



**Access to Medicines
Perspective from Médecins Sans Frontières**

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Médecins Sans Frontières (MSF), founded in 1971, is an international, independent, medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare in nearly 70 countries.



Nobel Peace Prize Lecture 1999

Dr. James Orbinski

*Médecins Sans Frontières
International President*

“Today, a growing injustice confronts us. More than 90% of all death and suffering from infectious diseases occurs in the developing world. Some of the reasons that people die from diseases like HIV/AIDS, tuberculosis, sleeping sickness and other tropical diseases is that---

- **Life saving essential medicines are either**
 - **too expensive,**
 - **are not available because they are not seen as financially viable,**
 - **or because there is virtually no new research and development for priority tropical diseases.**
- **This market failure is our next challenge.**

The challenge however, is not ours alone. It is also for governments, international government institutions, the pharmaceutical industry and other NGOs to confront this injustice.

What we as a civil society movement demand is change, not charity. ”



Access to medicines is a part of SDG 3

- » By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- » By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- » Support innovation and access to medicines (including the Doha Declaration on TRIPS and Public Health)



MSF's perspective as a humanitarian medical treatment provider

Affordability - the role of Intellectual property and generic competition

- The EU's trade policies

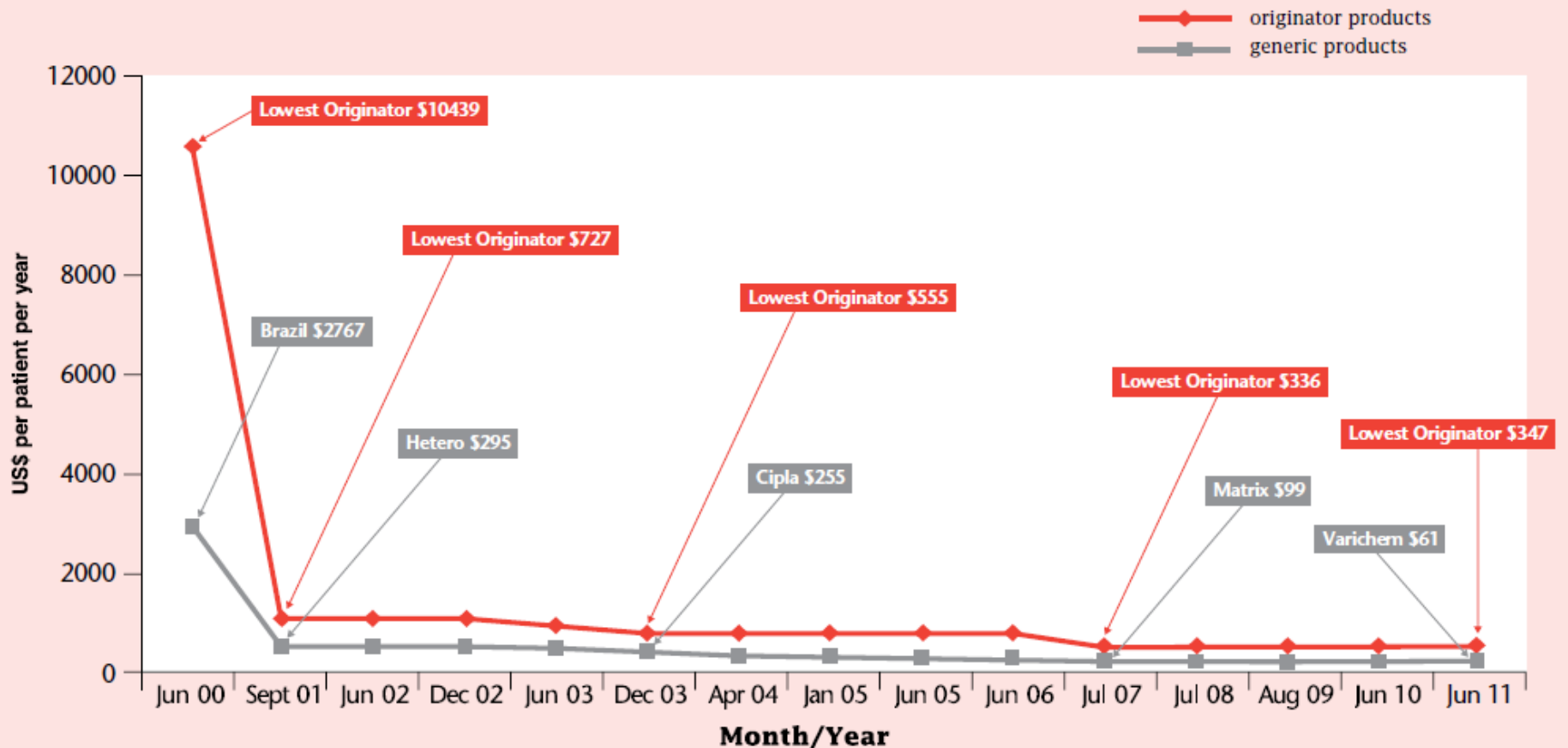
Availability and suitability of medical tools

