



## Executive Board, 138<sup>th</sup> Session, 2016

### Agenda Item 10.3

#### **Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination – Planning for an open-ended meeting of Member States to discuss progress**

1. Coherence at WHO on R&D activities (join the dots) – Proposals to address the interconnected innovation crises will be discussed at the Executive board (Ebola and other emerging infectious diseases, AMR, CEWG) and are being discussed separately in multiple forums and under different conceptual frameworks: the framework of global security and the framework of health. The framework adopted will have strong implications for the solutions to be chosen, and **MSF therefore urges the WHO and its Member States to assert the importance of addressing these crises from the perspective of public health.**

There is a risk that the multiplication of proposed initiatives will further fragment, rather than reconcile, efforts to accelerate innovation and ensure equitable access to desperately needed new health technologies for a wide range of diseases. Yet there is also a unique opportunity to build on the unprecedented recognition of the failures of our current biomedical R&D system as well as the convergence of attention, interest, and momentum in global health innovation and access, to connect these initiatives into a coherent framework. But this cannot be done on the basis of crisis management or within disease silos.

Specifically, we recommend that the CEWG principles be applied across all R&D initiatives, frameworks, and proposals before Member States. The CEWG principles, namely the innovation for access principles formulated in the CEWG report and summarized in WHA 66.22, ‘affordability, effectiveness, efficiency and equity’ and the objective to achieve the ‘de-linkage of the cost of research and development from the price of health products’ represent the most sound foundation on which to base all health R&D work to develop essential health technologies to address public health needs.

2. Open-ended Meeting:

- a. Participation of non-governmental organizations:

We would like to see separate accreditation for this meeting that allows for full and meaningful participation of NGOs. We suggest to model this after the Inter-Governmental Working Group (IGWG) format (see EB120/35 Add.1, paragraph 11.) on Public Health, Innovation and Intellectual Property (PHI) or the Intergovernmental Negotiating Body on the WHO Framework Convention on Tobacco Control. This should include the opportunity for at least one intervention per organization attending the meeting.

- b. Agenda of the meeting:

It is important that the meeting allows Member States sufficient time, as required under resolution WHA66.22 to review the outstanding elements of the CEWG report, and any other relevant reports in relation to health R&D. This includes consideration of the CEWG’s main recommendation for the elaboration of an Agreement on essential health R&D.

Member States should also be briefed and given time to evaluate other proposals for R&D blueprints and frameworks for R&D being considered by WHO and other forums in order to ensure coherence with both the CEWG recommendations and the Global Strategy and Plan of Action (GSPA).

3. R&D Framework Agreement

- a. Little to no work has been done to advance discussions on an R&D Agreement. This must urgently be addressed. The open-ended meeting should seek to agree the structure and modalities for developing the elements of a draft agreement.

4. R&D Fund:

Ahead of the open-ended meeting proposed for March, Member States will consider a proposal to establish a pooled fund as a concrete follow up to the CEWG report.

- a. **We support moving forward with a Fund as an important first step. However, it should not be seen as the end of the process, only the start.** As to the scope of the proposed fund we believe it is essential to ‘join the dots’ so that all areas of market failure are covered, whether they be classified as type I, II or III diseases. As such the fund would cover emerging infectious diseases such as Ebola (and others included in the Global R&D blueprint), the development of new antibiotics, as well as diseases that exclusively or predominantly affect developing countries.
- b. The extent to which such a fund could meet ‘the need for a sustainable financial mechanism for health research and development’ depends on its governance and funding structures. The leadership role of developing countries will be crucial on both fronts.
- c. The proposed fund should have a clear mandate that ensures that all calls for proposals make clear that successful applications will implement the innovation for access principles formulated in the CEWG report and summarized in WHA 66.22, ‘affordability, effectiveness, efficiency and equity,’ including ‘de-linkage of the cost of research and development from the price of health products.’
- d. Such a Fund would need to be **strongly linked to the monitoring and coordination functions being set up.**
- e. We urge Member States **to consider mandatory contribution models to the fund as well as innovative financing mechanisms.** We are concerned that the current voluntary contribution models put forward will be inadequate to ensure sustainability.