Forum: Special Conference

Issue: Ensuring affordable access to pharmaceutical medicine globally

Student Officer: Burcu Korkmaz

Position: Deputy Chair

Introduction

The United Nations Development Programme (UNDP) defines access as having medicine continuously available and affordable at public or private health facilities or medicine outlets that are within one hour's walk from the homes of the population. Adhering to this definition, affordable access to medicine is unavailable in most Member States. Throughout the years, lack of affordable access to medicine has been a global issue, taking millions of lives every year. If we divide the world to developing and developed countries, it can be stated that the developed countries have significantly less concern over this issue. While most developing countries continue to struggle in providing medicine and basic healthcare for their citizens, the main problem in developed countries is the affordability of healthcare and medicine. Even though a portion of the population has access to medicine and healthcare, they can not afford it.

Picture 1: Pharmaceutical Medicines and cost-effectiveness[8]

In order to find a solution, Halfdan Mahler, the Director-General of the World Health Organization (WHO), made a call in 1975 stating the urgent need for the availability of essential drugs at a reasonable price. Shortly after, the World Health Organization's Experts Committee published the first Essential Medicines List (EML). Essential medicines are defined as medicines that satisfy the priority healthcare needs of the population. "They are intended to be available in functioning health systems at all times in adequate amounts, in the appropriate dosages, with assured quality, and at a price the

individual and the community can afford” (WHO). Despite previous solution attempts, most developing governments remain unable to afford all the medicines on EML. The EML was updated in 2015; since then more articles and medicines have been added to the list since then, making it more difficult to obtain and provide these medicines to the citizens.

In the Special Conference, we will analyze the topic from the perspective of human rights. Also, this topic is highly related to the theme of RCIMUN’19 which is *Political Innovation: Strengthening Diplomacy in an Evolving World*, since it is highly significant that if diplomatic relations are strengthened and economical trades are arranged, developed countries who have no issue with providing essential medicines can also exchange these essentials with the developing countries which are mostly in need. Even though some developing countries cannot obtain the medicines themselves, global exchanges can provide vital necessities and improve all parties’ current standing.

Definition of Key Terms

Essential Medicines List (EML): List of the “essential medicines that satisfy the priority healthcare needs of the population” (UNDP) published by the WHO.

Pharmaceutical: Relating to medicinal drugs, or their preparation, use, or sale.

Non-Communicable Diseases (NCDs): In other words, chronic diseases, are the result of a combination of genetic, physiological, environmental and behavioral factors.

Methodology: A group of methods used in a particular area of science or research.

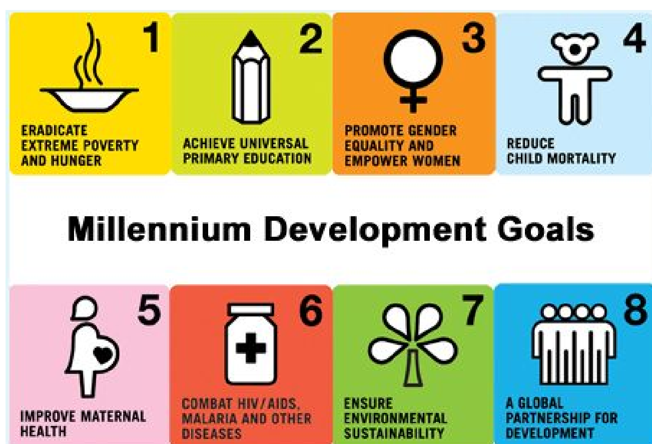
Diagnosis: The process of determining a diseased condition through the examination of circumstances and factors.

Medicines Transparency Alliance (MeTA): MeTA is an initiative by WHO that aims to improve access to quality-assured essential medicines in low-income countries.

Malaria: Malaria is a fatal mosquito-borne blood disease. It can be transmitted through female mosquitoes only.

Cost-Effectiveness: Effectiveness or productiveness in relation to its cost.