- The EU's Research and development policies

Affordability

GRAPH 3: GENERIC COMPETITION AS A CATALYST FOR PRICE REDUCTIONS.

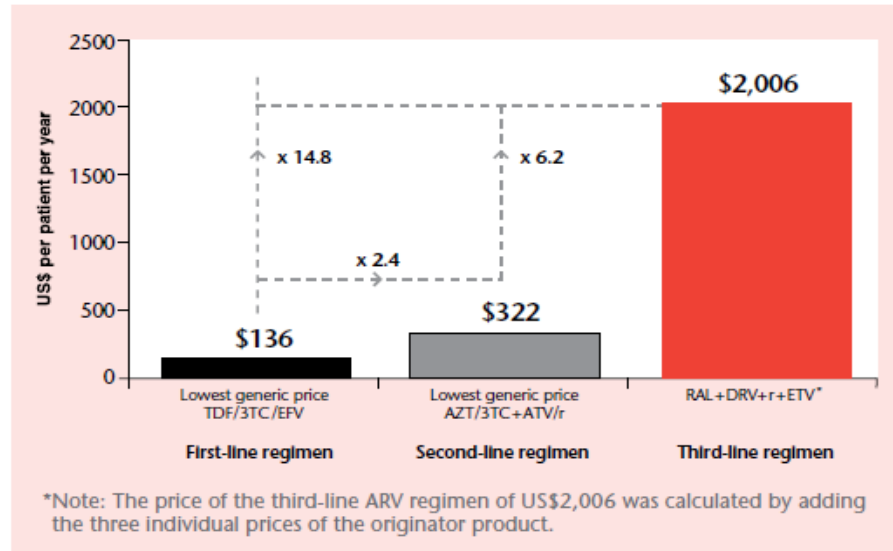
The fall in the price of first-line combination of stavudine (d4T), lamivudine (3TC), and nevirapine (NVP), since 2000.



Source: MSF, *Untangling the Web of Antiretroviral Price Reductions*, 1st Edition, July 2012

R&D system fails to deliver affordable products

GRAPH 6: PRICE COMPARISON OF TREATMENT REGIMENS



HIV treatment:

- The price of a third-line regimen is **more than 14 times higher** than the recommended first-line
- Middle income country dilemma with tiered pricing

Source: MSF Untangling the Web of antiretroviral Price Reductions, 17th Edition, July 2014

