



**ways we
increased
access to
lifesaving
treatment**

**MSF Access Campaign
Year in Review 2017**



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Who we are. What we do.

We are a team of people with a range of skills – doctors, pharmacists, lawyers, scientists, communicators and campaigners – united by one purpose: to ensure that MSF staff have the tools in their hands to accomplish our medical humanitarian mission and bring effective care to people without access to treatment.

We work together to analyse and overcome barriers that stop people getting the medicines, vaccines and tests they need. Sometimes the barrier is the high price of medicines. Sometimes the tools aren't effective in the difficult conditions where we work. Sometimes the tools simply do not exist.

Adopting a variety of advocacy strategies to overcome these barriers, our work feeds into the wider commitment of MSF to put patient needs at the very centre of all we do.

Photo: © Brendan Bannon

Foreword

MSF created the Access Campaign in 1999 in response to the injustice we saw in our clinics where staff often didn't have the tools to treat the people who came to us for medical care.

Our first great challenge in the early 2000s was to support the battle to bring down the price of antiretroviral drugs for people living with HIV in developing countries. At the same time, we worked to ensure the development and use of artemisinin-based combination treatments to replace ineffective drugs like chloroquine for malaria, and promoted research and development for new treatments for sleeping sickness – leading to the creation of the Drugs for Neglected Diseases *initiative* (DNDi).

Our work has continued to tackle the health inequality that allows some people to live but others to die according to their ability to pay.

Today we are fighting against exorbitant prices of new medicines to cure hepatitis C, for shorter and more effective treatments for tuberculosis, and for affordable and effective treatments for snakebite.

To give patients the best possible treatment, we also advocate to get better diagnostic tools developed, such as tests that can differentiate the causes of fever in sick patients or determine which drugs a patient with TB will respond to.

As we tackle the burning access and innovation needs our teams face today, we also work to change the rules of the game around medical innovation, access and pricing, so we don't have to fight the same battles again tomorrow.

We hope you will be inspired by our work and we invite you to join us in our continued efforts to ensure that everyone – no matter where they live – can benefit from advances in modern science and medicine.

Because medicines shouldn't be a luxury.

Els Torreele

Executive Director
MSF Access Campaign

“

Our work has continued to tackle the health inequality that allows some people to live but others to die according to their ability to pay.”

1

Facilitating generics production to drive down prices

Focus: Hepatitis C



The Challenge Our teams have seen many lives transformed already by new medicines that can cure hepatitis C, and we are committed to helping many more people get treated. But the exorbitant price of the medicines has held us and other treatment providers back, especially in middle-income countries.

The Work Our medical staff first identified the best new medicines for people we know are waiting for treatment. We then reached out to generic drug manufacturers to develop more affordable versions of the drugs. After rigorous inspections, we confirmed the quality of the products from several different companies and invited them to pitch their products to us.

The Result We were able to land a substantially lower price for the medicines – US\$120 for a 12-week treatment course. That’s 10 to 15 times lower than we paid before and a world away from the initial commercial launch price of US\$147,000. Now we can move ahead and offer a cure to many more people with hepatitis C, and we want governments to demand the same low price for treatment.



Hepatitis C treatment should be available to everyone who needs it, no matter where they live.”

Dr Isaac Chikwanha
Hepatitis C Medical
Adviser, MSF
Access Campaign

Photo: A woman receiving medicines for hepatitis C treatment with MSF in Phnom Penh, Cambodia
© Todd Brown



2

Challenging high prices that exclude children from lifesaving vaccines

Focus: Pneumonia vaccine



The Challenge Pneumonia is a merciless killer of children. In our projects we vaccinate children where we can against this common yet deadly respiratory disease. But worldwide, too many children are dying because the price of pneumococcal vaccine (PCV) is too high.

The Work Our challenge to Pfizer over the price of its latest pneumonia vaccine, PCV13, has given us and other humanitarian actors a lower price so we can immunise more children. But millions more children in developing countries still need access to this vaccine. That's why we challenged Pfizer's patent on its vaccine in court in India, and why we are supporting another legal challenge in South Korea: to overturn the company's monopoly stranglehold on this lifesaving product.

The Result If we succeed in overturning Pfizer's monopoly, it will unblock the way for other producers to bring their own affordable pneumonia vaccines forward and get more children protected against this killer disease.

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We see many children with life-threatening respiratory infections; many deaths could be prevented if more kids were vaccinated with PCV.”

Dr Anas Shorman
MSF paediatrician,
Jordan

Photo: Baby with severe pneumonia in MSF hospital in Jordan. © Enass Abu Khalaf-Tuffaha

3

Protecting space for more producers of affordable medicines

Focus: Trade agreements and generic medicines



The Challenge We rely heavily on generic medicines to treat people who come to our clinics, because they are much more affordable. It's the reason, for instance, that we can now treat many more people living with HIV/AIDS or hepatitis C. But multinational pharmaceutical corporations see only a commercial threat to their business, so they try to get measures introduced into international trade agreements to squeeze out generic companies.

The Work Our legal and policy experts closely followed the negotiations of the Trans-Pacific Partnership (TPP) and Regional Comprehensive Economic Partnership (RCEP), calling out policies such as those on intellectual property, that would block or delay generic medicines production. We also supported the voices of those most affected – patients and civil society groups – to raise the alarm publicly when required.

The Result We and others succeeded in getting some harmful provisions pulled out of the TPP, which we called “the worst deal for access to medicines ever.” We also called out damaging provisions put forth by Japan and South Korea in the RCEP agreement.

