

A Week of Promise for Access to Medicines

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At the 71st World Health Assembly, the great and the good (and sometimes, not so good) of global health came together on some of the most pressing health challenges we face.

On the agenda, and of particular interest to Health Action International (HAI), were the World Health Organization's (WHO) [General Programme of Work](#) (GPW13), the [Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property](#) (GSPOA), the WHO [roadmap on improving access](#) to the medicines and vaccines, and a resolution on the global health burden of snakebite envenoming.

It's fair to say that the week did not get off to a flying start. With a busy agenda to fit into a relatively short space of time, things started to fall behind schedule pretty quickly. But there was plenty to do in Geneva, for example an excellent [Public Eye](#) side event, with speakers such as Ellen 't Hoen and Ruth Dreifuss, launching their campaign for affordable medicines.

It wasn't until the morning of Day 3 of the WHA that we were able to step up and make our [first intervention](#)—on GPW13. This was to set the tone for a very busy two days of advocacy and interventions.

GPW13

HAI Policy Advisor, Jaume Vidal, laid out our position that GPW13 was an ambitious blueprint for WHO reform and called on Member States to ask WHO to explore and support the development of feasibility studies for alternative innovation models based on delinkage between the cost of R&D and price of the product. In a first great result for the week, Member States, clearing the way for the WHO to get down to its work, [adopted GPW13](#).

There was no time to rest on our laurels, next it was off to our timely (and well attended) [off-site side event](#), co-hosted by Knowledge Ecology International (KEI), on the WHO roadmap on improving access to medicines and vaccines.

Roadmap on Access to Medicines and Vaccines

A packed room of Member State delegates, civil society representatives and WHO officials listened attentively to an expert panel, which included the WHO Assistant Director-General for Drug Access, Vaccines and Pharmaceuticals, the Brazilian Permanent Representative to the United Nations, and the International Affairs Director of the Dutch Ministry of Health, Welfare and Sport, among others. On the agenda was what should be included as part of the

roadmap, with transparency being a keyword for all of the speakers. Particularly interesting was the real-life example of the attempt to use of TRIPS flexibilities in Chile, as presented by Innovarte Director, Luis Villarroel Villalón.



Luis Villarroel Villalón speaks at HAI/KEI off-site side event

The discussion was all the more poignant as it came immediately before the conclusion of the session of the very same subject back at the WHA, which had been suspended the day before. We had already heard powerful and convincing statements from Member States, including [The Netherlands](#), which committed to preventing the implementation of TRIPS-plus measures in free trade agreements and highlighted the crucial role of transparency in improving access to medicines. For HAI's part, we [delivered a statement](#) in which we added our voice to those of Member States and civil society groups in calling for greater transparency in areas such as the cost of research and development (R&D), pricing decisions and patents. Importantly, we stressed that the use of TRIPS flexibilities should be a core part of the roadmap, and rejected any attempts to erode their use as a tool to improve public health.

The Assembly [adopted the recommendation](#) of the Executive Board to allow the WHO to draft the roadmap—we'll be keeping a close eye and will work to ensure the voice of civil society is reflected in the outcome.

A quick cup of coffee and next on the agenda was the Global Strategy and Plan of Action.

Global Strategy and Plan of Action (GSPOA)

It was over a decade ago that the Inter-governmental Working Group (IGWG) on Public Health, Innovation and Intellectual Property agreed GSPOA, which aimed at responding to imbalances in the R&D system and other obstacles to access to medical innovation. Ten years on and those gathered in Geneva were asked to consider an expert review panel report on the implementation of GSPOA. In our [third statement of the day](#), we encouraged Member States to fund the implementation of the remaining activities in GSPOA and “renew their commitment to fix a broken R&D system” that does respond to public health needs.

In more good news, the WHA adopted the recommendations of the expert review panel, as put forward by the WHO Executive Board earlier in the year.

It was then time to reflect on an exciting and productive day, while also looking forward to the next day, which was to offer up another great success story—the adoption of a resolution on snakebite envenoming.

Snakebite Envenoming

A long day of waiting for the topic of snakebite to hit the agenda turned out to be well worth the wait. [Member States unanimously adopted](#) the Resolution on Addressing the Burden of

Snakebite Envenoming, following brief interventions by Member States, [HAI's Snakebite Programme Manager](#), Ben Waldmann, and *Médecins Sans Frontières (MSF)*.

The Snakebite Envenoming Resolution, covered in an excellent [Guardian article](#) earlier that day, was co-sponsored by the Governments of Costa Rica and Colombia, and championed by more than 25 other Member States. Its adoption was, in part, the result of more than three years of advocacy, coordinated by HAI, with the Global Snakebite Initiative, MSF and other partners, like the Lilian Lincoln's [Minutes to Die](#) documentary. Here at HAI, we expect the Resolution will be an instrumental tool in strengthening the WHO's mandate to develop and implement a global action plan to reduce snakebite death and disability (which is already underway). But, as we warned in our [press release](#) following the WHA's decision, the Resolution will fall flat unless donors step up to adequately fund the WHO's programme of work on snakebite and governments in snakebite-affected countries heighten coordinated action to improve snakebite prevention, treatment and rehabilitation.

Snakebite was the crowning glory for an excellent week at the WHA. But now, back in the office, there is no time to be complacent. A lot was achieved in a week, but that will count for little if we fail to keep up the momentum and continue to ensure that the voices of civil society continue to be heard in a debate that is far from over.