MEDICINES SHOULDN'T BE A LUXURY

Gram for gram, this hepatitis C drug is more expensive than diamonds



The EU's current trade policies

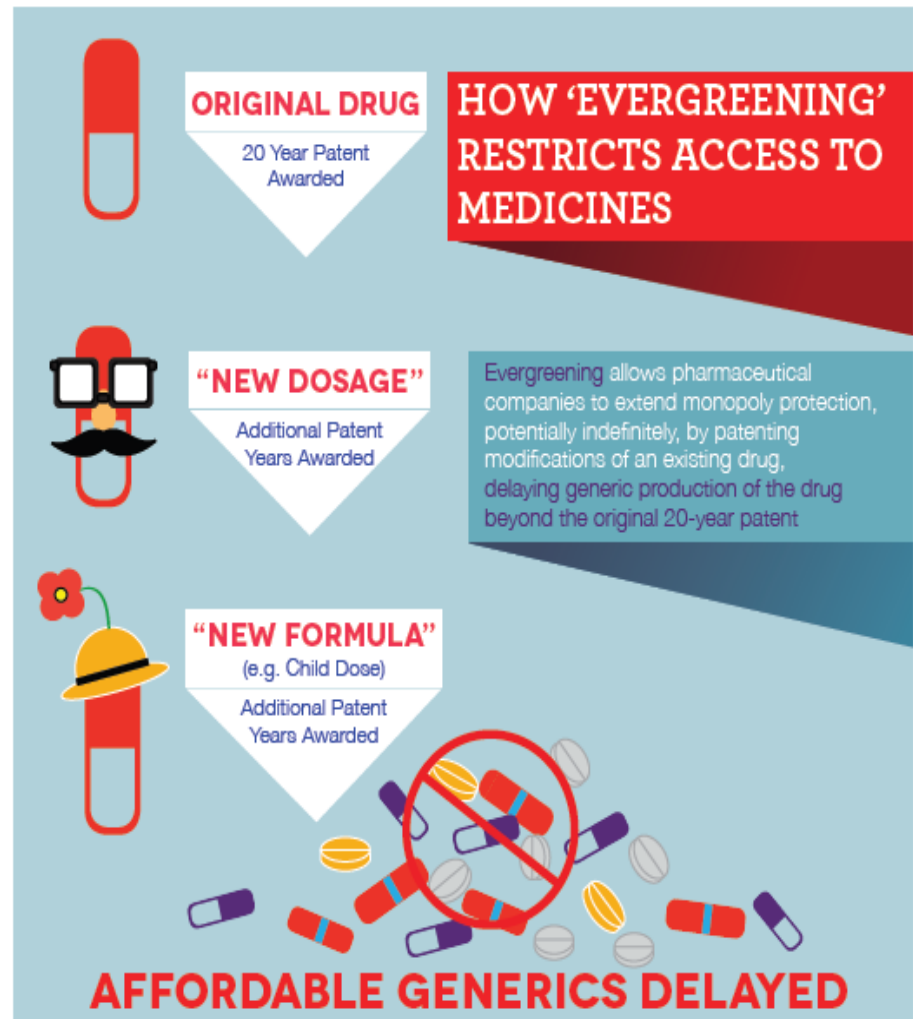


Empty gestures: allowing ever-greening

“Supports the Doha Declaration on TRIPS and public health”

=> But the EU has a long history of including TRIPS+ measures in bilateral trade agreements

=> TRIPS+ directly contravenes the spirit of the Doha Dec.



EC: IP is not a major barrier for access to medicines

“...the European Commission does not share the starting assumption of the call for contributions - presented as a definitive conclusion - that there is a "misalignment between the rights of inventors, international human rights law, trade rules and public health where it impedes the innovation of and access to health technologies“.

“...there are many factors affecting access which are not related to intellectual property, such as lack of access to quality health care, poor infrastructure, lack of distribution and supply systems, and lack of quality control.”

***European Commission submission for
UN high level Panel on access to medicines, March 2016***

But sometimes it is?



EU Trade 

@Trade_EU



We support better access to medicines in poorest countries by exempting them from @WTO rules:europa.eu/rapid/press-re...

SUPPORTING BETTER ACCESS TO MEDICINES IN POOREST COUNTRIES

Making access to cheaper medicines easier - indefinitely

Enabling more **GENERIC MEDICINES** for low-cost drug treatments (e.g. for HIV) in poorest countries

Ensuring **LONG-TERM SUPPLY**, enhancing **LOCAL PRODUCTION & IMPORTS** of much-needed medicines

HOW IS THIS POSSIBLE?

