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On behalf of a coalition of 24 civil society groups from around the world.

Summary

This is a submission to the WHO Intergovernmental Working Group on Intellectual Property, Innovation and Public Health's draft Plan of Action by a global coalition of independent, non-partisan civil society groups. We are concerned about the direction of the plan and its apparent disregard of widely available evidence.

The focus of the draft Plan of Action is predicated on three basic assumptions:

- 1) 'neglected' diseases disproportionately affect poor countries and are a significant contributor to the disease burden;
- 2) there is little research & development (R&D) conducted for these diseases;
- 3) the international patent system is a barrier to access of medicines by the poor.

However, the documented evidence is contrary to these assumptions.

First, WHO data shows 'neglected' tropical diseases to be decreasing in prevalence in developing countries, and that they constitute only a fraction of mortality even in the poorest countries. The other 'diseases of poverty' - for instance AIDS, tuberculosis and malaria - have received donor financing to the order \$41.8bn since 2004. Meanwhile, many Member States, particularly from developing countries, have failed to honour their past spending commitments on both public health and R&D.

Second, it is inaccurate to claim that there is a dearth of R&D for these so-called 'neglected' diseases. These diseases and other diseases of poverty are currently the focus of unprecedented levels of research and development, often through Product Development Partnerships between the private and public sectors. Additionally, there are many cheap, existing treatments that could be readily employed to address these diseases.

Third, there is no clear evidence to suggest the international patent system is a barrier to access of medicines by the poor. Patents are rarely registered and enforced in the poorest countries. Uptake of medicines is more a determinant of factors such as inadequate infrastructure and health risk pooling schemes.

Many of these concerns were pointed out by WHO Member States in their own submissions to the IGWG; the majority of these non-supportive comments were not reflected in the draft Plan of Action.

Our worry is that the draft Plan of Action creates costly duplications of existing activities (such as WHO's TDR) and threatens to undermine other sources of investment into the diseases of poverty. Importantly, WHO provided no cost estimates for the 8 Elements as requested.

We recommend the Secretariat create an inventory which catalogues current R&D activities targeted at 'neglected' tropical diseases, in order to avoid expensive duplication. WHO should also sponsor a cost-benefit analysis to determine if its implemented plan of action would undermine local and foreign investment in the Sub-Saharan private pharmaceutical industry, as well as other diseases of poverty. Finally, we recommend that the Secretariat withdraw the Global Strategy and Action plan until it can be re-written in a fair and objective manner that reflects the concerns of all Member States.