Geneva Events Address Public Health Solutions For Developing Countries

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Public health authorities and observers in Geneva this week are discussing problems and possible solutions to medicines pricing and availability in developing countries. But concerns were raised yesterday about a World Health Organization expert group on medicines access and innovation.

A three-day forum on access to health is addressing issues of access to medicines, counterfeit drugs, and a range of other topics of public health systems and governance.

And at a separate 19 April event, civil society members discussed the report of a group of experts tasked by governments at the World Health Organization to come up with innovative ways for financing research and development. The report, submitted to the WHO executive board meeting in January (*IPW*, WHO, 20 January 2010), was part of the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property agreed in May 2008.

After criticisms from member states, in particular about its full text being released only two days before the Executive Board and then only in English, the report is meant to be discussed again on 13 May, immediately prior to the World Health Assembly.

At the civil society event co-sponsored by Knowledge Ecology International, Health Action International and the Médecins Sans Frontières' Campaign for Access to Essential Medicines, speakers questioned the content of the expert working group report.

"What is clear is that this is not an expert report," said Sisule Musungu of think tank IQsensato. "I don't think anyone can argue that" previous work done on this topic at the WHO by the Commission on Intellectual Property Rights in Health was not high-quality, even if disagreeing with its conclusions. But the expert working group report is "hard to engage with" because the methodology used is not clear, he said.

The report also did not address the possibility of delinking the price of medicines with the price of research and development, which is an important concept, said Sangeeta Shashikant of the Third World Network.

Speakers at the event also pointed to anomalies in the report. These include: that seven propositions were picked out and placed in an annex as not meeting the agreed criteria, when about ninety proposals submitted by stakeholders to the working group were looked at in all; and that the list of people interviewed by the working group was never made public.

James Love, the director of KEI, also said some proposals that received high marks from the working group had been submitted with very little detail – as one-page memos with little detail as to how they might work, and that it was unclear on what criteria they were recommended over more detailed proposals.

Several speakers also asked if there had ever been a conflict of interest assessment done on the working group members, to determine if any had biases.

Separately, at the 19-21 Geneva Forum Towards Global Access to Health, delegates discussed counterfeit medicines, access to needed medicines, health crises and global systems. Speaker and attendee participation at the event was noticeably affected by the Icelandic volcano travel disruption.

Shashikant and Richard Jähnke of pharmaceutical company Merck discussed counterfeit medicines.

"The issue is more complex than it is made out to be," said Shashikant, adding there is a "huge confusion about what counterfeit really means" and that it is necessary to "reconsider how we use this term."

The use of the term – set to be discussed at the 17-21 May World Health Assembly – has caused concern at the World Health Organization as its international legal definition under the World Trade Organization Trade-Related Aspects of Intellectual Property Rights agreement is related to trademark violations, not to public health concerns.

Jähnke said that counterfeiters were developing a "nice niche" while the legal definitions were being argued over, and advocated for "immediate solutions" including counting the scale of counterfeit medicines in developing countries and then taking enforcement action.

Shashikant said that the high cost of medicines – making most of them inaccessible – facilitates the problem and causes the proliferation of markets for counterfeit medicines. "We are not disputing the need for quality, safe medicines" she said, but added that confusion over terminology could lead to the targeting of cheaper generic medicines, making the problem worse.

Jähnke argued that generic medicines were not the target of anti-counterfeit legislation, and that countermeasures to detect dangerous drugs should not be held up. Merck has now come up with a field test for several common drugs.

And at a later session on access to medicines at the Geneva Health Forum, Tipicha Posayanonda of Thailand's new National Health Commission Office explained the country's new access to medicines strategy.

Thailand's national health system struggled from an overuse of expensive medicines and an overuse of medicines in general, she said, and compulsory licences on AIDS medicines and anti-cancer agents in Thailand in 2006 and 2007 caused a backlash from pharmaceutical companies. This included the refusal of pharmaceutical company Abbott to release an updated, heat-stable version of its AIDS drug in the country, said Richard Laing of the WHO Department of Essential Medicines and Pharmaceutical Policies.

Thailand decided to re-evaluate its national health strategy, holding its first National Health Assembly in 2008 and eventually agreeing on seven new strategies to aid access to medicines, including developing the local pharmaceutical industry and research and development capacity, coordinating partner networks, and reducing legal barriers to access.

Also speaking was Femke Markus, who presented an Access to Medicines Index, which is intended to measure the degree to which pharmaceutical companies encourage policies that increase access,

ranking them on indicators such as voluntary licensing agreements, pricing policies and partnerships for neglected disease research. A new ranking is due out in June.

And Laing, who is at the WHO department of Essential Medicines and Pharmaceutical Policies presented a joint study undertaken with Health Action International on differences in the availability of medicines used for chronic diseases versus acute diseases.

The study chose the 15 most commonly surveyed medicines for each class of disease and then surveyed clinics for the drugs' availability and price. Among its findings were that medicines for chronic diseases were far less available, though consumer demand was roughly equal.

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