

Partnerships and Conflicts

Comments at WHO dialogue on R&D financing for
prevention and control of noncommunicable diseases

April 11, 2018

James Love

Knowledge Ecology International

WHO Framework of engagement with non-State actors

Risks of Engagement

- (a) conflicts of interest;
- (b) undue or improper influence exercised by a non-State actor on WHO's work, especially in, but not limited to, policies, norms and standard setting;
- (c) a negative impact on WHO's integrity, independence, credibility and reputation; and public health mandate;
- (d) the engagement being primarily used to serve the interests of the non-State actor concerned with limited or no benefits for WHO and public health;
- (e) the engagement conferring an endorsement of the non-State actor's name, brand, product, views or activity;
- (f) the whitewashing of a non-State actor's image through an engagement with WHO;
- (g) a competitive advantage for a non-State actor.

Conflicts over prices, intellectual property rights, business models

A major challenge for the control and treatment of non-communicable diseases is to provide **access** to drugs, vaccines, diagnostic tests, new cell and gene based treatments, and other biomedical technologies.

The high and escalating prices for such technologies are important, as are the associated policies (such as intellectual property rights) that create barriers to competition.

There are social movements, experts and governments seeking changes in the business models towards models that reward innovation, that would de-link R&D incentives from product prices.

Companies that sell insulin, expensive drugs for cancer and rare diseases, diagnostic devices, or patent new cell and gene based treatments, are in direct conflict with the general public over the prices of products and services, and the use of health safeguards in intellectual property laws.

The business model for big drug companies is to acquire technologies and deploy extensive sales and marketing efforts to commercialize them. Some changes in business models would reduce outlays on such marketing, and reduce their share of resource flows. *(Note big pharma opposition to considering proposals by the UN Secretary-General High-Level Panel on Access to Medicines on delinking R&D incentives from prices.)*

Managing partnerships and conflicts

1. Recognize that in price negotiations, there are sellers and buyers, and this is not a “partnership” with shared values.
2. Don’t give the big businesses that lobby UN agencies an effective veto over agenda items that negatively impact their profits.
 - a. *Limiting reforms to “win-win” outcomes protects incumbents and status quo winners,*
 - b. *Often the industry objective is to narrow or change the conversation, certainly away from threats to commercial interests. (Note lack of focus on drug/vaccine prices or delinkage R&D incentives, in this meeting.)*
3. Require more transparency of industry funding and influence over patient groups. There are some patient groups that are free to challenge prices, but many that can’t.
4. Set some red-lines and clear boundaries (e.g. Medicines Patent Pool policies).
5. Provide objective evaluations of industry and non-industry proposals for policies, in terms of the costs and efficacy of achieving health objectives.
 - a. It isn’t enough to show a policy will have some benefits, if there are other policies that have greater benefits. The paths not taken can be lost opportunities.
 - b. Does the partnership realistically restrict the policies explored?