

(Non) Access to Essential Drugs

Saving lives with the right *to* medicines...



Geneva Forum Towards Global Access to Health

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Access to essential drugs
General overview

WHO policy perspectives
background 1996 - 2006

Future challenges

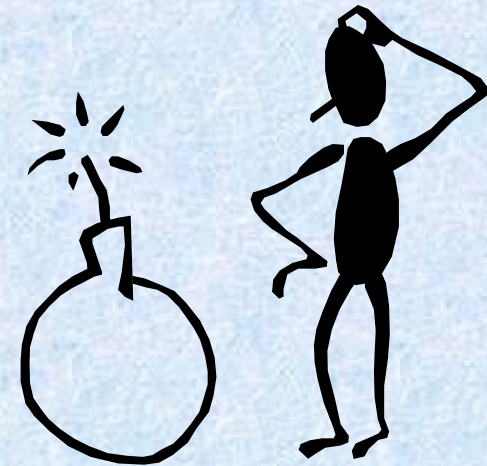
New actors in the access to medicines battle...

People's health

- **Government and public health sector**
- **Academic sector**
- **A highly profitable pharmaceutical industry**
- **Big NGO's and civil society organizations**
- **Small UN players...**
- **International mass media**

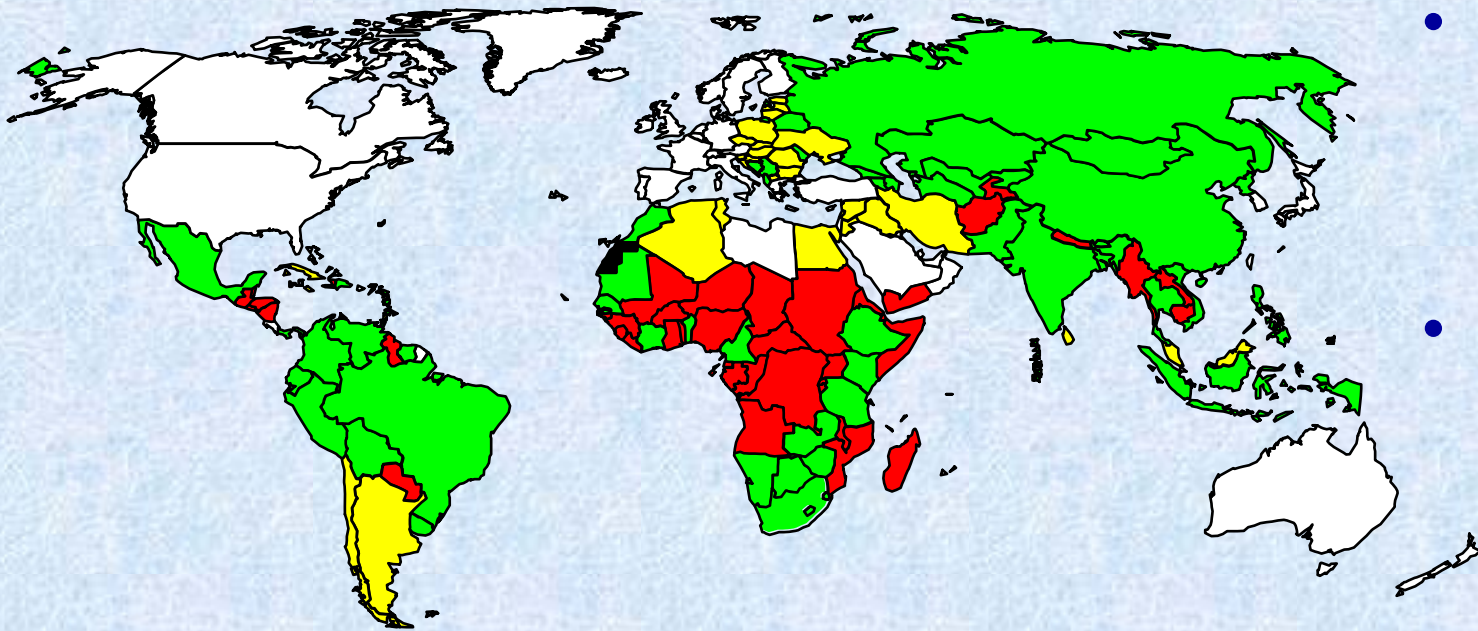
TRIPS/public health tensions...

