World Health Assembly 67: HAI and KEI intervention on the Consultative Expert Working Group on Research and Development

by THIRU BALASUBRAMANIAM (on behalf of HAI and KEI)

Health Action International (HAI) and Knowledge Ecology International (KEI) encourage the World Health Organization (WHO) to move forward on the recommendation of the Consultative Expert Working Group on Research and Development (CEWG) to begin negotiations on a global treaty to provide a new mechanism to set global norms healthcare research, including to ensure sustainable sources of funding for priority medical research. The CEWG has provided an initial proposal to begin the discussion, but also encouraged member states to revise the proposal.

Member states should expand the scope of the proposed agreement to address such topics as additional funding for research on the development (R&D) of new antibiotic drugs, better low-cost diagnostics, basic research in areas of particular interest to all member states, and the funding to independent clinical trials to evaluate the efficacy of pharmaceutical drugs. The work on demonstration projects got off to a promising start, with many innovative proposals in the way that R&D would be funded. Unfortunately, the expert committee eliminated all proposals to create innovative funding mechanisms and simply recommended grants to do research on specific problems.

Such grants are important, but hardly novel, and do not "demonstrate" anything about the funding approaches that has not already been demonstrated, several times.

The secretariat wants to create a new pooled funding mechanism, hosted and administered by TDR. This proposal could be interesting, but the WHO needs to be clear about why the proposal was not subject to the same review as the other demonstration projects, and how it fits into the longer run objective of creating global mechanisms to address R&D funding and de-linkage.

Ultimately, the WHO needs to address the issues raised by the Director-General, in regard to trade negotiations that create barriers to the supply of affordable drugs, and should see the R&D negotiations here on delinkage of R&D costs and prices as an alternative paradigm.