Geneva, December 2013—On December 4-5, experts at a Global Technical Meeting, hosted by the World Health Organization (WHO), selected biomedical research and development (R&D) ‘demonstration projects’ to go forward and receive financing. This is an outcome of the process that resulted from the Global Strategy and Action Plan on Public Health Innovation and Intellectual Property, now referred to as the Consultative Expert Working Group on Financing and Coordination on R&D (CEWG). The purpose of demonstration projects are to test new R&D approaches that enhance needs-driven R&D and access to results that can be used on a large scale.

The Global Technical Meeting was the result of a process that reflected a compromise; the demonstration projects would provide an initial step away from the R&D framework status quo, which has been identified as failing global health, towards a multilateral framework that is just, inclusive and driven by health needs, rather than monopoly profits and ensures worldwide access to innovative medicines. A key element of this compromise process was that the demonstration projects would be used to validate alternative mechanisms to incentivise needs-driven R&D, which would ensure product affordability and access to the results of R&D, but avoid market exclusivity through intellectual property rights rewards.

At the World Health Assembly in May 2013, Member States agreed that demonstration projects should incorporate two core principles identified as key to the enhancement of needs-driven, affordable innovation: firstly, open knowledge innovation and, secondly, the de-linkage of the costs of R&D from the price of the final product.

The eight projects that have now been selected, although perfectly scientifically sound, do not divert from the R&D status quo and will demonstrate little, at best, and, nothing, at worst, in terms of establishing new innovation models that use alternative incentives to the current monopoly driven model.

Innovative proposals, disruptive to the status quo, did actually make the 22-proposal shortlist, but were eliminated in the final selection exercise in Geneva and will not go forward. At first sight, this appears to be the direct result of the criteria used for selection; however, whether the demonstration project would test a new approach to R&D was only used as a third-level criterion for selection. This is unfortunate and Health Action International is deeply disappointed with the result. It is difficult to imagine what lessons the selected demonstration projects will offer the current system of global health R&D. They will certainly not contribute to the search for a structural solution to the current failure of global health R&D.

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