

Global initiatives to promote wider access to medicines

At least a third of the world's population lacks essential, effective medicines, particularly for infectious diseases, such as HIV and malaria. Now, various initiatives have been launched or will soon become operational that promise to tackle obstacles involved in the chain from manufacture to local supply.

In July, the international drug purchase facility UNITAID approved the principle of establishing a patent pool, which involves different companies and institutions making available several patents to others for production or further development, resulting in vastly cheaper drugs before the 20-year patent term runs out. Patent pools are part of WHO's recently adopted Global Strategy on Public Health, Innovation and Intellectual Property. Ellen 't Hoen, director of policy at Médecins Sans Frontières' Access Campaign (Geneva, Switzerland) says that UNITAID is now establishing a task force to put this plan into action. The idea "is to have a more systematic approach to dealing with access problems caused by drug patents", she says. "Now it is crucial that both patent holders and generic manufacturers come to the table."

The pharmaceutical industry is coming under increasing scrutiny for its actions. The UK Department for International Development (DFID) is reviewing its best practice framework for the industry, with a consultation to determine the framework's usefulness for informing relevant pharmaceutical policy. The review aims to provide an additional benchmark for accountability and to support responsible and innovative business practice to increase access to medicines in developing countries, says Saul Walker, DFID's senior access to medicines policy advisor.

In June, the Access to Medicine Foundation (Haarlem, Netherlands) published the first Access to Medicine Index, which ranks 20 pharmaceutical companies according to various criteria, including pricing, patenting, and drug donations. Founder Wim Leereveld says

the index is intended to make company performance transparent, while providing recommendations for improvement. "This means that each company can see what the others are doing, and can learn from each other." Another index is planned for 2009, with greater involvement from other stakeholders and new benchmarks. Eventually, he suggests, a similar index could be used to assess how individual nations manage the supply chain.

Such a process has already begun for seven countries with the Medicines Transparency Alliance (MeTA)—launched by DFID in London, UK. MeTA aims to increase access to quality, affordable drugs by promoting transparency and accountability in the supply chain and tackling inefficiency and corruption. In the preparation for MeTA, DFID worked with several organisations to develop a sophisticated picture of why medicines are not getting to people in need, says Walker. This process involved understanding the pharmaceutical market and the supply chain, and looking at incentives for groups to work together. However, research and analysis that can inform appropriate responses is limited or not of high standards. Thus, DFID is exploring proposals for a Global Access to Medicines Research Network, to bring together research groups worldwide through a virtual network. It is hoped that the network would attract more institutions into pharmaceutical policy and boost research capacity. With sufficient engagement, the network could be viable early next year. Examples, says Walker, could include a review of pricing policy since "there is not a good analysis of which pricing model works best in which environment".

't Hoen points out that, within the industry, research and product development need to be better geared to health needs in developing countries. Alternative financing mechanisms to the patent system are also needed, she says. Earlier this year, DFID launched



Activists in Brazil urge production of generic drugs by compulsory licensing

a new strategy on research and development, and Walker points to two initiatives that provide incentives to develop new products for resource-poor settings. One key initiative is advanced market commitments (AMCs), in which donors pledge to purchase new technologies before development, while companies commit to supplying sufficient products at a low long-term price. The first pilot is for pneumococcal vaccines; in July the implementation working group published its first report to donors. Donors have committed US\$1.5 billion for this pilot, which is intended to roll out next year.

Another alternative financing mechanism is the Affordable Medicines Facility for malaria, which is working to accelerate access to artemisinin-based combination therapies, by negotiating acceptable prices with companies for the public sector then providing a co-payment to these companies to ensure competitive pricing for the private sector. The hope is to out-compete older, less effective but cheaper medicines, and reduce use of less effective artemisinin monotherapies with their increased risk of resistance.

No one doubts that more money is needed to improve access to medicines and other proven technologies to achieve better global health. But with debate still continuing over how best to spend a limited health aid budget, "an extra effort in containment of cost and thus overcoming patent barriers to do so is very important", says 't Hoen.

Kelly Morris

For more on the **WHO Global Strategy on Public Health, Innovation and Intellectual Property** see http://www.who.int/gb/ebwha/pdf_files/A61/A61_R21-en.pdf

For more on **Médecins Sans Frontières' Access to Essential Medicines Campaign** see <http://www.msfaaccess.org/>

For more on the **Access to Medicine Index** see <http://www.atmindex.org>

For more on **MeTA** see <http://www.medicines Transparency.org/>

For more on **AMC for pneumococcal vaccines** see <http://www.vaccineamc.org>

For more on the **Affordable Medicines Facility for malaria** see <http://www.rollbackmalaria.org/globalsubsidytaskforce.html>