IFMSA POLICY STATEMENT

Access to Essential Medicines

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Summary

We, the 62nd General Assembly of the International Federation of Medical Students' Association, affirm our belief that access to affordable, quality essential medicines when needed is a human right, and an integral part of the attainment of health. We know that access to essential medicines is challenged by factors such as poor government regulations, inadequate infrastructure, lack of primary health care or skilled workforce and small markets in many low- and middle-income countries. Nevertheless, public policies on intellectual property rights and the lack of research and development on diseases primarily affecting the poorest populations of the world has had significant impact on access to medicines. The IFMSA calls for increased attention towards the actions needed to improve the global access to medicines.

Introduction

The World Health Organization (WHO) estimates that ten million people die from treatable diseases every year because they are unable to afford or access the necessary medicines for treatment\(^1\). Despite impressive advances in science, technology, and medicine, society has failed to allocate sufficient resources in order to fight the diseases that particularly affect low- and middle-income countries. There is a lack of research and development (R&D) for diseases primarily affecting the poor\(^2\). In addition, non-communicable diseases (NCDs) now account for 43% of the global disease burden and 80% of deaths due to NCDs occur in low-and middle income countries (LMIC)\(^3,12\). Even though the reasons for drugs and other health technologies are very complex, intellectual property barriers can be a serious constraint towards improving the health of these populations.
Main Text
The World Trade Organization's TRIPs agreement\(^4\) has led to market monopolies that essentially keep cheaper generic medicines off the market and prevent LMICs from using compulsory licensing and parallel importing effectively, in order to protect public health in accordance with the Doha Declaration\(^5\). The Doha Declaration states that protection of the public health of the population of a country has priority above the commercial interests of corporations or third parties, permitting LMIC without national production capacity to access the TRIPS provisions.

Primarily due to the TRIPS agreement, patent life has increased in the last decades, but the rate of innovation has not\(^2\). Moreover, there is evidence which proves that only three new drugs developed in the past 25 years represent a clear therapeutic advance\(^2\). The existing system can neither adequately develop nor deliver health technologies addressing health concerns mainly or only constituting a problem in LMICs. Those markets have no ability to pay the high prices needed to recover research and development R&D costs, which is the way the current system operates. Mechanisms for delinking the cost of R&D from the price of products are needed to ensure that the global society respond to the need of the global population health.

The WHO Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG) published their report in April 2012, suggesting the creation of a legally binding convention for Research and Development R&D to be negotiated under the auspices of the WHO. In this framework a set of new, innovative models are proposed, and most important, a legally binding framework for financing of R&D addressing diseases primarily affecting the poor\(^7\).

IFMSA’s Stance

IFMSA therefore:
1. Endorse the WHO Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG), 2012\(^7\).
2. Endorse the UNITAID Patent Pool\(^8\) so that the patent pool becomes an effective mechanism for increased access to essential medicines.
3. Endorse the MSF Access Campaign.
4. Encourage IFMSA National Member Organisations to establish cooperation with the student organisation Universities Allied for Essential Medicines as in NMSA-Norway, IMCC-Denmark, BVMD-Germany, Medsin-UK, AMSA-USA and SWIMSA-Switzerland.
5. Encourage NMOs from countries involved in the Trans-Pacific Partnership negotiation to advocate towards national governments to open up negotiations and not include TRIPS+ provisions.

IFMSA therefore calls for:

1. WHO Member States to consider the CEWG recommendations including the central recommendation of the CEWG report which recommended to Member States that “formal intergovernmental negotiations should begin for a binding global instrument for R&D and innovation for health.

2. WHO Member States to re-open the draft resolution from the open-ended member states meeting on the CEWG report in November 2012 during the 66th World Health Assembly in May to pursue a stronger, action oriented language, including commitment from all member states to finance health technology R&D addressing the disease burden among the poor.

3. Governments to enforce the Doha Declaration on the TRIPS agreement in countries where this is needed.

4. Governments to support competent and sustainable research and development networks between high-income and low- and middle-income countries, to be built and strengthened via capacity building and technology sharing.

5. Research and technology transfer at publicly-funded institutions and universities worldwide to adhere to the Global Access Licensing Principles developed by the Universities Allied for Essential Medicines and Yale University, in order to make medical inventions relevant for low- and middle-income countries accessible.

6. Governments and pharmaceutical industry to endorse the UNITAID Patent Pool so that the patent pool becomes an effective mechanism for increased access to essential medicines.

7. Healthcare students to show the ethical and moral responsibility to condemn and refuse participation in practices that support the unequal distribution of essential medicines.

8. Governments to implement Open Access Policies in all publicly financed organizations and institutions.

9. Involved governments to open up the Trans Pacific Partnership (TPP) Free Trade Agreement negotiations and not pursue TRIPS+ provisions.

10. The European Parliament to call for social responsible licensing policies in the 6 year research framework Horizon 2020, as suggested by the European Parliament Committee on Industry, Research and Energy.

11. The European Commission to implement social responsible licensing policies in publicly funded research institutions through legislative means.
References