

Wanted: affordable medicines for all

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Pneumonia, an acute infection of the lungs, is the biggest killer of children worldwide even though it is treatable and easily preventable with vaccines.



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The disease remains prevalent in some of the poorest regions in South Asia and sub-Saharan Africa in part because of the high price of the vaccines necessary to prevent it. One dose of pneumonia vaccine costs about \$68, and it is \$204 for the three doses needed to vaccinate one child, although humanitarian organizations may get the vaccines at a lower price.

In 2015 the disease killed nearly one million children under the age of 5, accounting for 15% of all worldwide deaths of children of that age group, according to the World Health Organization (WHO).

Health care providers and other groups, such as Médecins sans Frontières (MSF) or Doctors Without Borders, an international medical group that provides assistance to populations in emergency situations, have long complained about what they claim are “artificially high prices” of pneumonia vaccines, among other medicines. They are concerned about not being able to afford these drugs to help prevent the disease in poor countries.

Yet last October, MSF turned down a donation of one million free doses of pneumonia vaccine from a New York-based drug company. The group maintained that ad hoc donations are not the solution to the need for affordable medicines and appealed to manufacturers to make drugs more affordable.

In the words of MSF USA director Jason Cone, “free is not always better”, and the conditions that come with such donations can delay vaccination campaigns and “undermine long-term efforts to increase access.”

In November the drug company finally agreed to lower the price of the vaccine, but only for children in humanitarian emergencies. Still, civil society organizations, including MSF, believe that the price reduction should be extended to all developing countries.

Report on access

MSF's stance was not widely reported in the media, but coming on the heels of recommendations by a high-level panel of the United Nations Secretary-General on ways to improve access to medicines, it echoed the need to address obstacles in the way of extending to all the benefits of ever-improving health technologies, including drugs, and highlighted the role played by companies in search of huge profits.

Released in September 2016, the *Report of the United Nations Secretary-General's High-Level Panel on Access to Medicines: Promoting Innovation and Access to Health Technologies* calls on governments to negotiate global agreements to reduce the cost of health technologies for rich and poor countries alike. For UN Secretary-General, Ban Ki-moon, the report's message is “simple yet powerful: no one should suffer because they cannot afford medicines, diagnostics, medical devices or vaccines”.

The report notes that in a market-driven research and development environment, research into new technologies is incentivised by the prospect of high returns to the developers, while rare diseases affecting comparatively small numbers of people fail to spur innovation.

“With no market incentives, there is an innovation gap in diseases that predominantly affect neglected populations,” said Malebona Precious Matsoso, the director-general of the National Department of Health of South Africa, one of the 15 members of the UN panel.

Ruth Dreifuss, former president of the Swiss Confederation, and Festus Mogae, former president of Botswana, co-chaired the high-level panel.

The report calls for new approaches to health research and development to make sure that the benefits of health technology are extended to all.

“Our report calls on governments to negotiate global agreements on the coordination, financing and development of health technologies to complement existing innovation models, including a binding research and development convention that delinks the costs of R & D from end prices,” Matsoso added.

Sky-high prices of medicine and health technologies are of grave concern to developing countries, a situation that gained global attention at the height of the HIV/AIDS epidemic.

Currently the cost of a year's supply of first-line HIV drugs in Africa is less than \$100 per person compared to \$10,000 in the year 2000, according to UNAIDS.

Back in 2000, only patent-holding drug companies could manufacture antiretroviral (ARV) drugs, but prices started falling when developing countries started producing generic versions and exporting them to other developing countries exempt from the patents.

This was possible thanks to the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), negotiated among members of the World Trade Organisation on public health.

Gradually, though, the flexibility afforded by TRIPS, the report indicated, is being threatened, including through bilateral trade agreements, which is a violation of the integrity and legitimization of the Doha declaration on intellectual property rights and public health.

The report calls on countries to continue making full use of TRIPS and report undue economic and political pressure.

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