UHC and A2M : Challenges

K M Gopakumar

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WHAT IS UHC ?

- Publicly financed and publicly provided comprehensive health care services
- Not about minimum/essential healthcare services
- Not about insurance coverage/financing health care expenditure

A2M : Obligation of State

- A2M is part of Right to Health
- Nature of obligation
  - Duty to fulfill (availability, accessibility and acceptability)
  - Duty to respect
  - -Duty to protect
- Maximum available resources

Determinants of A2M

- Sustainable Finance
- Public procurement and distribution
- Availability at affordable pricing
  - Local Production
  - Pubic health oriented patent and IP law
- Rational Use
- Appropriate drug regulatory framework

FINANCING OF A2M
Developing Country Context

- Medicine constitutes major part of health care expenditure
- Out of pocket expenditure
- Question of availability and accessibility
- the average availability of essential medicines in public health facilities was only 42 per cent and in private sector facilities was 64 per cent
- 40 million people are pushed to poverty in India due expenditure on medicine every year

Intellectual Property Rights

- TRIPS Agreement : Compulsory product patent protection
- FTA : TRIPS Plus protection and enforcement standards
- Investment Agreements
- Reduces competition the pharmaceutical markets

Patent and Access to Medicines

- Patent monopoly is often abusde
- Sofosubuvir: USD 84,000 ; Developing country price 900 USD

Failure of TRIPS

- Multiple Challenges for the effective use of the TRIPS Flexibilities
- Compromised access
- No improvement on R&D investment to meet the health care needs of developing countries
- Seriously incapacitates countries to fulfill human rights obligations especially right to health and right to enjoy the progress of science and technology

Way Forward: IP

- Suspension of TRIPS Agreement for Developing Countries as recommended by UNDP Commission HIV/AIDS and Law
- Extension of LDC
- 13 LDC in Common Wealth Countries are potential beneficiaries
- Suspension of TRIPS Plus Provisions as well as disengagement from trade and investment agreement negotiations having TRIPS Plus provisions.

Way Forward : R&D

- A legally binding instrument to ensure sustainable finance an coordination of R&D to meet the healthcare needs of developing countries as recommended by WHO's Consultative Expert Working Group

Way Forward: Access to Biologics

- Redraw the regulatory architecture to bring competition in the bio-therapeutic products
- Public funding to build the capability of generic companies to develop follow on bio-therupatic products

Way Forward : AMR

- Ensure access to new antibiotics and diagnostic tools to prevent the AMR
- Curbing of unethical promotion of medicines
- Promote rational use of medicines
- Financial assistance to developing countries to effectively respond to AMR

Conclusion

- Public finance of public procurement of medicines
- Suspension of TRIPS Agreement for developing countries
- Extend the exemption to pharmaceutical patent to LDCs
- Say no to TRIPS Plus obligations
- Sustainable financing and coordination through an R&D Treaty
- Remove the unwanted regulatory barriers to ensure competition and access of bio-therapeutic products