Innovation and access to medical technologies: Challenges for middle income countries

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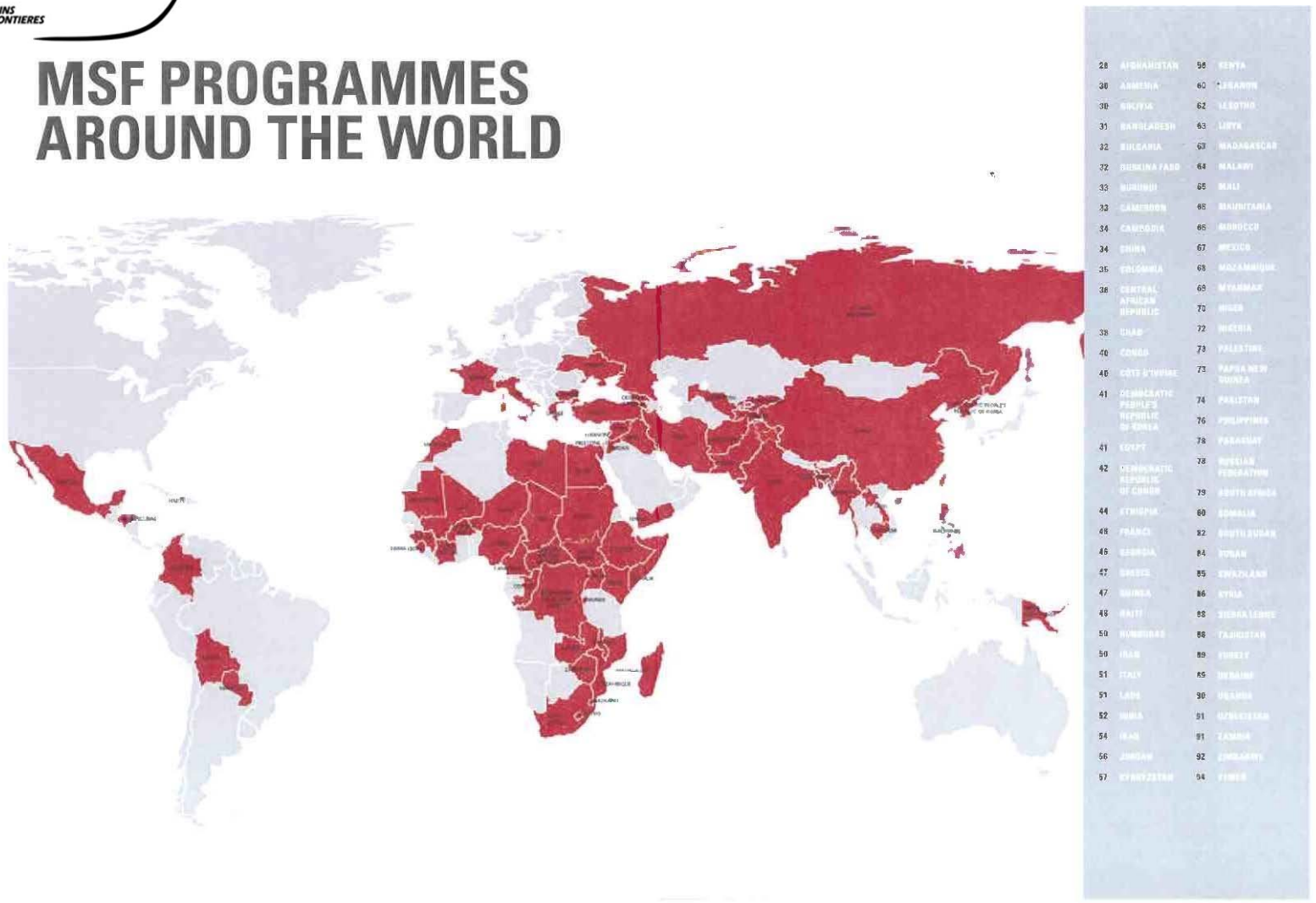
MSF Access Campaign - November 2014

ACCESS CAMPAIGN
MEDECINS SANS FRONTIERES

MSF PROGRAMMES AROUND THE WORLD



MSF operates on the basis of population needs

Middle Income Countries (MICs)

Classifications

•75% poorest live in MICs

•WB uses macro economic criteria, not public health or population socioeconomic data to classify