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We shudder at the thought that the multinational pharmaceutical industry could succeed in gutting generic competition so that profit reigns above people's lives.”

Leena Menghaney
Head – South Asia,
MSF Access Campaign

Photo: Leading the protests against RCEP in India © Siddharth Singh



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Getting treatment for the most neglected patients

Focus: Snakebite



The Challenge MSF teams see the havoc caused by a single snakebite to individuals and their families. Snakebites kill more than 100,000 people each year and disable even more. We currently face a crisis in access to affordable and effective antivenoms, particularly in parts of Africa. A major producer of antivenom has recently dropped out.

The Work To deal with the immediate challenges, we helped MSF teams identify the best currently available antivenom for the snakes in their geographic region. And we also worked with other teams to find ways to get hold of more effective products in the future. But the crisis in access to affordable, effective products goes far beyond our own projects. That's why we called on WHO to bring global attention to the issue and to start engaging governments in finding solutions.

The Result Getting WHO to include snakebite on its list of neglected diseases last year means that people are now readied for action to address this issue urgently. WHO is able to move ahead with a multifaceted roadmap to tackle the issue, bringing in all the necessary players. We remain focussed on the need to increase access to affordable effective antivenoms and to that end we also continue our support for WHO's work to publish a list of effective antivenoms.

“

Imagine how frightening it must be to be bitten by a snake – knowing it may kill you and there is no treatment available or that you can afford.”

Dr Gabriel Alcoba
MSF Medical Adviser
on snakebite

Photo: Bonaventure Ndjekpe is kept under surveillance after being bitten by a snake in the Central African Republic.
© Alexis Huguet

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Collaborating to increase access to lifesaving TB treatments

Focus: TB advocacy



The Challenge Recently we have been able to provide newer, more effective drugs to treat people with drug-resistant tuberculosis (TB). It's been an incredible experience, bringing new hope to many people in our care who had given up hope. But only a fraction of people worldwide who could benefit are actually getting these medicines. We believe governments must step up now to introduce the new drugs in TB treatment programmes – along with a raft of other improved tools and policies to tackle the world's leading infectious killer.

The Work We joined forces with the Stop TB Partnership to launch the #StepUpforTB campaign to call on governments to fulfil their responsibilities to people with TB, and to implement WHO guidelines on prevention, testing and treatment (including using newer medicines). We created a basic accountability tool in support of this campaign by bringing together research findings from 29 countries in our report “Out of Step” to highlight where progress has been made and where work is still to be done.

The Result More than 38,000 people in over 120 countries signed up to the petition calling on governments to step up and improve care for people with TB. Our messages are being heard. We are beginning to see some governments already take action to improve the care they offer.

“
MSF is disheartened to see governments still not doing enough to scale up access to newer drugs that provide a real chance of survival.”

Sharonann Lynch
HIV & TB Adviser,
MSF Access
Campaign

Photo: Ministry of Health and MSF staff look at a patient's X-rays in Chechnya.
© Lana Abramova



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Developing a research agenda focused on patients' needs

Focus: Diagnosing infections and ensuring appropriate antibiotic use



The Challenge With today's tools, we often can't tell if someone with a fever needs treatment with antibiotics or not. As a result, many who don't need the drugs are given them, while others who do need them can't access them. Resistance to antibiotics is a growing global challenge, so it is critical that we and others have the tools to better diagnose the causes of fever in our patients.

The Work Laboratory scientists on our team have been monitoring what diagnostic tests exist or are coming down the research and development pipeline. We're looking for robust tools that can function in the tough conditions where we work and quickly help us determine if a patient needs an antibiotic or not. Ideally, we are also looking for a test to diagnose and distinguish several different diseases at once, and also identify any drug resistance that may already be present.

The Result Our team helped develop the first 'target product profile' – a set of criteria for companies to use to design their products – for a diagnostic test that can differentiate bacterial from non-bacterial infections. Now manufacturers need to step up and turn this into a reality.

“

We need better tools to identify the causes of serious infections in people and avoid unnecessary – and potentially harmful – treatments.”

Dr Lachlan McIver
Medical Adviser,
MSF Access Campaign

Photo: MSF's project in West Bengal, India aims to improve diagnosis and treatment of undifferentiated fevers. © MSF

7 Harnessing patients' voices to drive change

Focus: "Fix the Patent Laws" Campaign



The Challenge Many people in South Africa, including patients in our clinics, are shut out of essential medical care by exorbitant drug prices. South Africa's outdated patent laws make it easy for pharmaceutical corporations to get unmerited patents on their products. This means the companies can easily exert a monopoly stranglehold on products, blocking out competition from producers of more affordable generic medicines.

The Work We worked together with the "Fix the Patent Laws" Coalition of patient groups to amplify their voices and demand reform of drug patent laws. We gathered case studies to show how patents are damaging people's access to lifesaving medicines, and made official submissions to push for policy change, based on our experiences as a treatment provider.

The Result After several years of advocacy work and public pressure, the government of South Africa finally published a new draft policy document emphasising the priority of people's health needs in setting policies. A final policy is expected in 2018 and a clear path has now been set towards opening up access to more affordable medicines for all by fixing South Africa's patent laws.

“

We have lost comrades and friends simply because they couldn't access the medicines they needed due to high prices driven by unwarranted patent monopolies.”

Sibongile Tshabalala
Chairperson of the Treatment Action Campaign

Photo: 'Fix the Patent Laws' brings together 36 patient groups. © MSF





MEDICINES SHOULDN'T BE A LUXURY

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