

Equitable Access to Medical Innovation - towards a new Global Social Contract



Els Torreele, PhD

Independent Researcher and Advisor, Geneva, Switzerland

Founding Director æqua, Think Tank on Equity and Economic Justice for Health

Visiting Fellow, Institute for Innovation and Public Purpose, University College London, UK

Pharmaceuticals: not ordinary market commodities

- Public/political responsibility to foster availability as part of the right to health (*timely, equitable, affordable access*)
- Purpose of health innovation/pharmaceuticals:
 - improving people's health and wellbeing

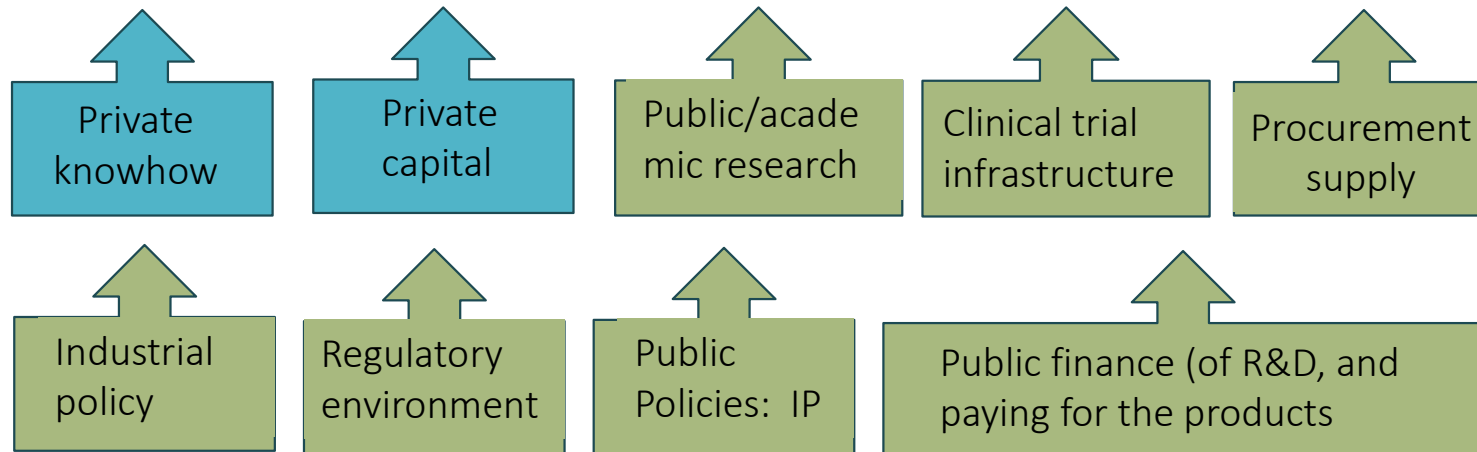
Question for policy makers: What is best way to organize, direct, finance and govern health innovation/supply of pharmaceuticals

- **Political choice** -- social contract / policy design: incentives, financing, rewards
- Today (since 1980s): the initiative/driving force is left to (HIC) private sector:
 - following market logic – pursuit of profit maximization
 - **Because health**: Massive public (policy and funding) support throughout value chain to supplement/derisk private investments; no strings attached;
 - privatization of knowledge/technologies through **IP**

Assumption: win-win

Economic/financial imperatives
of pharmaceutical companies

Health needs that can be
addressed through medical
innovation



Reality: growing misalignment



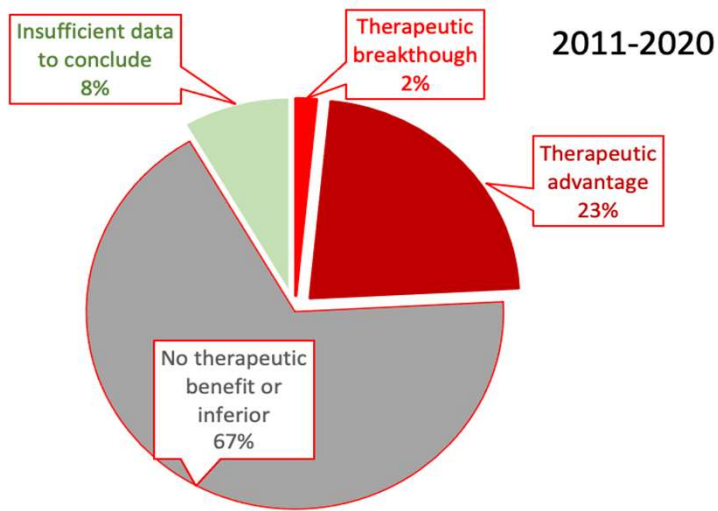
Economic/financial interests of pharmaceutical companies:

