I represent Knowledge Ecology International, an NGO in official relations with the World Health Organization (WHO). We advocate for the public’s interest through the development of informed, innovative solutions that address market failures, including under-investments in R&D, unequal and unfair access to drugs, vaccines and diagnostics for non-communicable diseases (NCDs), and greater transparency of all stages of drug development, distribution and use.

KEI is heartened by the convening of the upcoming High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable diseases, and urges the United States to engage all stakeholders equally in consideration of the actions and outcomes to be discussed.

Too often industry partners are given undue consideration in these discussions, without policymakers acknowledging the inherent conflicts of interest that the pharmaceutical companies hold, or fully appreciating and respecting the concerns of patients and taxpayers who have to either pay for products or suffer the consequences of not having access to the treatments.

In the report by the Director-General on the preparations for the high-level meeting on NCDs, under the objective seeking to strengthen health systems, the report notes that, “a set of evidence-based and cost-effective interventions has been updated,” in order to, “help countries prioritize their national plans.”

Beyond identifying cost-effective interventions, the US and the WHO should be working to address the costs of the interventions themselves, and the measures that countries can undertake to control those costs and expand access, particularly to new drugs for cancer and rare diseases, and other budget-breaking interventions.

As the nation with the most robust national government funding of biomedical R&D and generous subsidies to drug developers (such as the Orphan Drug Tax Credit) the US should support norms that would push other countries to match our R&D subsidies. This would be a significantly better target on addressing freeriding rather than pushing for access limiting increases in drug prices abroad.

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