General Overview



Picture 2: UNDP Millennium Development Goals (11)

In 1975, Director-General of the World Health Organization, Halfdan Mahler, warned the World Health Assembly on the *urgent need to ensure that most essential drugs are available at a reasonable price*.

With the warnings of the Director-General as a reference, the World Health Organization published the first Essential Medicines List in 1977. Since then, the list has been a very beneficial tool for governments to determine the needs of the population and obtain the medicines in order to cover basic healthcare needs. However, the most recent updates made by the WHO in 2015 extended the list to include very important medicines for catastrophic diseases such as respiratory and coronary diseases as well as pricy medicines. This lead to not only developing countries but also developed countries to not be able to obtain these medicines, significantly decreasing global accessibility and affordability.

Recently, most of the Member States have their own national EMLs which enables the governments to stay away from the expensive and patented medicines, rather provide the population with other less effective but cheaper alternatives.

In developing countries, public sector availability of the medicines are very low, and is also consistently lower than in the private sector. “In the 27 developing countries for which data are available, average public sector availability was only 34.9%” (WHO) . When medicines are not available in the public sector, patients have two choices: they have to purchase medicines from the higher-priced private sector, or give up on the treatment altogether. Since health facilities such as hospitals in the public sector generally provide patients with medicine either for free or at a very low cost, these facilities are especially valuable for providing access to medicines for low-income groups.

In September 2000, all Member States signed the United Nations Millennium Declaration designated by the UNDP, dedicating their efforts to reach the 8 Millennium Development Goals

(MDGs) by the year 2015. To give an example to what were the goals and achievements, Goal 6 included the aim of “combating HIV/AIDS, malaria, and other diseases.” Furthermore, Goal 8 strived for “developing a global partnership for development.” Since the MDGs were established, the international community rushed to help developing countries affected by serious diseases such as the ones stated in the goals, as well as those lacking access to necessary medicine and basic healthcare. “Just within the year 2013, 1.9 million more people received antiretroviral therapy (ART) in developing countries. In 2014, ART and antiretroviral medicines were provided to over 12.1 million people in developing countries, showing a significant increase from past years” (Shi, Jessica, and Kaylyn Lu) . While a lot of progress was made in regard to Goal 6, the same can not be stated for Goal 8.

In most developing countries, only minimum access to essential medicines and basic healthcare is available, while affordability and easy access to such necessities remains an important struggle. As World Health Organization Topic Bulletin report states “A majority of the 5 million deaths occurring each year from epidemics of diseases such as HIV/AIDS, malaria, viral hepatitis, and tuberculosis take place in developing countries. Additionally, a staggering 80% of deaths in 2013 due to non-communicable diseases, like cardiovascular disease, cancers, and diabetes also occurred in these developing countries” (Shi, Jessica, and Kaylyn Lu).

Recently, it has been reported that global life expectancy has increased. While this certainly appears to be relieving news, it actually also proves many countries will now face issues related with unhealthy lifestyles and conditions, infrastructure problems, and most importantly, the lack of essential medicines, basic healthcare, and treatment throughout the populations. Also, infant mortality is a major component of health expectancy. If access to healthcare increases, infant mortality rates would decrease, so the life expectancy would increase vastly.

Major Parties Involved and Their Views

World Health Organization (WHO): WHO is one of the majorly involved parties on the topic, and has made many innovations for this area. The biggest source of reference, Essential Medications List has been prepared initially by WHO. The organization still tries to provide countries in need with better healthcare and if necessary, advises the governments during the process of medicine trades and EMLs.

The United States of America (USA): The USA still remains the top country in the pharmaceutical industry. “The USA, by itself, is responsible for 40% of the global

pharmaceutical market” (WHO). It should be noted that some of the biggest pharmaceutical companies are originated in USA.

Liberia: Liberia is the number 1 ranked country in the whole world which is in need for better healthcare. In the past decade, Liberia’s Ministry of Health has taken steps to address healthcare issues; however, disease and access to adequate healthcare and medicine still remain crucial issues in the country. More recently in March 2014, an outbreak of Ebola virus served as a reminder that epidemic diseases are one the primary healthcare concerns in Liberia.