•Broad categorization of MICs (currently 100+ countries)

Consequences

•Loss of ODA and global health funding; ‘Graduation’ from GAVI & GF

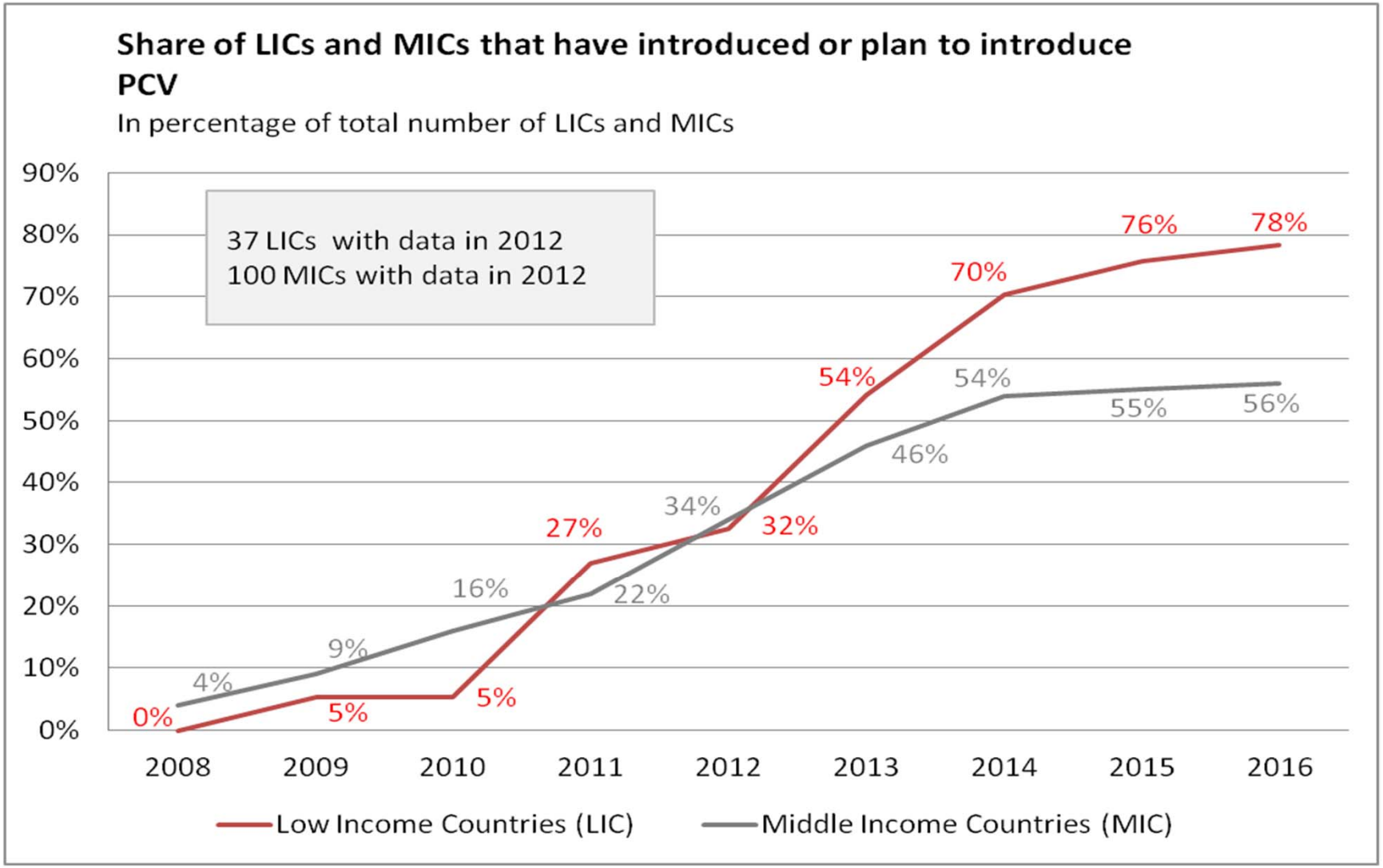
•Tiered pricing leads to higher costs and exclusion from patent VLs and other LIC “access strategies”

•Pressure to adopt strict levels of IP protection (TRIPS Plus) and not use public health legal safeguards