- **HIV epidemic – pricing of ARVs**
- **WTO – TRIPS – Doha debate**
- **Bilateral trade agreements/
intellectual property restrictions**
- **Global fund:**
 - total contributions received 2000 – 2005 =
US\$ 4,603 million
 - projected financial requirement for 2006 =
US\$ 12,000 million



Too many people still lack access to essential drugs

- More than 1/3 of world's population lack regular access
- In some countries in Africa more than 50% of the population have **NO** regular access to essential drugs



Percentage of populations and number of countries with regular access to essential drugs

■ = <50%	43
■ = 50-80%	64
■ = 80-95%	30
□ = >95%	41
■ = No data available	1

People are dying because of lack of access to essential drugs

- 10.3 million children under 5 years of age die in developing countries each year.**
- About 8.6 million of these deaths are due to communicable, perinatal and nutritional conditions. A large proportion of these deaths could be prevented if those at risk had access to essential drugs.**

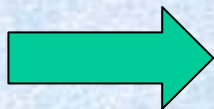
Source: World Health Report 2000

Access to medicines in industrialized countries...

- **Economies** are growing at less than 2 % per year



- **Drug expenditure** is increasing
USA 9.6%, Ireland 12.8 %
Australia 9.1%, Norway 7.0% ...
Average OECD 1998-2003 6.1



Sustainability of health systems ?

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WHO Background 1996–2006

- 1996 World Health Assembly (WHA) resolution requesting WHO to study and inform on the impact of WTO on medicines
- 1998 publication of the "**Red/Blue** book"
- 1999 WHA RDS resolution : a two year debate...
- 1999–2000 WHA support to South Africa "court case"
- 2001 WHA medicines strategy resolution
- 2001 WHO participation and collaboration on the WTO Doha Ministerial Declaration
- 2003 WHA IPR, innovation and Public Health resolution
- 2004 WHA HIV resolution on bilateral trade agreements
- 2004–2005 WHO advice on FTA's
- 2006 Report of WHO IP Commission & follow-up of WHA resolution



Background 1996–2006

Since 1999, four WHA resolutions have given WHO the mandate to:

- 1. Assist Member States to develop medicines and health policies related to international trade agreements**
- 2. Monitor, analyse, study and report on health implications of international trade agreements**
- 3. Produce an analysis of IPR, innovation and public health, including appropriate funding and incentive mechanisms for the creation of new medicines**
- 4. Encourage that bilateral trade agreements take into account the flexibilities of the TRIPS Agreement**

New strategic approach to improving health by expanding access to essential drugs

What is needed now?

- **Essential drugs as a part of a Primary Health Care approach**
- **Essential drugs as a key component of a reliable health system**
- **Integrating medicines policies into national social health insurances schemes**

Technical tools to expand access to essential drugs

- **Rational selection and use**
- **International open tendering**
- **Price information and government price controls**
- **Incentives for negotiation with the pharmaceutical industry: voluntary discounts and licensing agreements**
- **Use of TRIPS flexibilities**
- **Promotion of local production, where feasible**
- **Public investment in R&D for new medicines**

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Some positive signs ...

- **Many new actors: NGO's, media, other UN agencies...**
- **The legal trade debate has become an ethical and human rights issue**
- **Zimbabwe declaration of emergency to allow compulsory licences (2002)**
- **Malaysia government use provision to import ARVs (2003)**
- **Mozambique & Zambia issued compulsory licences for ARVs (2004)**
- **Canada and Norway, EU, Switzerland, India, China amended IP laws (on Paragraph 6 implementation)**



Some negative signs ...

Bilateral and free trade agreements (FTAs)

Common provisions of FTA's affecting health

- extension of patent terms ... compensation for delays
- restriction on use of compulsory licences
- mandatory 5-year data exclusivity period (Article 39)
- patent-DRA "linkage" requirement
- Restrictions on the use of INNs for medicines
- Limitations on parallel imports
- Expanded definition of patentable matter

How WHO can help to improve health by expanding access to essential drugs

- ◆ **Leadership in global norms and standards setting for medicines**
- ◆ **Essential drugs as a tool to improve health in the 21st century**
- ◆ **The new essential drugs concept must be based on:**
 - Human rights
 - Social insurance schemes
 - and be a key component of any reliable health system



*“the more effective the medicine,
the greater the injustice
against those that have
no access to treatment ”*

Paul Farmer