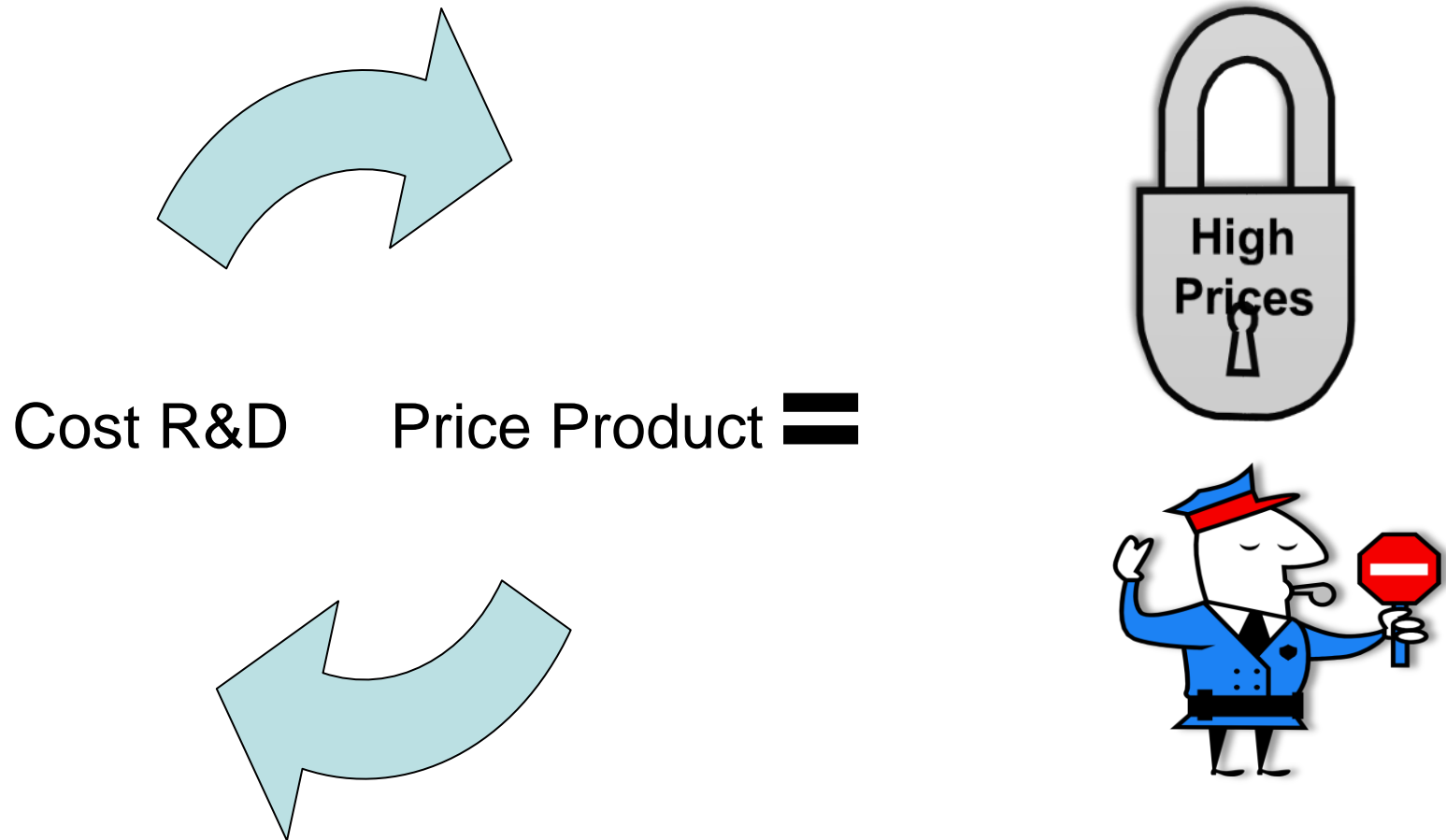
*Due to European Commission's support for an **indefinite exemption** from WTO's intellectual property rules for pharmaceuticals, the least developed countries would be able to make cheap medicines - without time limitations.*