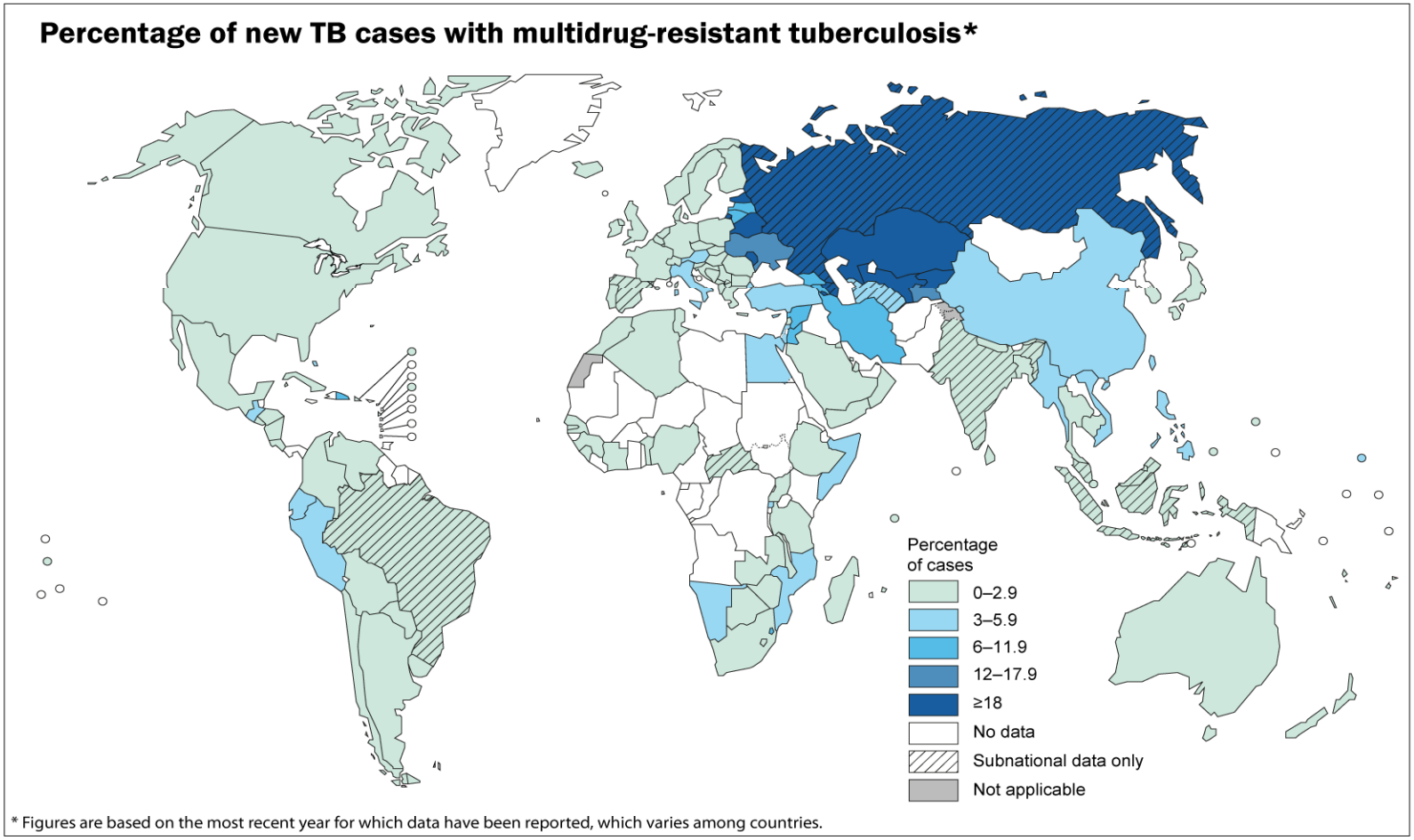
Problem scenarios

- TPP: Enormous pressure placed on MICs to adopt strict / graduating IP rules that will increase cost medicines
- MICs may suffer disproportionate burden of disease e.g. TB
- MICs may fall behind in implementing Public Health strategies, including vaccination
- VLs: exclusion from licences e.g. HCV, including high burden countries

Introduction of PCV



Extent of MDR-TB burden



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Data Source: *Global Tuberculosis Report 2013*. WHO, 2013.

