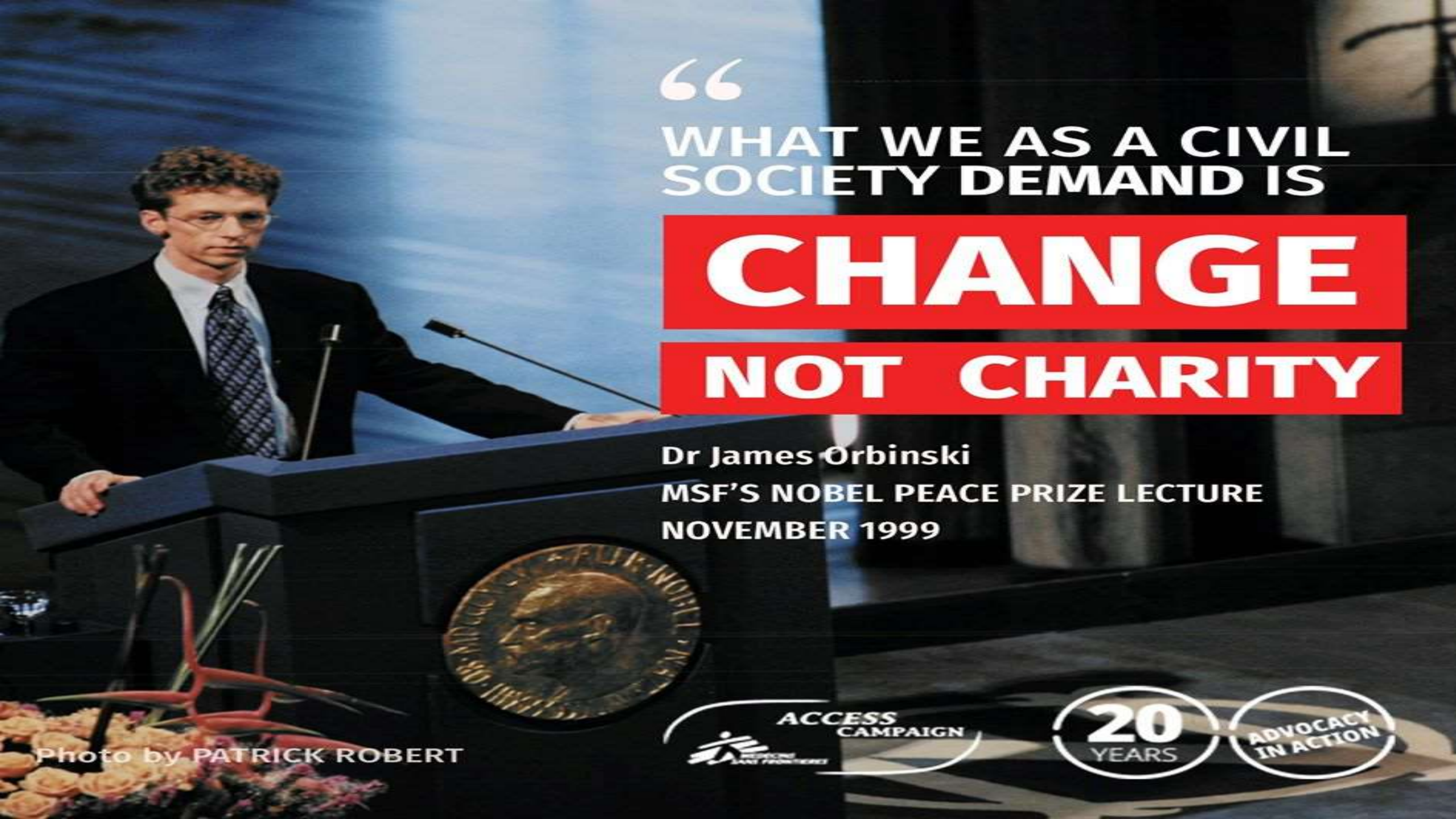
Can we change the architecture for COVID-19?

- Can drug/vaccine development be collaborative and inclusive?
- Can the outcomes of public funded research by affordable and accessible to everyone equally across the world?
- Can we have equitable worldwide licensing?
- Can life-saving vaccines and drugs for COVID-19 be produced regionally?
- Can the pressure on middle-income countries to agree to higher standards of intellectual property (beyond TRIPS) be removed by countries like the US, EU, Switzerland and Japan? *(Changes in US policy already visible)*
- Can we stop the medical apartheid?

COVID-19: What the proposal is about?

