

WHO-WTO Workshop Differential Pricing and Financing of Essential Drugs

Høsbjør, Norway 8-11 April 2001

Affordable Medicines for Developing Countries

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Factors Affecting Access to Essential Medicines

R&D

Production

Approval

Quality

Distribution

Drug information, rationale use

Diagnosis/prescription/monitoring

Price

Compliance

Pharmacovigilance

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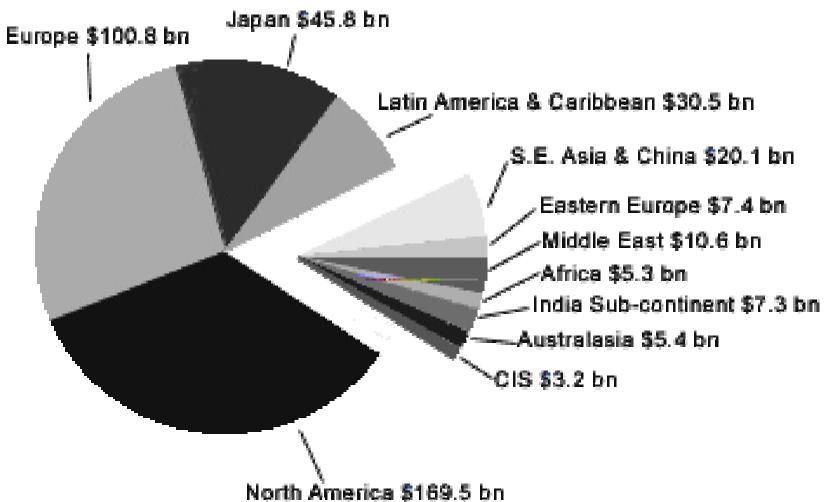
tial Pricing



Every year malaria, tuberculosis and AIDS kill around 6 million people, almost all of them in the developing world. These premature deaths are a reproach to us all.

Part of the problem is poor countries' lack of access to drugs. The poor cannot afford expensive medicines. Keeping an AIDS patient alive for a year can cost up to \$15,000 - 24 times

Global Pharmaceutical Market 2002 \$406 billion



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Ellen 't Hoen, MSF Source www.ims



Objective: Equitable Drug Prices

- The policy of assuring dramatically reduced drug prices so that they are truly affordable to the people who need them
- A policy that is
 - sustainable (not based on charity or donations)
 - Strengthens developing countries' autonomy
 - Attracts donor funding
 - Not limited to HIV/AIDS medication only



Strategies for Lowering Drug Prices

- Differential/tiered pricing (market segmentation) by Big Pharma
- Local production under voluntary licensing agreements
- Global procurement and distribution
 system
- Increased competitiveness in the pharmaceutical market





Local Production Under Voluntary Licensing

- Based on voluntary licensing agreements (will??)
- Requires manufacturing capacity è agreements should allow for export to low income countries
- Encourages technology transfer and pharmaceutical industrial development in the South
- No risk of parallel-importation in high income markets
- Paradox: strong IP protection is a condition for technology transfer. In Practice: Voluntary licenses more likely when strong compulsory licensing system exists



Global Procurement and Distribution System

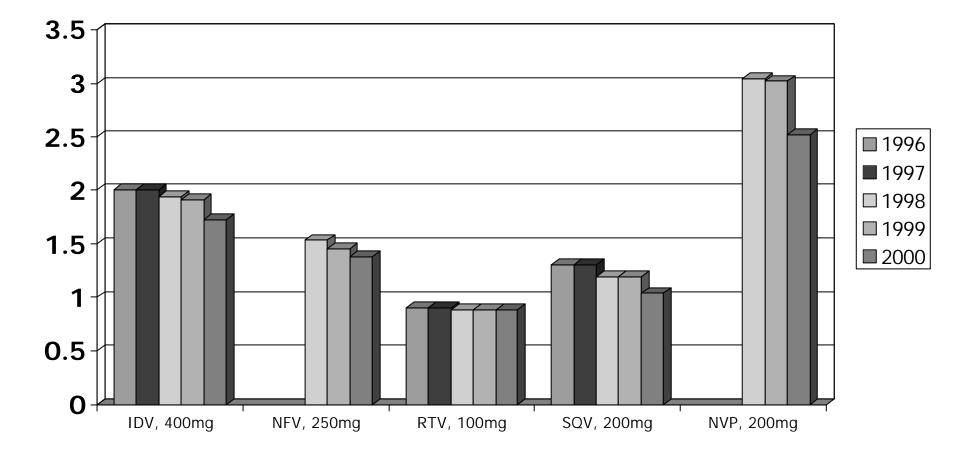
- Experience and expertise with procurement exists (UNICEF)
- Might work for specific diseases/ products
- Requires a long term commitment
- Does not solve structural problems
- Might negatively affect local manufacturing capacity
- Regulatory barriers (pre-qualification) and patent barriers in certain countries (exceptions)



- Proven effective
- Encourages sustainable solutions and industrial development
- Requires a pro public health and flexible interpretation of the TRIPS Agreement
- Does TRIPS offer enough flexibility?

