

KEI Intervention on Agenda Item 13.5: Follow-up of the Report of the Consultative Expert Working Group on Research and Development: Financing and Coordination

Delivered by Zack Struver, KEI, at the Department of Health and Human Services WHA Listening Session on May 5, 2017.

There is a conflict between the use of intellectual property rights that predictably lead to high prices, as the primary incentive for innovation, and access to health care products.

In response to the recent report of the UN Secretary-General's High-Level Panel on Access to Medicines, the U.S. government denied the premise that there is an incoherence between intellectual property rights and access to medicines. This is a stunning and indefensible position. Patents lead to high prices, and there is a conflict between high prices and access. The question is, do we accept the trade off between innovation and access, or do we find a way to eliminate the conflict, so that we can have both.

The CEWG report proposed the delinkage of R&D costs from drug prices. It is time to devote resources to identifying, studying, and mapping out the mechanisms and paths to deemphasize high prices as the incentive for R&D.

As regards the Global Health Observatory, it should propose new standards for transparency of R&D costs, including the costs of clinical trials, as well as transparency of drug prices and access to products.

The WHO mandate for the CEWG-related work is unduly narrow, as regards the scope of diseases and beneficiaries, and particularly as regards the types 1, 2 and 3 disease paradigm. When access is taken into account, all diseases are important, and when asking countries to fund programs, it is better to offer at least some benefits that are globally relevant.