

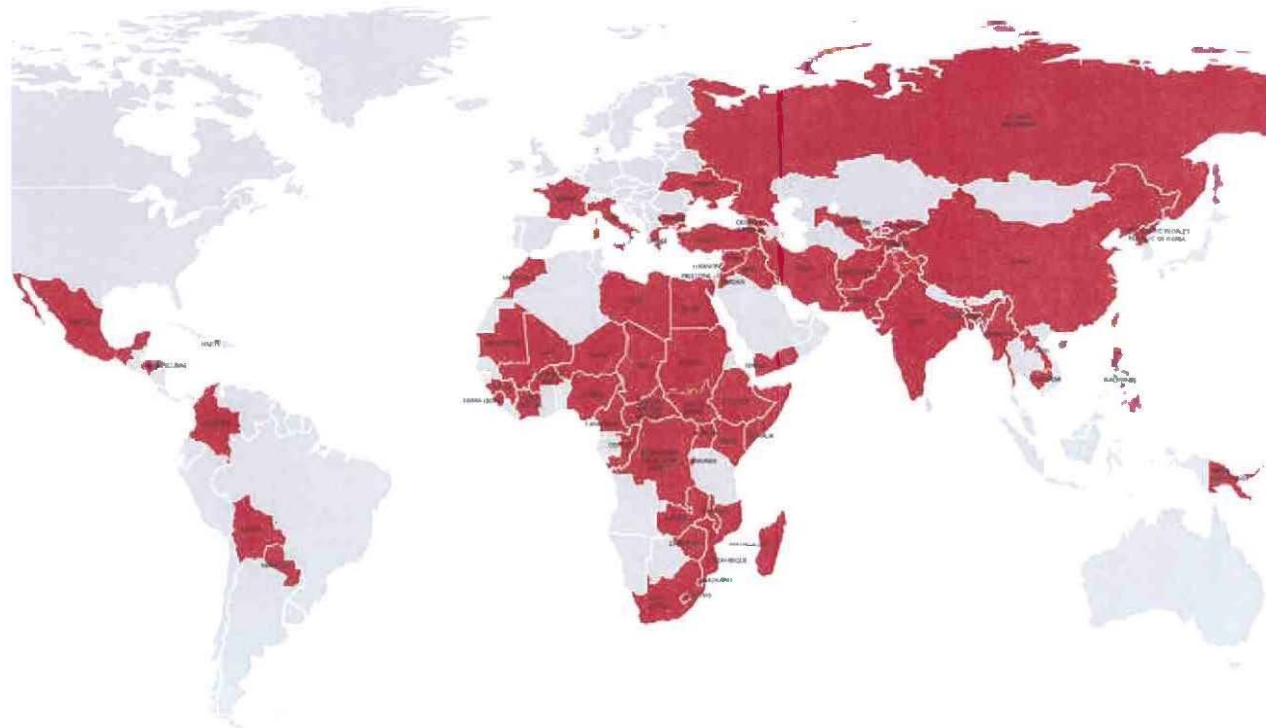


Innovation and access to medical technologies:  
Challenges for middle income countries

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MSF Access Campaign - November 2014



# MSF PROGRAMMES AROUND THE WORLD



28	AFGHANISTAN	96	KENYA
30	ARMENIA	40	LEBANON
30	BHUTAN	62	LESOTHO
31	BANGLADESH	83	LIBYA
32	BULGARIA	53	MADAGASCAR
32	BURUNDI	64	MALAWI
33	BURUNDI	65	MALI
33	CAMBODIA	88	RUWANDA
34	CALEDONIA	86	MOROCCO
34	CHINA	67	MEXICO
35	COLOMBIA	68	MYANMAR
36	CENTRAL AFRICAN REPUBLIC	69	MYANMAR
36	CHAD	70	NIGER
38	CHAD	72	NIGERIA
40	CONGO	73	PALESTINE
40	COTE D'IVOIRE	73	PAPUA NEW GUINEA
41	DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA	74	PALESTINE
41	EGYPT	76	PHILIPPINES
41	EGYPT	78	POLOVANIA
42	DEMOCRATIC REPUBLIC OF CONGO	78	RUSSIA FEDERATION
44	ETHIOPIA	79	SOUTH AFRICA
48	FRANCE	80	SOMALIA
46	GEORGIA	82	SOUTH SUDAN
47	GHANA	84	TURKEY
47	GUINEA	85	THAILAND
47	GUINEA	86	SYRIA
48	HAITI	88	SUDAN
50	HONDURAS	88	TAJIKISTAN
50	IRAQ	89	TURKEY
51	ITALY	85	VIETNAM
51	JAPAN	90	UGANDA
52	KOREA	91	UZBEKISTAN
54	KAZAKHSTAN	91	ZAMBIA
56	KAZAKHSTAN	92	ZAMBIA
57	KAZAKHSTAN	94	ZAMBIA

