Médecins Sans Frontières welcomes the decision of the Seventy-first World Health Assembly to elaborate a road map outlining the programming of WHO’s work on access to medicines and vaccines. As an international medical humanitarian organisation, our teams see the devastating impact that widespread lack of access to essential health technologies has on people’s lives. Inadequate access to affordable health technologies and the failures of the global research and development (R&D) system are crises of international concern that touch on our operations every day. With this experience in mind and having reviewed the zero draft, we would like to highlight the following points:

1. In line with commitments in the Global Strategy and Plan Of Action on Public Health and Intellectual Property (GSPOA) and previous resolutions, we urge WHO to include a deliverable on the provision of technical assistance and capacity building to countries to implement health needs-driven R&D that is evidence based and guided by the core principles of affordability, effectiveness, efficiency, equity and the principle of delinkage.

2. We urge WHO to fix the Roadmap’s definition of fair pricing. It is not about finding an algorithm that will mechanically give a fair price for each medicine. It is about the conditions of the price negotiations between public health and commercial interests in order to achieve a balance. It requires management of exclusive rights to avoid undue or abusive monopolies, and far more transparency and disclosure on public and private investments in a product’s development from basic research through to the delivery to people. This also requires disclosure on the real clinical benefits of the products for people in comparison to existing therapeutic options, and of course about the price agreed on itself. We urge WHO to include specific deliverables on transparency and disclosure within the work on fair pricing and under the ‘good governance’ pillar.

3. Regarding the application and management of intellectual property from a public health perspective, we are particularly concerned that the Roadmap weakens existing mandates given to WHO through the GSPOA. The Roadmap’s deliverables should reflect the GSPOA, and the qualifications that have been introduced to weaken this mandate should be removed.

4. In the area of supply chain, we urge WHO to provide technical assistance to donor-transitioning countries for the procurement of quality-assured medicines in national programmes. In its work on ‘supporting collaborative approaches’, WHO should reject the vertical supply chain model driven by pharmaceutical corporations.

5. We welcome the emphasis the Roadmap places on quality and safety of medicines, support to global procurement through the WHO Prequalification Programme (PQP), and strengthening national medicines regulatory systems to ensure and monitor the quality and safety of medicines in their countries. We urge WHO to provide the additional, sustained resources required to support and strengthen the quality assurance of medicines, vaccines and diagnostics that meet public health needs – specifically through additional investment in the WHO PQP.

6. Finally, accountability is key. The Roadmap must include more specific deliverables and timelines so that success can be measured.

We look forward to seeing a bold roadmap that ensures patient-centred innovation – and access to medicines, vaccines and diagnostics for all people.