Joint Letter to OECD on Sustainable Access to Innovative Therapies

Joint Letter | 25 July, 2017 | Download PDF

ATTN: Mr Angel Gurría Secretary General Organisation for Economic Co-operation and Development 2, rue André Pascal 75775 Paris Cedex 16 France

Dear Sir/Madam:

Health Action International and the endorsing organisations commend the Organisation for Economic Co-operation and Development (OECD) for taking action on the G7 health ministers' call, led by France, to "encourage access to medicines and health care, and ensur[e] the sustainability of health systems", following the ministerial meeting in Kobe, Japan, in December, 2016. We welcome the possibility of further engagement with the OECD as it finalises its report on sustainable access to innovative therapies.

We applaud the OECD's analysis of the current challenges facing sustainable access to innovative therapies because it clearly acknowledges serious impediments within the current innovation system—particularly the reliance on patents and other market exclusivities, as well as approval of new products that are no better, and sometimes worse, than available treatments, which results in:

- unaffordable high prices for the few real therapeutic innovations, which do not consistently lead to increased health benefits;
- the worrying lack of new and effective antibiotics;
- scarce availability of therapeutic innovations for neglected diseases; and
- other unmet medical needs.

At the same time, however, we are concerned that the policy options presented so far by the OECD do not take the urgency and seriousness of current global health needs into account. Millions of people have no access to new biomedical innovations because they are unaffordable and unavailable. We therefore urge the OECD to include recommendations for the systematic use of TRIPS flexibilities and other measures, which would facilitate access to innovative therapies.

The current global situation demands bold and decisive steps. In coherence with its assessment, the OECD's recommendations to member countries should extend beyond what is already in place. The Medicines Patent Pool and Drugs for Neglected Diseases Initiative

both constitute thriving examples of novel approaches to improving access to innovative therapies. It would therefore be valuable for the OECD to recommend that member countries carry out feasibility studies to assess other delinkage mechanisms.

In addition, we are also concerned that, although civil society participated and contributed substantively to the consultation process, preferential treatment was given to other stakeholders. We therefore call on the OECD to hold another consultation meeting with civil society prior to finalising the report. In addition, civil society should be afforded the opportunity to review and offer revisions to the report before it is published.

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