

Oxfam International Submission to IGWG

Draft Global Strategy and Plan of Action

Oxfam welcomes the 2nd draft of the IGWG strategy. A global strategy supported and implemented by WHO Member States and implemented by WHO could be an effective means to improve the critical lack of access to essential medicines in poor countries today. However, we believe the strategy could be more effective and relevant if the Member States made a serious effort to tackle some critical shortcomings.

General comments

- The strategy should closely follow the recommendations of the CIPIH report
- The document should focus more on actions and ways of implementing the CIPIH recommendations
- More attention should be directed to capacity building of research in developing countries
- The negotiations should be based on the core principal that access to medicines is a central element to fulfil the right to health and that public health takes precedence over commercial interest, a standard already accepted by the World Trade Organization under the TRIPS agreement and Doha Declaration on TRIPS and Public Health.

Element 1: Priority setting

The document should address all relevant health needs in developing countries. Thus, a strategy should include all three types of diseases, including all relevant Type I diseases. Furthermore, the strategy should not enumerate specific infectious diseases, since this could exclude diseases that impose a serious disease burden upon developing countries. Enumerating specific diseases could cause policy makers for Member States to overlook many priorities that must be addressed in developing and developed countries. Two examples illustrate the case: (1) Hepatitis C is a disease of the developed and developing world but has a much higher prevalence in low-income countries; (2) Often-forgotten non-communicable diseases, such as sickle cell anaemia and thalassaemia, have a higher prevalence in developing countries and also affect specific ethnic groups in the developed world. Finally, there are other diseases for which medicines are available but production has been discontinued due to lack of profits. These forgotten conditions include specific medicines to treat snakebites, which urgently require renewed research and development and on-going manufacturing.

Element 2: Promoting R&D

- R&D is an essential element for people to achieve their health potential. As a public good, R&D should be a public responsibility and governments should take the lead on setting R&D priorities and ensuring effective R&D strategies are implemented by both public and private sectors. Commercial R&D will remain an integral part of such a strategy.
- New non-intellectual property (IP) incentives should be seriously explored and tested. Currently pro-IP advocates, including the multinational pharmaceutical industry, have blocked any serious attempt to introduce new models that do not require the use of intellectual property rules to create incentives. This attitude must change if public health needs for new, effective therapies will be addressed.

Element 3: Building and improving innovative capacity

Governments must take responsibility to facilitate upstream research by supporting research institutions and universities. Donors (bilateral and multilateral) should enable and support increased university and public research in developing countries. This will also necessitate creating an environment for massive, scaled up investments in tertiary education, which has been ignored for decades by donors, multilateral institutions and governments.

Element 4: Transfer of technology

Investment in technology transfer to enhance developing countries' innovation is an important step for improving access to medicine, and is a critical responsibility of developed countries under the TRIPS Agreement. Technology transfer should not be tied to enhanced IP protection.

Element 5: Intellectual Property

- Strong IP protection unnecessarily delays generic competition for medicines and leads to higher prices of medicines without addressing the R&D needs of developing countries.
- IP rules should closely adhere to the letter and spirit of the Doha Declaration on TRIPS and Public Health and place public health before commercial interest.
- The distinctive roles of Drug Regulation Authorities (DRA) and National Patent Authorities should remain separate. The DRA only assesses the effectiveness, quality, and safety of medicines, while a patent office separately determines whether medicines are innovative, novel and capable of industrial application to merit patent protection. Linking these two offices or obligating a DRA to examine patent status confuses functions and responsibilities, and prevent a DRA from effectively examining the safety and quality of medicines.
- WHO should support the full implementation of TRIPS safeguards into national laws and regulations in all countries, and support the use of TRIPS safeguards and flexibilities to reduce the cost of medicines to protect public health.
- Bilateral and multilateral trade agreements, accession negotiations or other commercial accords should not obligate countries to introduce IP rules that exceed those obligations existing under the TRIPS Agreement.

Element 6: Improving health systems

- A well functioning and well-financed public health system is a prerequisite for access to medicines. Governments have to fulfill their commitments to increase investment in health services. Donors must implement commitments for increasing aid to developing countries (especially for health and education) and harmonise their support behind one national health plan.
- Governments should also create an environment to improve access to medicine by removing taxes and tariffs on essential medicines, particularly when domestically manufactured low-cost medicines are not available.
- Counterfeit medicines pose a serious public health hazard and Oxfam supports international calls to combat this illegal trade.

Element 7 Financing mechanisms

The strategy should explore innovative ways of financing R&D. Longstanding and new mechanisms, including the Tobin tax, carbon taxes and debt swaps are examples of possible mechanisms. Other targeted mechanisms, such as Advanced Market Commitments or a malaria subsidy, raises lots of questions and concerns and should be seriously investigated before being piloted.

Element 8 Monitoring systems

Monitoring implementation should include the use of qualitative and quantitative indicators. As the organization responsible for establishing global health policy objectives and measuring implementation, WHO must facilitate this process. NGOs and other civil society organisations should be involved in the monitoring and evaluation of the strategy's implementation, including close scrutiny of various mechanisms under consideration to create incentives for R&D appropriate for poor people in developing countries.

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