

# **Innovation & Access at the EU High Level Event on Global Health**

On the 10th and 11th of June, the Global Health Conference took place in Brussels, stemming from the Global Health Communication and Council Conclusions on Global Health, which were driven by the Spanish Presidency. For many, this new EU policy on global health represents a breakthrough as the EU takes an unprecedented stance on global health issues, setting clear priorities that are not necessarily aligned with the EU's earlier position on, for example, innovation and access issues.

Speakers included Commissioner John Dalli of DG SANCO, Margaret Chan- WHO Director General, Paola Testori Coggi -the Director General of DG SANCO and David Chiriboga- the Minister of Health of Ecuador and president of UNASUR (political union of South American countries).

## **Buen vivir**

It was excellent that the Minister of Health of Ecuador had been invited as keynote speaker, who presented a new political approach to many of the issues. UNASUR has placed health firmly on its agenda and taken forward a regional approach to improve its population's health. The concept of 'Buen vivir' or living well, wellbeing, guides their development perspective, in contrast with the dominant perspective on development that forwards the primacy of the economic dimension focused mainly on growth.

## **Innovation & access theme**

Access to Medicines and Innovation are now firmly on the agenda of the Global Health policy of the European Union. The Director of Health in DG Research, Dr Roxandra Draghia-Akli noted in her opening speech that innovation must be acceptable, affordable and accessible. Innovation alone is not enough to achieve health and, to that end, public intervention is necessary. Both Dr Draghi and Dr. Margaret Chan noted that there is a need to explore models that dissociate the costs of R&D from the prices of medicines, which is also stated in the recent Council Conclusions on Global Health.

The conference included a workshop on innovation and access, with presentations by William Aldis, Tido von Schoen Angerer of MSF, Melinda Moree from Bioventures for Health and Francios Bompert, representative of Sanofi Aventis, Jorge Bermudez of UNITAID and Charles Mgone of EDCTP. Topics to be addressed included 1) Assess the opportunities for the EU to foster innovation in health 2) Funding and policy instruments available and 3) The implementation of Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.

There were discussions on the IP agenda of the EU and the declining policy space for

countries to provide access to medicines. In this regard, the problems with the surge of anti-counterfeiting legislation representing an IP enforcement agenda were named, which further frustrates the policy space developing countries have to secure access to medicines. Related to this issue, the need to focus on substandard medicines and regulatory capacity strengthening was emphasized. MSF presented on the need for new models of innovation and the delinkage principle, indicating various proposals, like a prize for TB diagnostics. There was a discussion on PDPs, their achievements and weaknesses, and the need for country ownership and capacity building.

Although the presentations were very focused and gave clear pointers for concrete recommendations, the chair Robert Ridley did not manage to really move the discussion beyond conclusions that had been already reached as a basis for the discussions in the IGWG at the WHO. However in the plenary session on Friday, the recommendations turned out quite concrete, with the 5 themes being:

1. **Take a holistic, coherent and inclusive approach to health research**
2. **Ensure country ownership and support of health and research systems**
3. **Identify new financing mechanisms and incentives for innovation and access**  
*>>Including delinkage and push and pull mechanism, PDPs, Prizes and creating a market.*
4. **Capacity needs should be strongly recognised**
5. **Link innovation and access** *>> consider access issues from the start, broad perspective of innovation, which includes access to healthcare and social innovation.*

### **Other thematic priorities**

Other working groups were: 'global health for all', 'coherence in response to globalisation challenge', 'health as a human right' and 'research: local and global challenges'

Recommendations included:

- Leadership and governance at global WHO/WHA level, strengthening WHO's leadership roles and governance, strengthening the WHO's normative role.
- Policy coherence regarding trade and migrations
- Strengthening of comprehensive health systems in partner countries applying the aid effectiveness principles.

An important aspect that transpired from concurrent session was the importance of building capacity in the South, through institutional cooperation rather than through vertical projects and approaches. It was noted that the EU and the US as key donors and key players in international health, often tend to impose their own agendas, rather than seek to adapt and to adopt the agendas of the Southern partners. By doing so, they were contributing to disharmonisation of health priorities.

### **Moving forward**

Although the recommendations reached barely go beyond the Communication and Council

Conclusions, this conference was important for the high level political appropriation of the policy. Now, what is really needed is to go into the concrete aspects, to have working groups, and to look at the implications for funding. Basically, these policy priorities now need to be translated into action. *What will the EU specifically do?* A first step seems to be to form working groups around these specific recommendations.