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

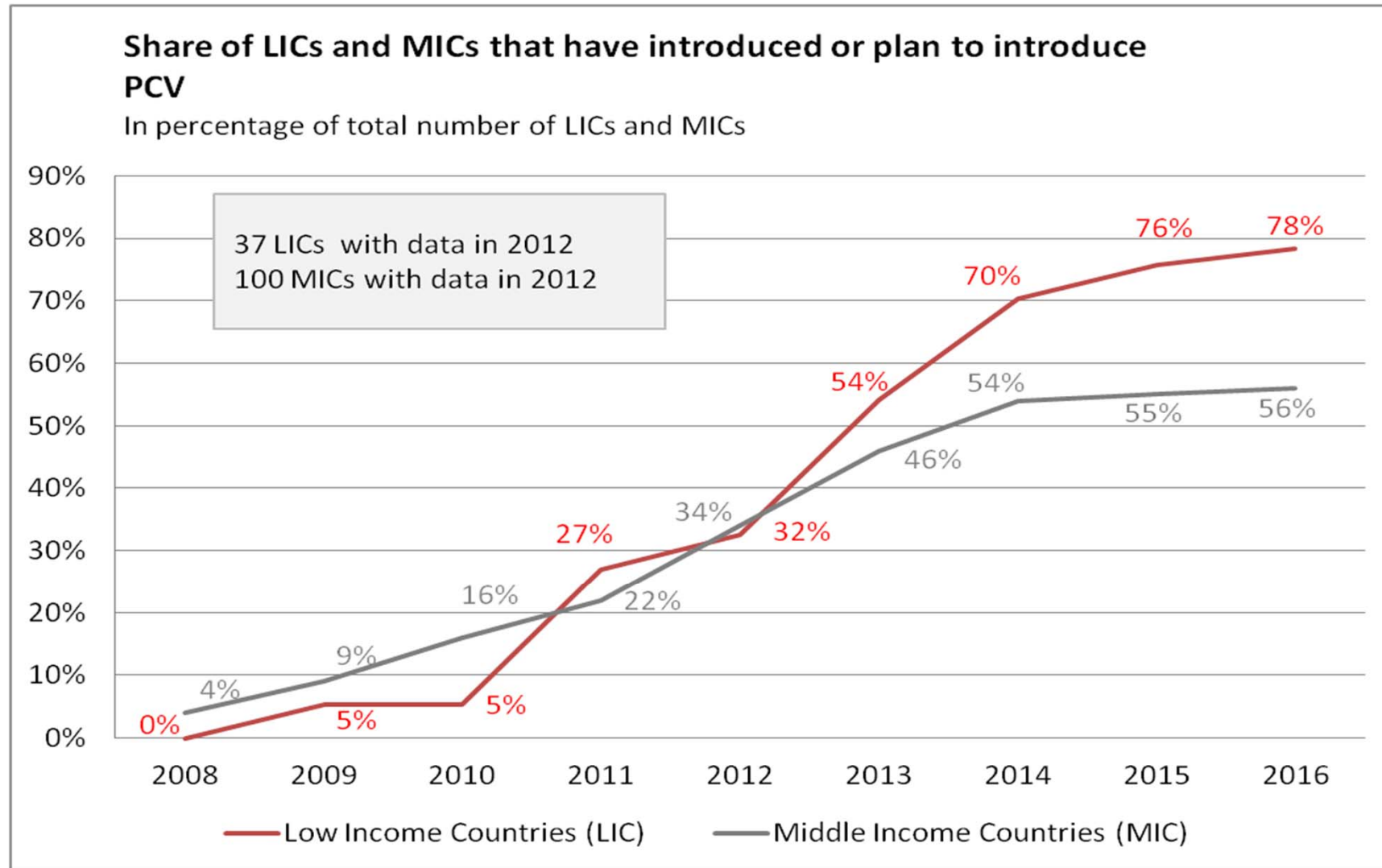
- Loss of ODA and global health funding; ‘Graduation’ from GAVI & GF
- Tiered pricing leads to higher costs and exclusion from patent VLs and other LIC “access strategies”
- Pressure to adopt strict levels of IP protection (TRIPS Plus) and not use public health legal safeguards