Nigeria: Nigeria, just like Liberia, suffers from epidemic diseases such as malaria and HIV/AIDS. Given the government’s inability to provide sufficient aid response to these epidemics, citizens have reported distrust towards government health initiatives.

The Democratic Republic of Congo: The civil war destroyed (1997-1999 December) much of the country’s health infrastructure, moving DRC to the top 3 of the list for the countries that are most in need for better healthcare. DR Congo suffers from high rates of infant and maternal mortality, HIV/AIDS, and malaria. Thus, access to medical care and pharmaceutical medicines play an essential role for the public health system.

The Central African Republic: The Central African Republic depends on certain Non-Governmental Organizations (NGOs) such as Premiere Urgence Internationale for healthcare and pharmaceutical medicines. The government has not invested much funds or effort in widespread healthcare throughout the previous years, thus, after the 2010 rebel attack, large portions of the citizens have been cut off from health system and its resources.

United Nations Development Programme (UNDP): UNDP has been working for the Sustainable Development Goals since it has been established. UNDP has formed the UN Millennium Declaration and according to goal number 8 of that declaration, ensuring affordable access to pharmaceutical medicine globally aim will be achieved. However, it can be observed that not many successions have been achieved for this target.

Myanmar: Low government investment in healthcare systems has led to limited accessibility for a large portion of the nation’s population. According to the Burnet Institute, an organization that conducts research on public health in Myanmar, the country has high rates of malaria,

tuberculosis and HIV. Ten percent of the population suffers from HIV and tuberculosis simultaneously.

Timeline of Events

1948	The WHO took over the responsibility for the International Classification of Diseases
1975	Director-General of the WHO, Halfdan Mahler, warned the World Health Assembly of the ‘urgent need to ensure that most essential drugs are available at a reasonable price’
1977	World Health Organization (WHO) established Essential Medication List (EML).
1981	World Health Organization established the “Action Programme on Essential Drugs”
September 2000	The United Nations Millennium Declaration was announced.
4 September 2002	The Johannesburg Declaration on Sustainable Development was published.
2013	1.9 million more people received antiretroviral therapy (ART) in developing countries.
2013	80% of deaths occurred worldwide due to non-communicable diseases, such as cardiovascular disease, cancers, and diabetes in developing countries
2014	ART and antiretroviral medicines were provided to over 12.1 million people in developing countries.

UN Involvement

The World Health Organization (WHO) recognizes the important role medicine plays in

protecting, maintaining, and restoring health. The initial action taken by the WHO by forming the EML in 1977 was highly fruitful in the beginning; however, nations soon found themselves preferring to form their own national EMLs. When politicians continuously tried to separate the "essential" medicines from the "inessentials," pharmacists strongly disagreed with this idea, reiterating that there is no inessential medicine and that the list cannot be separated by politicians. Thus, the WHO released a transparency mechanism of the drug selection including the role of cost-effectiveness and intellectual property in the decision of the EML in 2002.

In 1981, WHO established the Action Programme on Essential Drugs in Geneva, with the cooperation of around 50 NGOs whose aims all intersect at the point where "the safe, rational and economic use of pharmaceuticals world-wide" should be implemented and also WHO Action Programme should be fully implemented on necessary drugs and medicines.

World Trade Organisation's (WTO) Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreements set a standard of intellectual property rights, which can be summed up as medicines and patents that are eligible for 20 years. In 2001, Qatar, WTO hosted the WTO Ministerial Conference, where the Doha Declaration on the TRIPS Agreement and Public Health was established and signed by all participant Member States. With this document ratified, the right of 22 nations to take measures to protect, and regulate their public health systems were acknowledged. As evidenced by the clause '…while reiterating our commitments to the TRIPS Agreement, we affirm that the Agreement can and should be interpreted and implemented in a manner supportive of WTO Members' supports the right to protect public health and, in particular, to promote affordable access to medicines for all citizens," the intention of the Declaration was to initiate an attempt to produce and lower the cost of generic patented medicines that are sold with higher price points.