- *Maximizing profits and shareholder value*
- *Maximizing revenues via sales, pricing*
- *Minimizing risks for failure*

Health needs and expected medical innovation objectives:

- *Develop medicines to address priority health needs*
- *Provide therapeutic advances*
- *Widely available , accessible, affordable*

Multiplication of “market/public policy failures”



Source: *Rev Prescrire* (2021),41(448): 142-143

Not useful



Not developed

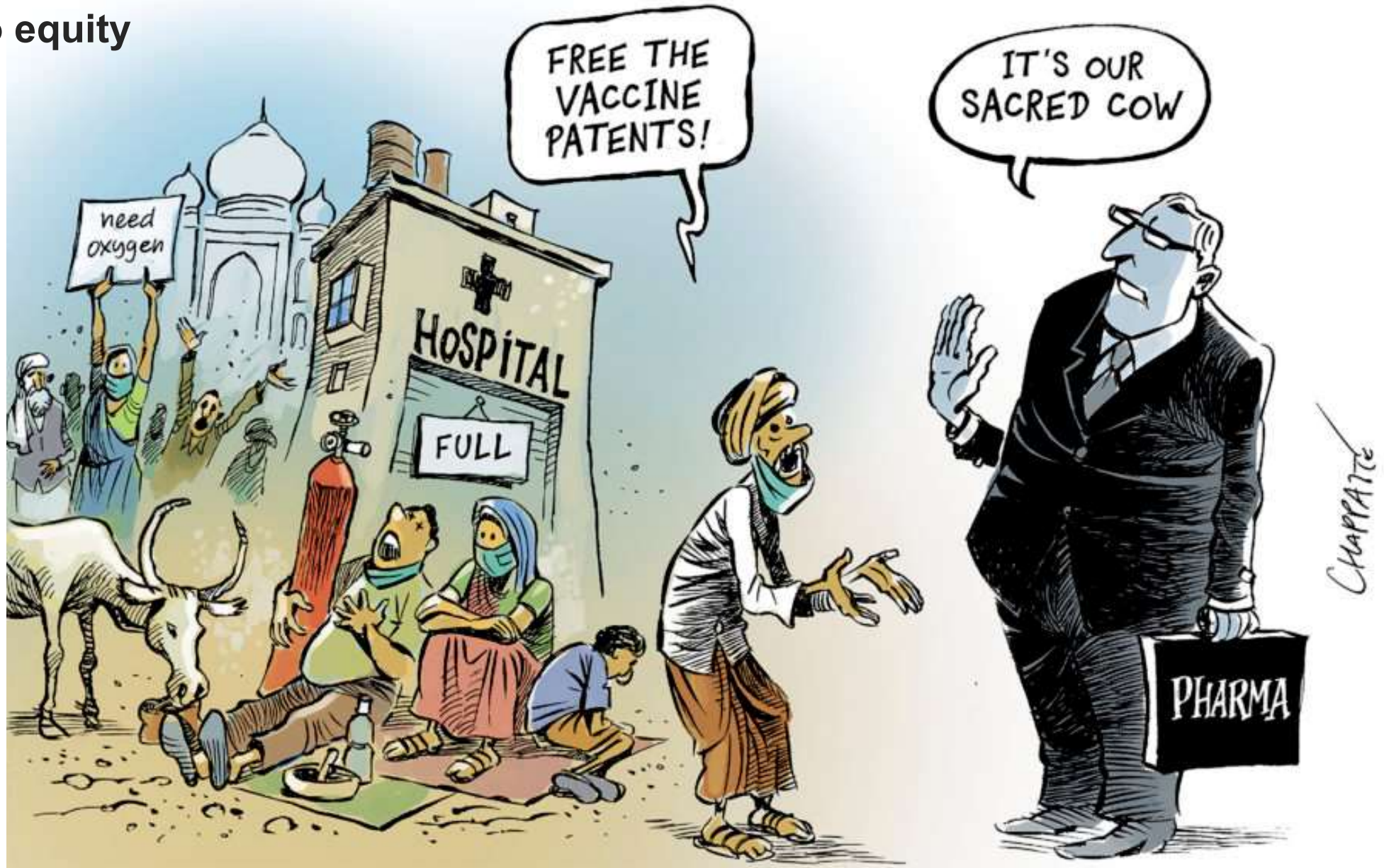


Not available



Too expensive

No equity

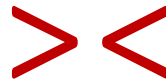


30+ years of political fights for equitable access, incl #INB/Pandemic Treaty negotiations @WHA77

USA, EC, CH, UK, Jp, Canada, Aus...

