

WHO must continue its work on access to medicines in developing countries

The global privatisation of public health is one of the biggest challenges facing the World Health Organization, as it is the only international body whose absolute objective is to promote and protect health. However, WHO has always faced difficulties when health policies for the global good come into conflict with the vested interest of the powerful few.

The organisation has often backed away from making clear statements and action that would directly benefit those in the developing world, who have the greatest burden of disease, because of political pressure and threats of funding cuts from governments in the privileged west. Such shortages of funds has led WHO to a greater dependency upon the private sector—increasingly seeking funding from the Gates Foundation—with all the further loss of independence that this entails.

One example is the need to dramatically increase access to affordable antiretrovirals for the estimated 5.7 million people with AIDS who currently need treatment but are left without. By embracing the narrow and burdensome discount policy offered by the multinational pharmaceutical companies, WHO has effectively supported the private sector in maintaining control over an agenda they have never seriously striven to meet. For a long time WHO was absent from the debate surrounding the impact of trade agreements on access to medicines, and every attempt to involve itself in this issue met with fierce opposition from governments, whose first interest is the economic growth of their domestic industries. Thankfully this has changed in the past year and WHO has shown itself to be a powerful and necessary advocate for putting health concerns above trade.

One of the most pressing issues in the health-trade arena today is that of the right of countries to produce generic medicines for export to other countries. Without an adequate solution, the poorest countries of the world that lack pharmaceutical production capacity of their own will be dependent upon the benevolence of multinational pharmaceutical companies. While others involved in the World Trade Organization negotiations tried to limit the scope of diseases that might benefit from generic imports, or even prevent any solution from being found, WHO spoke out in clear support for allowing medicine production and export as an exception to patent rights. This work must continue.

Where WHO needs to be much more active is the issue of drug research and development, which is currently run according to market incentives to meet the needs of the few, with total disregard to the immediate, unmet health needs of the vast majority. Doctors in the developing world urgently need new tools such as a new effective and affordable meningitis vaccine, new drugs to combat malarial drug resistance and replace the ineffective and toxic drugs for Chagas, and new medicines for tropical diseases like Dengue fever and Buruli ulcer that remain totally untreatable. WHO should be setting the research agenda according to unmet needs and clearly advocating for public sector involvement to ensure these needs are met. As an urgent first step, WHO should start formulating recommendations to ensure the research and development of drugs, diagnostics, and vaccines within existing trade relationships. A treaty on research and development such as is being elaborated for tobacco could be formulated to create a system of burden sharing.

There have been recent signs of WHO reasserting itself as an international standard-setting body, in spite of considerable resistance. The pre-qualification system for

the procurement of medicines such as antiretrovirals, which would allow developing countries to find the best price for quality medicines was established in spite of enormous opposition, and needs to be supported and expanded and as a core activity of the organisation's work. Similarly, the Essential Medicines List needs to be continually defended and updated. But WHO needs to be more assertive in other areas, such as the setting of norms and standards for drug safety, quality, and efficacy, where the pharmaceutical industry has already established a central role. Such conflicts of interest must be resisted.

There is also a major challenge for many health systems in the developing world, which WHO should help them to confront: how to retain full public access when cost recovery and privatisation threaten to exclude the most vulnerable. WHO should be monitoring and promoting real public needs, helping governments exercise their responsibilities towards citizens without the means to pay for their right to care.

The driving force behind all of WHO's actions should be public health, with no compromises accepted that would ultimately prevent those needs from being effectively and swiftly met. In the face of rising infectious diseases such as AIDS, TB, and malaria, and the increasing marginalisation of health problems that do not affect the developed world, the importance of an international, independent organisation that is brave, aggressive, and vocal in its defence of global public health has never been more important.

Nathan Ford and Jean-Michel Piédagnel

Access to Medicines Adviser (NF) and Executive Director (J-MP),
Médécins Sans Frontières

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WHO should work to develop Alzheimer's standards

People with dementia and their carers are neglected throughout the world especially in developing countries—where two out of three people with dementia live. We would ask that WHO work in partnership with Alzheimer's Disease International to develop internationally agreed standards for diagnosis, management, care, and treatment; provide an authoritative voice at country level to advocate to policy makers for the need to implement these standards and provide resources to do so; and support our global efforts to raise awareness of dementia to counteract stigma and encourage people with dementia and their families to seek information and support.

Elizabeth Rimmer, Executive Director, Alzheimer's Disease International