

## Priority of Access to treatment and Innovation

The treatment timebomb :  
the price of newer antiretrovirals is set to skyrocket

Lifelong AIDS treatment requires constant access to newer and more potent regimens when patients develop side effects or resistance to their medicines over time. First-line regimens now cost as little as \$80 per year, down from over \$12,000 ten years ago. But changing from a first-line regimen to second- or third-line treatments recommended by WHO involves a considerable price hike. The most affordable second-line regimen is more than 2.8 times the cheapest first-line, and the price of potential third-line regimens could be as much as 15 times that amount. Treatment providers once again face the prospect of drugs being priced out of reach.

### Diseases of the poor remain neglected

Research and development is not currently geared towards the needs of people in poor countries, as drugs and diagnostic tools are developed on the basis of their future market potential rather than potential therapeutic impact. Only 1% of the drugs that have come to the market in the last 30 years were developed for tropical diseases or tuberculosis, although these account for around 12% of the disease burden. At the same time, existing drugs for these diseases are often toxic and are becoming less and less effective due to resistance. Areas of particular neglect include paediatric AIDS – with seven of the 22 antiretrovirals approved for adults not existing in paediatric formulations - or multidrug-resistant TB –which requires an arduous treatment, heavy in side effects, that can last up to two years. Without better diagnostics and medicines, we cannot hope to stem the tide against tuberculosis, or the most neglected diseases like Chagas, sleeping sickness, and kala azar.

### Progress under threat

Unprecedented efforts have given four million people living with HIV/AIDS access to treatment, but 10 million more have been left behind. Barely four years after world leaders met at the 2006 United Nations General Assembly and committed to universal access to HIV prevention, treatment and care, political and funding support is evaporating. Stagnating or shrinking donor contributions for AIDS treatment risk jeopardizing past success. The World Health Organization predicts that none of the health-related Millennium Development Goals that the international community had set itself will be met by 2015.



### How it will work?

The Working Group will operate as a Bureau of MEPs, with one Chair (David Martin - S&D) and four Co-Chairs (Kader Arif - S&D, Niccolò Rinaldi – ALDE, Carl Schlyter – Greens/EFA, Eleni Theocharous - EPP), and a Secretariat, formed by Médecins Sans Frontières' Campaign for Access to Essential Medicines and Global Health Advocates.

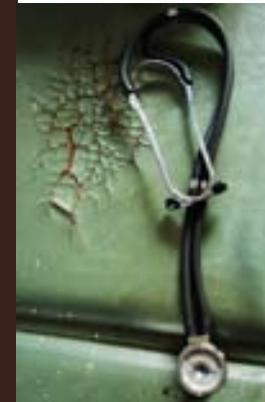
The Working Group is open to MEPs, academics, representatives from the European Commission, international organisations and civil society.

To join us or for further information  
please contact [ep-accessgroup@msf.org](mailto:ep-accessgroup@msf.org)

## European Parliament Working Group on Innovation, Access to Medicines and Poverty-Related Diseases

### Putting Patients' Needs First:

Supporting better innovation, access to medicines  
and healthcare to combat poverty related diseases



*Thousands of men, women and children with treatable diseases die every week in developing countries because the medicine they need is simply too expensive or does not exist. We have taken the initiative to set up this new working group to improve and expand access to medicines. We will work to ensure that the EU establishes pro-active and coherent policies for tackling poverty related diseases which promote access to affordable medicines and stimulate innovation.*

*Join us and help make a difference in the global fight against poverty related diseases*

David Martin MEP, Chair



## Why this Working Group ?

The European Union has a major impact on access to medicines for developing countries, through its policies, legislation and bilateral and regional trade agreements. It is vital that the EU adopts appropriate measures that improve access to existing medical tools (medicines, diagnostics, vaccines) and that stimulate the research and development (R&D) of urgently-needed better tools for people in developing countries, notably for poverty-related diseases such as HIV/AIDS, tuberculosis and malaria.

The Working Group on Innovation, Access to Medicines and Poverty-Related Diseases will create a meaningful dialogue between Members of the European Parliament, the European Commission, and civil society to ensure that European policies deliver a coherent, comprehensive and pro-active response to address the need for innovation, access to medicines and quality health care for these diseases.

## Policy Areas

### Access to Medicines

the World Trade Organization's Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement sets the standards on intellectual property protection in the world today. Patent protection has increased in key generic producing countries, pushing up the prices of medicines by blocking competition. To ensure access to medicines through a competitive supply of drugs, countries will rely on so-called TRIPS flexibilities, such as compulsory licensing, and must promote alternative mechanisms such as patent pools.

### Innovation

Without better diagnostics and medicines, we cannot hope to stem the tide against tuberculosis or the most neglected diseases like Chagas, sleeping sickness, and kala azar. To boost medical innovation that responds to patients' needs, innovative finance mechanisms must be explored and promoted. The EU has a major role to play in determining research priorities and financing neglected areas and in promoting alternative mechanisms to stimulate R&D, as agreed by the World Health Organization (WHO) Member States through the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.

## Objectives

- provide a forum for innovation, access to medicines and health issues related to HIV/AIDS, TB, malaria and other neglected diseases
- create a focal point for MEPs and policy officials where civil society can act as a source of information sharing field and policy experience
- better integrate the EU response on HIV/AIDS, TB and malaria and health-related issues
- raise the profile of poverty-related diseases amongst EU policy makers and third parties