“Need to preserve what works for innovation; pharma industry is key”

- IP-driven innovation
- Markets deliver
- Access can be achieved post-hoc, through voluntary solutions:
 - Charity, voluntary licenses, collaborations on mutually agreed terms, ...
 - Accelerating innovation (100DM)
 - Increase/decentralize production (localization)



LMICS, Africa group, Equity group,...

“Equity throughout; agency and health resilience; access to technology”

- Technology/know how sharing
- From recipient to co-creator
- Access through binding commitments
 - Access to pathogens/benefit sharing
 - IP-waivers and other flexibilities
 - Access conditions to public R&D financing
 - Truly local production (capacity and ecosystem)
 - Access to adequate financing

Pinned



Els Torreele @ElsTorreele · May 7

Health equity will only be achieved if we allow and support LMICs via knowledge and technology sharing to develop and produce the vaccines, treatments and diagnostics they need. We're talking global health commons, not luxury commodities. #INB #PandemicAccord #PandemicTreaty



Els Torreele @ElsTorreele · Apr 26

Replying to @ElsTorreele

And that is what researchers and developers in the Global South aspire, as highlighted in this short video: bit.ly/RDEquity



<https://vimeo.com/927821662>

Health equity, and PPR, needs a new social contract:

WHO market report 2021: “We need to strike a much better balance between serving national interests, global public health objectives and commercial incentives. The only means to achieve this is through high-level diplomacy between countries and commitment to a new paradigm”

THE LANCET

COMMENT | ONLINE FIRST

Stopping epidemics when and where they occur

Els Torreale • Michel Kazatchkine • Joanne Liu • Mark Dybul • Mauricio Cárdenas • Sudhvir Singh • Helena Legido Quigley • Christine McNab • Ellen Johnson Sirleaf • Mariana Mazzucato • Helen Clark • Show less

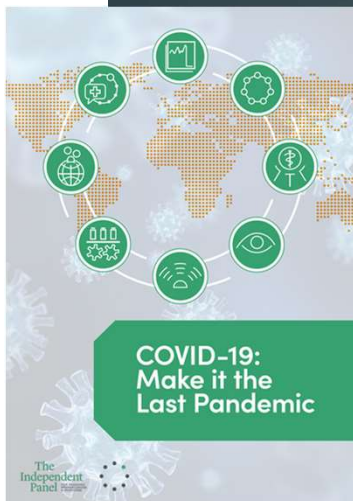
January 12, 2023 • DOI: [https://doi.org/10.1016/S0140-6736\(23\)00015-6](https://doi.org/10.1016/S0140-6736(23)00015-6) • Check for updates

COMMENT | VOLUME 401, ISSUE 10381, P978-982, MARCH 25, 2023

It is time for ambitious, transformational change to the epidemic countermeasures ecosystem

Els Torreale • Christine McNab • Olusoji Adeyi • Roxana Bonnell • Mandeep Dhaliwal • Fatima Hassan • Michel Kazatchkine • Hani Kim • Jerome Kim • Helena Legido-Quigley • Joanne Liu • Sania Nishtar • Kiat Ruxrungtham • Petro Terblanche • Eloise Todd • Marcos da Silva Freire • Germán Velásquez • Ellen Johnson Sirleaf • Helen Clark • Show less

Published: March 13, 2023 • DOI: [https://doi.org/10.1016/S0140-6736\(23\)00526-3](https://doi.org/10.1016/S0140-6736(23)00526-3) • Check for updates



Lancet Glob Health 2023;
11: e1658–66

From private incentives to public health need: rethinking research and development for pandemic preparedness

Els Torreale, Daniel Wolfe, Michel Kazatchkine, Amadou Sall, Kiat Ruxrungtham, Joseph Robert Anderson Fitchett, Joanne Liu, Gary Kobinger, Claudia Vaca-González, Carolina Gómez, Petro Terblanche, Soumya Swaminathan, Piero Olliaro, Helen Clark

Building [R&D to access] ecosystem for the common good, with equity and resilience at its heart

- **Regional R&D + manufacturing hubs**
- **Led** by local scientists/developers
- Equipped with **MEANS to drive innovation agenda** to address priority health needs
 - Access to technology(platforms) & knowhow (including freedom to operate)
 - Access to skilled human resources (+retention)
 - Access to appropriate capital that supports the public health mission
- Linked to **independent clinical trial networks**
- Governed for **public health purpose** >> a new value proposition FOR health
- Embedded in **whole-of-government** conducive **policy ecosystem**:
 - S&T, IP, regulatory, health, finance, economic, industrial policies

Some countries/regions have social contracts that prioritize health

Brazil's Health Industrial Complex puts health at the heart of industrialization

Lula's government is fulfilling his promise to health movements by progressing works on the Health Economic-Industrial Complex, with the aim to provide Brazil's health system with independence from transnational corporations

February 28, 2024 by Outra Saude



Bogota Bio, a joint venture signed by the Bogota City Government and SINOVAC, Colombia, was officially launched.