Learning: Price reductions from generic competition

Ellen 't Hoen, MSF Høsbjør, 8-11April 2001, WHO-WTO Workshop Differential Pricing Brazilian National AIDS Program, unpub. data



Ministry of Health, Brazil, unpub

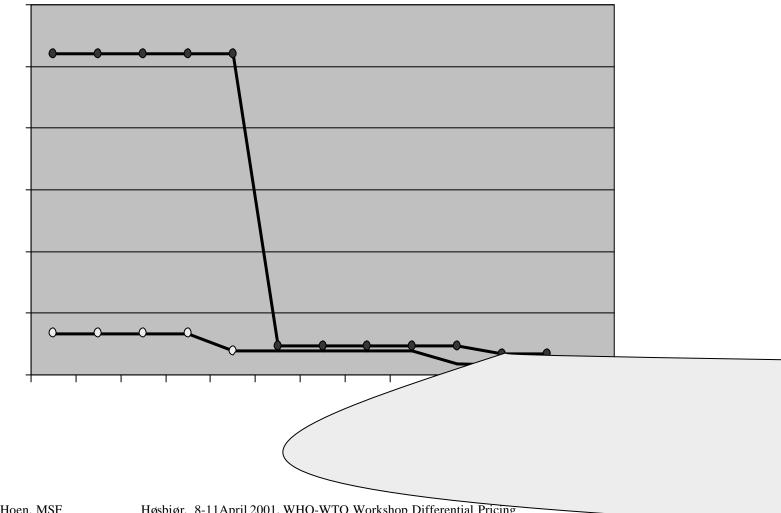
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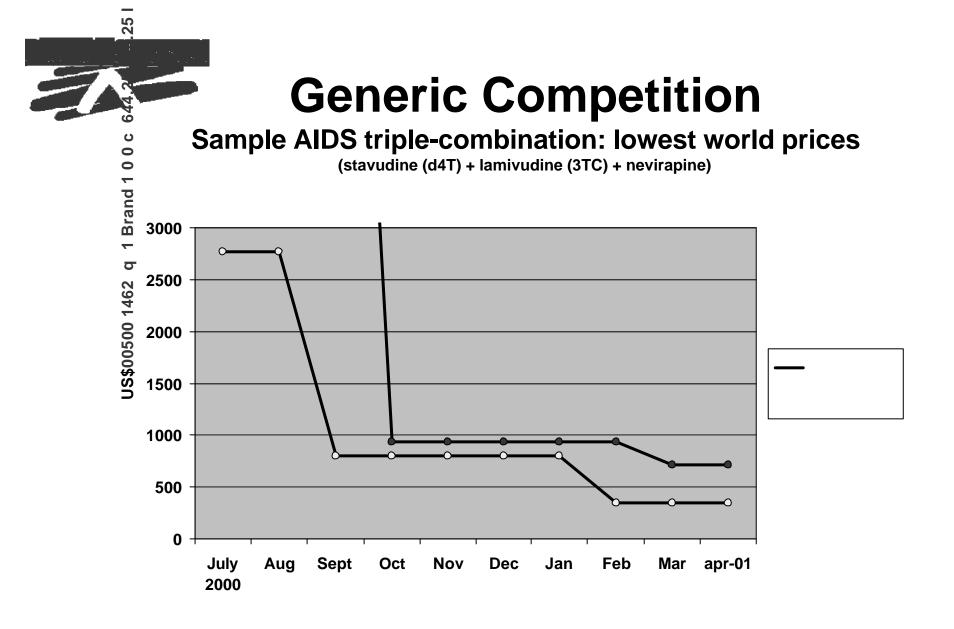
Generic Competition

Sample AIDS triple-combination: lowest world prices

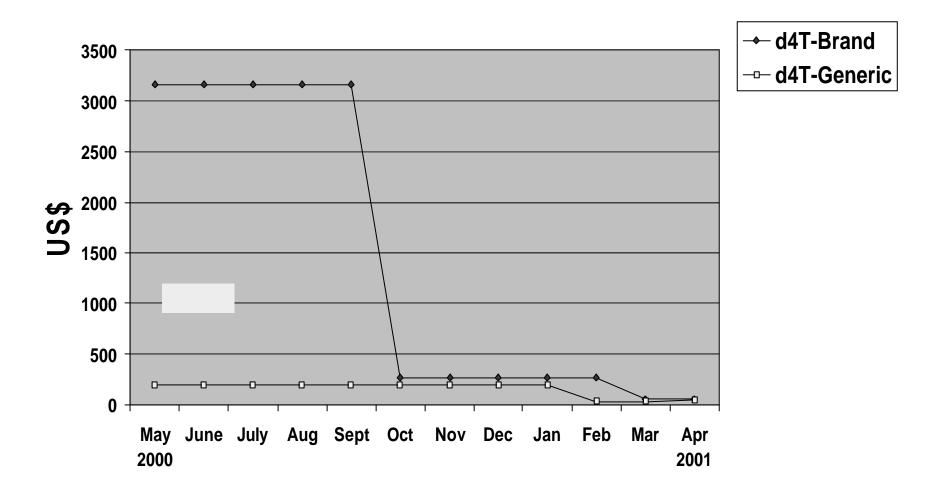
(stavudine (d4T) + lamivudine (3TC) + nevirapine)



