WHO should build partnerships with the pharmaceutical industry to improve public health

As the leadership of WHO changes in 2003, research-based pharmaceutical industry stakeholders suggest there needs to be renewed attention to the problem of access to medicines, the quality of accessible medicines, and innovation in new therapeutic and preventive technologies.

Gro Harlem Brundtland succeeded to bring attention and resources to a number of issues and successfully helped increase efforts devoted to combating HIV/AIDS, malaria, TB, tobacco addiction, and to accelerating immunisation programmes. Clearly, there should be a continuation of these initiatives—characterised by building new partnerships involving key stakeholders, including the pharmaceutical industry. Establishing the Medicines for Malaria Venture, the Global Alliance for Vaccines and Immunisation, and the Accelerated Access Initiative did not compromise the WHO’s independence of mission, but rather enabled it to accomplish far more in improving access to health care and innovation in needed medicines for resource-poor areas.

Far more work is needed to improve access to health care and medicines, and the new WHO leader will have to look more fundamentally at the problems and issues. The recent battles over the issue of patents for AIDS drugs have masked more fundamental problems that characterise the disease burdens and barriers to drugs access in poor countries—eg, lack of adequate financing, poor health-care infrastructure, and an insufficient emphasis on improving health care as a political priority. A consequence of the false premise that a patented drug cannot be accessible to people in less-developed countries is the false presumption that once a drug goes “off patent” the access problem is resolved. The fact is that if disease-burdened poor countries are to improve their health and economic prospects, there must be far more success in making the many available generic treatments much more accessible for diseases that most heavily afflict such countries: malaria, TB, acute respiratory infection, measles, diarrhoeal diseases, and polio. In its history, WHO has not, in its drugs policies, focused sufficiently on the task of expanding access to inexpensive generic medicines that could make the greatest difference in reducing morbidity and mortality—and this fact does not bode well for success in the AIDS struggle as the patent debates are likely to subside over time. Very few patents on AIDS medicines are registered in less-developed countries, and generic copies could be currently imported, but they are not used. Why they are not used suggests that more fundamental reasons than patents are dominant, including the lack of capability of generic producers.

Another area needing more WHO attention is the present and growing danger of substandard and counterfeit drugs. As president of the industry anticounterfeiting group, the Pharmaceutical Security Institute, we see the growing role of organised and violent criminals engaged in the trade in counterfeit medicines. Currently, the problem of substandard quality and counterfeit drugs is most prevalent in less-developed countries, and the problem is not that of misleading trademarks for newer drugs. Rather, the greatest risks to patients in Africa and elsewhere are from the counterfeiting of older generic forms of penicillin-derivative antibiotics, antimalarials, and painkillers such as paracetamol. Some health officials in Africa have stated that counterfeit medicines are a greater public health threat than AIDS or malaria. While most countries have laws against counterfeiting, a major problem is the lack of effective enforcement of these laws and prosecution of those who commit this criminal act. In the future, WHO must take a strong leadership role in improving the quality of the drug supply.

Among the issues needing more attention is the discovery and development of new drugs and vaccines. This is the most neglected of medicines management policies of WHO, as the leadership has tended to focus on short-term problems. There are two issues: how to foster accelerated innovation for currently incurable diseases (eg, AIDS) and how to encourage innovation in certain disease areas said to be “neglected” (eg, sleeping sickness). The past absence of WHO support in fostering legal, economic, and infrastructure conditions for innovation as a global health issue needs changing as huge gaps remain in the treatment of infectious and non-communicable diseases. Successful approaches exist, but dangers arising from ignoring innovation mean that their lessons may be ignored—a danger magnified by the growing threat of bioterrorism.

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