A temporary waiver to be granted to all WTO members so that they do not have to implement, apply or enforce certain obligations related to

- Section 1 (copyrights and related rights)
- Section 4 (industrial design)
- Section 5 (patents)
- Section 7 (protection of undisclosed information) of Part II or
- Part III (enforcement) of TRIPS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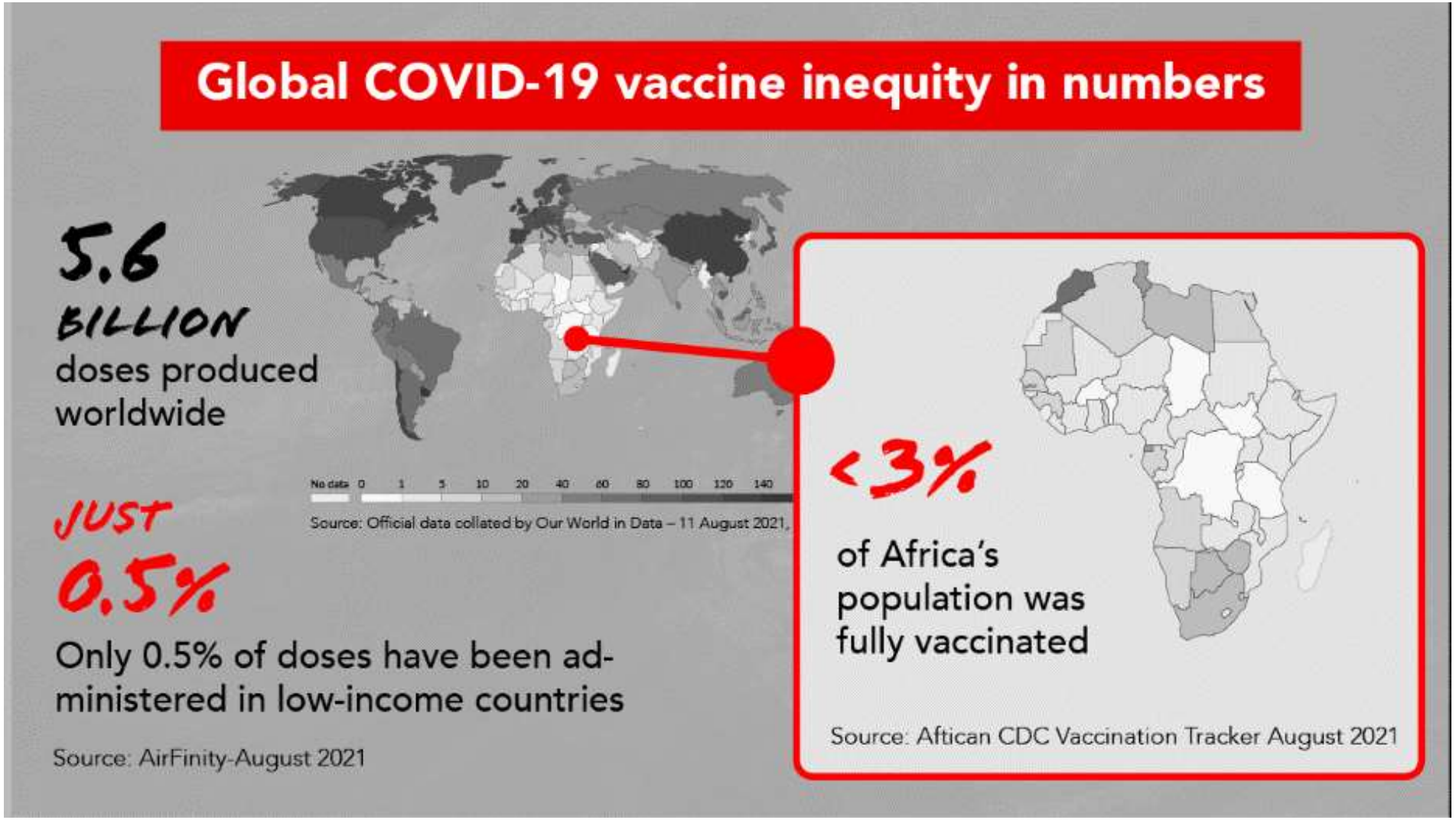
WHAT WE AS A CIVIL SOCIETY DEMAND IS
CHANGE
NOT CHARITY
Dr James Orbinski
MSF’S NOBEL PEACE PRIZE LECTURE
NOVEMBER 1999
Photo by PATRICK ROBERT
ACCESS CAMPAIGN
20 YEARS
ADVOCACY IN ACTION

Concentration of Manufacturing Capacity



Any Questions?