Concerns about the patent system continue to multiply

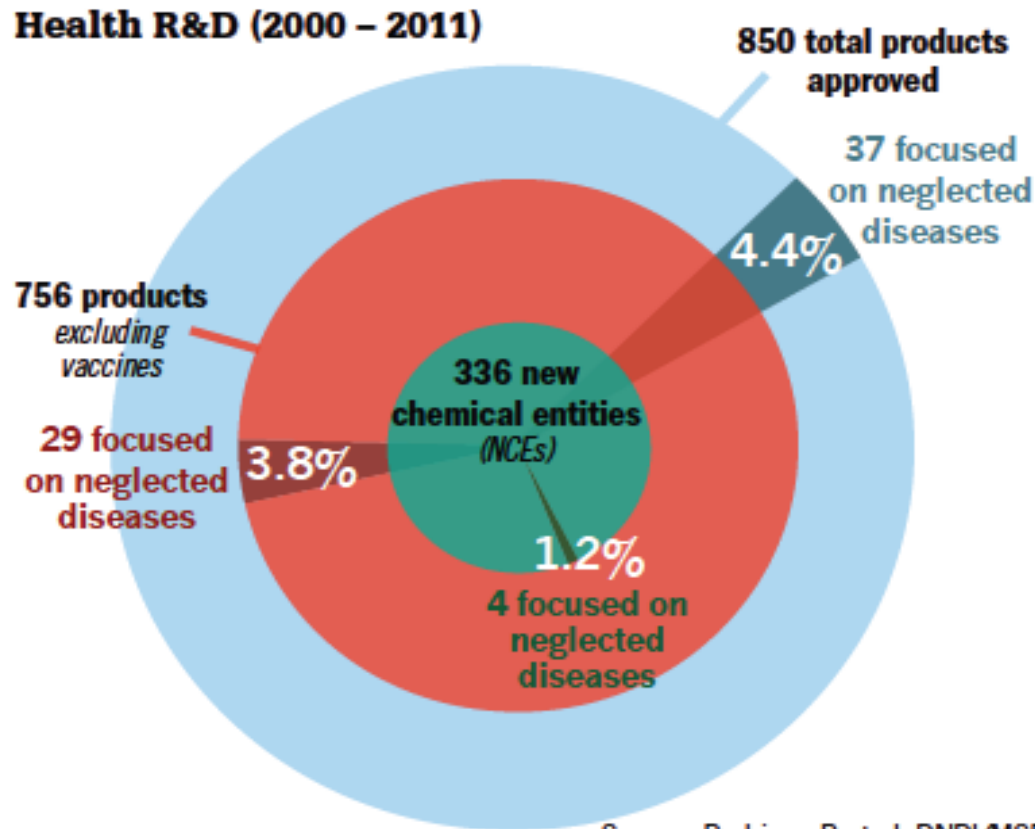


Systemic flaw with R&D Funding Model



**No R&D for the
'neglected'**

R&D System fails to deliver for diseases that are not sufficiently lucrative

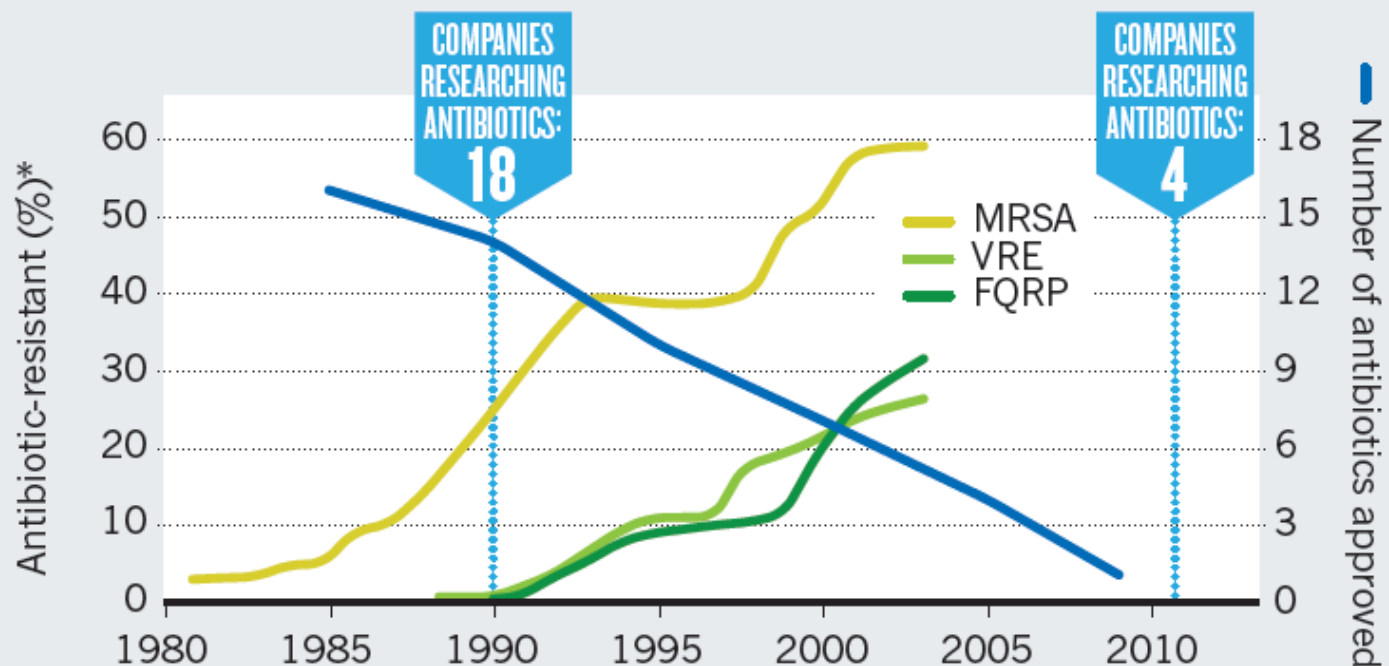


Source: Pedrique B et al, DNDI/MSF forthcoming publication, 2013'

Failing to prioritise according to priority health needs

A PERFECT STORM

As bacterial infections grow more resistant to antibiotics, companies are pulling out of antibiotics research and fewer new antibiotics are being approved.