Date: Dec. 20, 2023



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Why Cuba developed its own covid vaccine—and what happened next

BMJ 2021 ; 374 doi: <https://doi.org/10.1136/bmj.n1912> (Published 05 August 2021)

Cite this as: BMJ 2021;374:n1912

PAHO and WHO support Brazil's proposal to create an alliance, led by the G20, for innovation and local and regional production in health

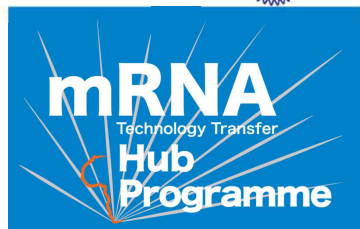


10 Apr 2024



The main responsibility of GPO is to produce medicines and pharmaceutical products to support the country's public health and serve the national public health policy.

Time for some optimism on the direction of travel?



The WHO Council on the Economics of Health for All

19 APRIL 2023

The mRNA Vaccine Technology Transfer Hub: a pilot for transformative change for the common good?



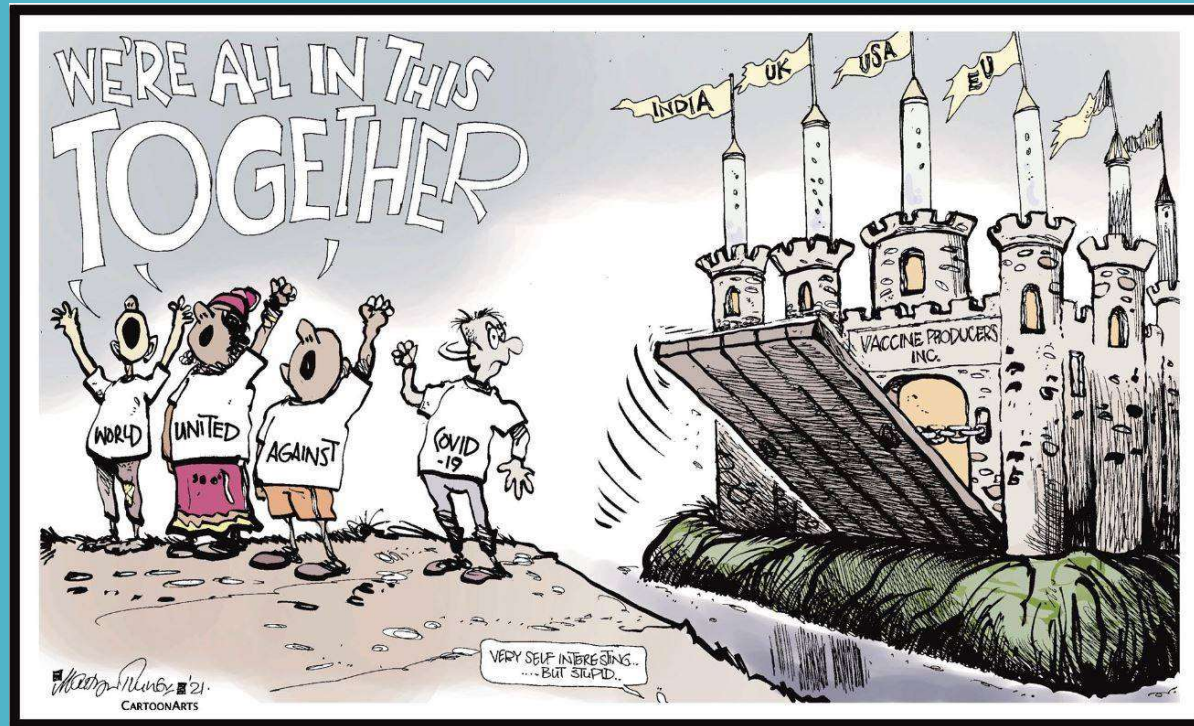
For 100 years, community has been at the heart of the IPD mission.

We work to accelerate equitable, sustainable and affordable access to healthcare in Senegal, Africa and around the world.



L'Institut Pasteur de Dakar, futur hub de production de vaccins pour l'Afrique

L'Afrique ne produisant que 1 % de ses vaccins, l'Institut Pasteur de Dakar veut être le hub régional de production. Sur son «vaccinopole» en construction, il a obtenu un financement de la Banque européenne d'investissement pour son projet Madiba, qui produira 300 millions de doses,



THANK YOU!

els.torrele@protonmail.com