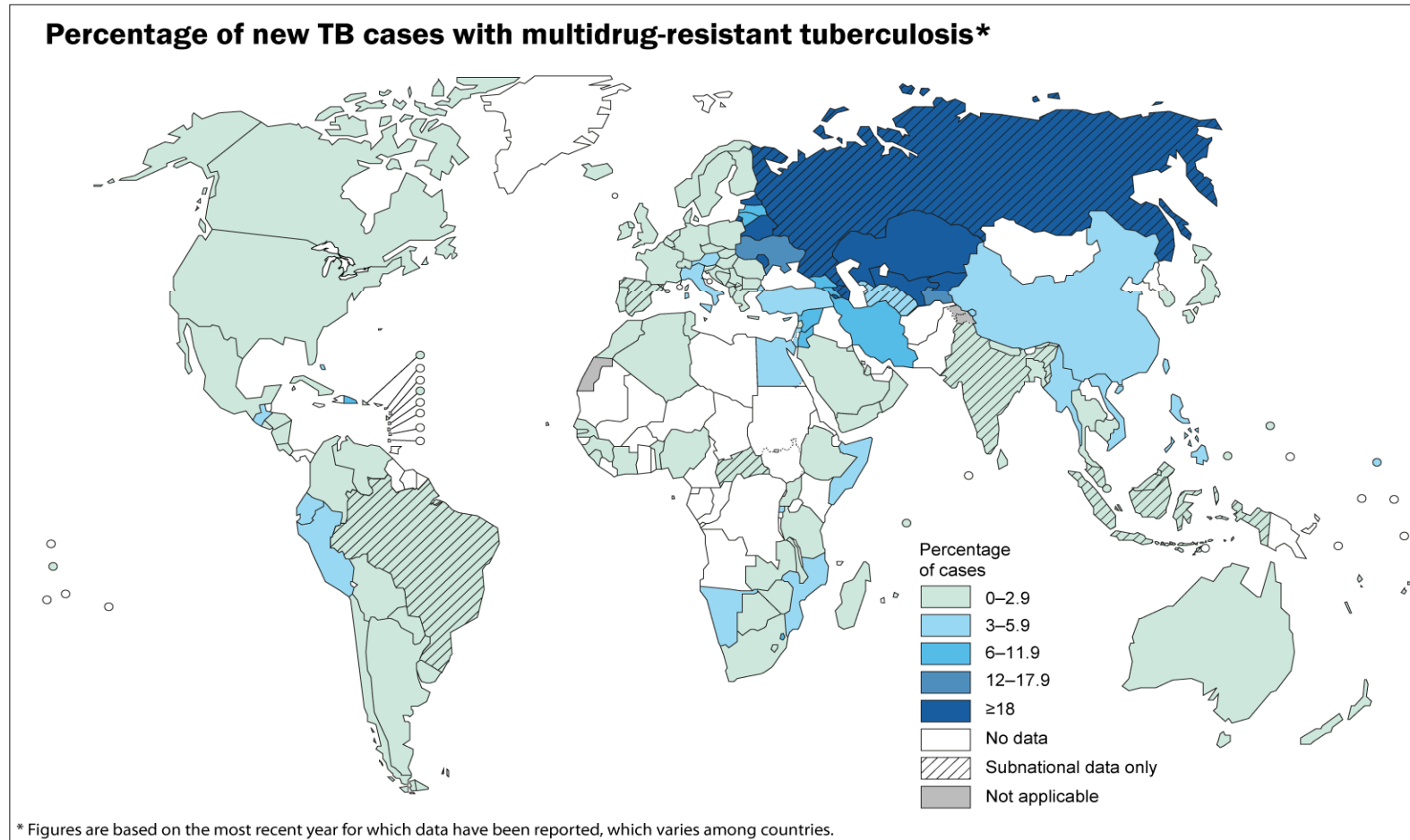
## Problem scenarios

- 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



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

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

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# Opportunities to improve access

- Increased political collaboration between MICs; contribute and adapt global solidarity mechanisms
- 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 rational use
- Broadening quality production of medicines and vaccines

# 3P Proposal: Push + Pull + Pool