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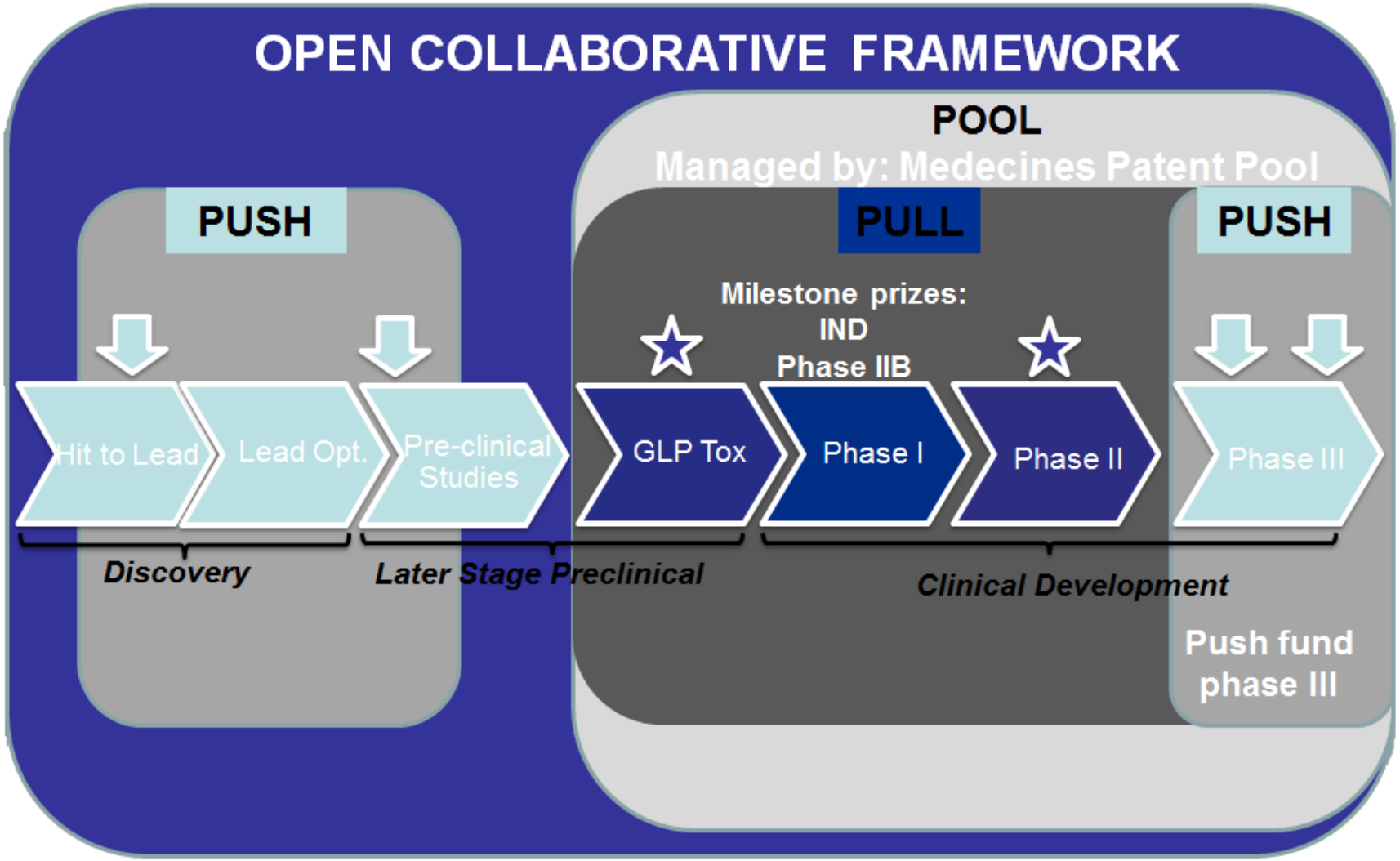
World Health Organization

Opportunities to improve access

- Increased political collaboration between MICs; contribute and adapt global solidarity mechansims
- MICs investing more in key areas of Public Health / HSS/ Regulatory
- MICs investing much more financial, scientific and political resources for needs driven innovation
- MICs promote new models of innovation to address areas of market failure / promote rationale use
- Broadening quality production of medicines and vaccines

3P Proposal: Push + Pull + Pool