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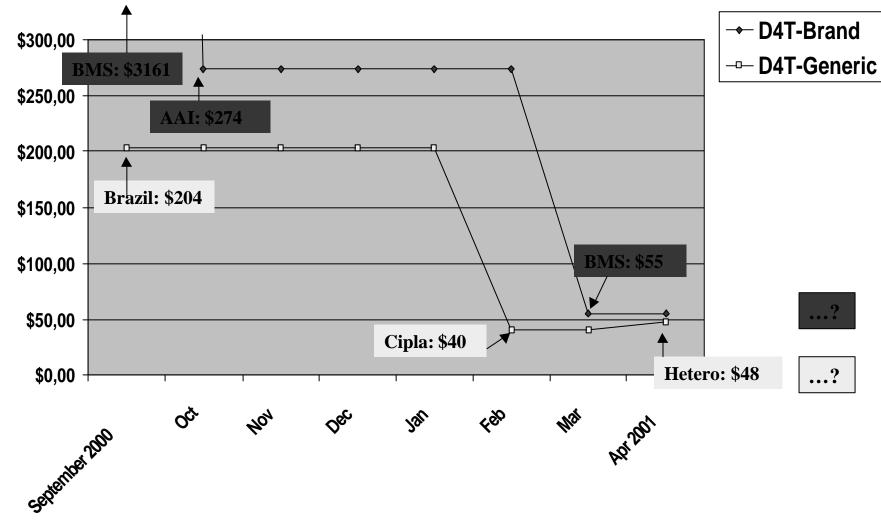
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Generic Competition: d4T

Prices of D4T (40 mg capsule) per patient/year

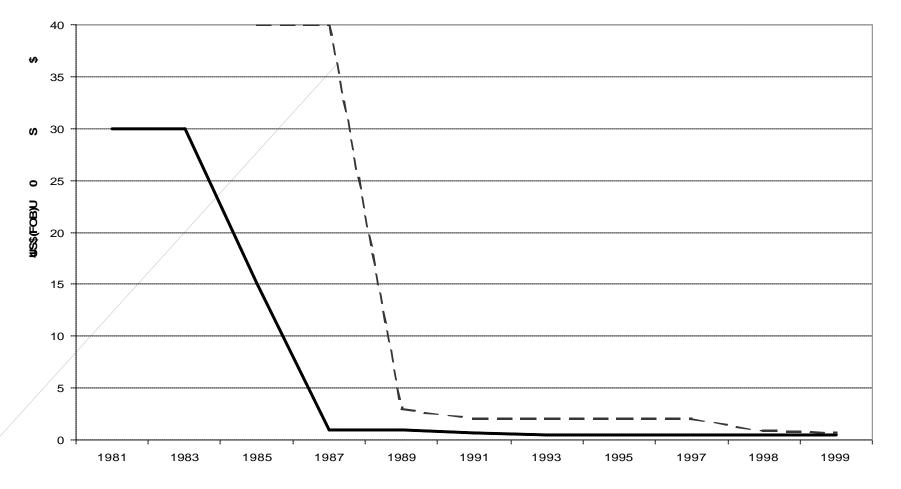
(lowest world prices)



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Change in Prices Over Time of Hepatitis B Vaccine (Plasma-Derived and Recombinant DNA) offered to Developing Countries(lowest prices obtained) from Denise DeRoeck



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Recommendations 1/3

- Not one single solution mix of strategies that are <u>mutually supportive</u>
- Enforceable regulation to encourage equity pricing and prevent parallel re-importation in the EU, north America and Japan
 - Example: EU directive on equity pricing that ensures that equitable priced drugs cannot be put on the EU market



- Global procurement strategies for selected drugs
 - Designed to encourage and improve generic production
 - Overcome regulatory barriers: need for international pre-qualification activities
 - Overcome IP barriers: exceptions for globally procured goods



- Actively encourage competition
 - Recognise the role of generic manufacturing
 - Support to expand and upgrade generic production in developing countries
 - Take away barriers in the regulatory systems
 - Encourage technology transfer targeted at countries that have production capacity
 - Encourage voluntary licensing agreements
 - Assist with implementation of fast track compulsory licensing
- Launch debate on how to reconcile TRIPS requirements with health needs Health TRIPS Council in June 2001