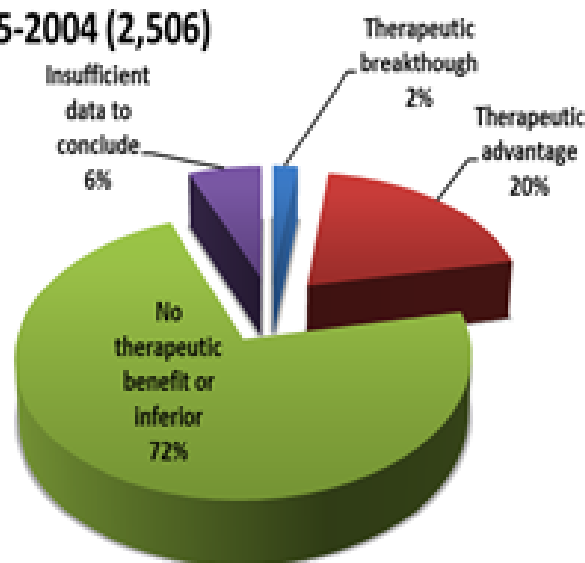


*Proportion of clinical isolates that are resistant to antibiotic. MRSA, methicillin-resistant *Staphylococcus aureus*. VRE, vancomycin-resistant *Enterococcus*. FQRP, fluoroquinolone-resistant *Pseudomonas aeruginosa*.

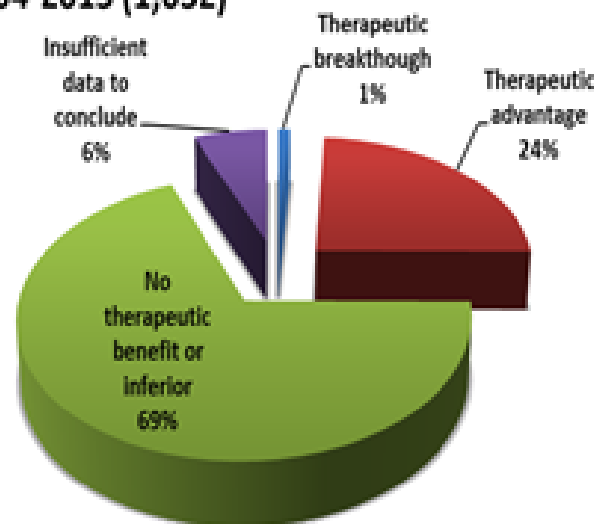
R&D System uses resources inefficiently and ineffectively

Therapeutic benefit of new medicinal products comparison: 1995-2004 vs. 2005-2014

1995-2004 (2,506)



2004-2015 (1,032)



Rev Prescire Feb 2015; 35(376):132-136

Rev Prescire Feb 2005; 25(258):139-148

Inefficient and ineffective use of resources

- Public already pays for 30 to 40 percent of R&D up front, and global pharmaceutical market already exceeds 1 trillion USD today.
- Companies spending R&D funding to acquire innovation, not perform it themselves. (Gilead purchase of Hepatitis C drugs for 11.4 billion USD, Merck acquisition of Cubist for 8.4 billion USD.)
- Companies diverting resources into share buy-backs and dividends, not R&D. Over the last decade, Pfizer spent 139 billion USD on share buy-backs and dividends, and only 82 billion USD on R&D. This boosts shareholder and executive pay, not innovation.

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De-linkage

- Need to separate the cost of R&D from the price of the resulting treatments to avoid high prices and skewed research priorities.
- Because research in a delinked model is not skewed towards the most profitable medicine, public health priorities can be identified and addressed.
- End prices should be close to cost of production and fully independent of R&D costs to avoid affordability and access barriers.
- De-linkage paves the way for more rational antibiotic stewardship and negates the need for unnecessary marketing strategies to boost sales.

The EU: Innovating for Access?

- EU funding (IMI, EDCTP2, Horizon 202) does not require researchers/companies to safeguard access.
- International negotiations at WHO and UN aiming to identify and put in place alternative approaches to financing R&D. EU is not a key driver and its policies, for example at the G7 – may undermine these efforts.
- Some political groups and Member States are moving in the right direction.

Thank you!