Relevant UN Documents

UN Human Rights Council Resolution - Access to medicines in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 30 June 2016 (A/HRC/32/L.23/Rev.1) https://digitallibrary.un.org/record/845736?ln=en

UN Human Rights Council Resolution - Promoting the right of everyone to the enjoyment of the highest attainable standard of physical and mental health through enhancing

capacity-building in public health, 30 June 2016 (A/HRC/32/L.24/Rev.1)
http://www.ip-watch.org/weblog/wp-content/uploads/2016/07/Resolution-l-24-rev-1.docx

Report of the United Nations Secretary-General - Access to Medicines: Promoting innovation and access to health technologies, September 2016
http://apps.who.int/medicinedocs/en/m/abstract/Js23068en/

Submission Letter - Strengthening Local Pharmaceutical Production In Africa To Improve And Sustain Access To Medicines, 19 April 2016 http://bit.do/UN-submission-letter

Background Paper of United Nations Secretary-General - Existing and prior work, initiatives and proposals to improve innovation and access to health technologies, 4 March 2016
http://bit.do/UN-background-paper

Johannesburg Declaration - A civil society declaration on the UN Secretary-General's High-Level Panel on Access to Medicines, 17 March 2016,
http://bit.do/UN-Johannesburg-Declaration

Treaties and Events

The Alma-Ata Conference: In Kazakhstan in 1978, nations were called for a conference to discuss effective national and international actions that would develop and provide primary healthcare at a global scale and especially within developing countries.

Alma-Ata Declaration was established, recognizing the provision of essential medications as one of the eight key components of primary and healthcare needs.

The Johannesburg Declaration: Its full name being "the Johannesburg Declaration on Sustainable Development," this declaration was adopted at the World Summit on Sustainable Development (WSSD), also known as Earth Summit 2002. With this declaration, nations expressed commitment to sustainable development. The declaration also included substantial emphasis on multilateralism as the solution to such issues.

The Asbestos Convention: This convention was formed by International Labour Organization (ILO) in 1986, and put into force on the 16th of June, 1989.

- **Ratified (35):** Australia, Belgium, Bolivia, Bosnia and Herzegovina, Brazil, Cameroon,

Canada, Chile, Colombia, Croatia, Cyprus, Denmark, Ecuador, Finland, Germany, Guatemala, Japan, Kazakhstan, Republic of Korea, Luxembourg, Montenegro, Morocco, Netherlands, Norway, Portugal, Russian Federation, Serbia, Slovenia, Spain, Sweden, Switzerland, Macedonia, Uganda, Uruguay, Zimbabwe

- **Not Ratified:** There are more than a hundred, specifically 158, Member States that have neither ratified the convention nor put into force.

Evaluation of Previous Attempts to Resolve the Issue

The EML was first conceived as a reference source for governments to meet their citizens' health needs. As time progressed, medicines were gradually added to the list when necessary and appropriate scientific data proved their necessity and availability. "However, with new medically necessary treatments priced to break the budgets of health-care systems worldwide, both in high-income countries and in developing ones, it is time to acknowledge that the paradigm for the EML has shifted" (WHO). In May 2015, the WHO added several important medicines, including cancer, tuberculosis and hepatitis C treatments to the EML. These medicines were unique not only because they were a solution to devastating illnesses, but also because of their high prices. The addition of such medicines to the EML meant that the ideally, they should be widely available and affordable. "As innovative new medicines are increasingly patented around the world, thus available at only thousands of dollars which prevents widespread access, a public policy response is needed to address the intellectual property challenges associated with essential treatments" (WHO). The United Nations hosted a summit in order to discuss and find solutions to non-communicable diseases, however it cannot be stated that the summit was very successful since the diseases still lack focus and the resources to solve the issues they bring alongside.

Another attempt to resolve the issue was the Asbestos Convention that was designated as an outcome of the ILO session in 1986. Asbestos is a naturally occurring mineral substance that can be pulled into a fluffy consistency. Asbestos fibers are soft and flexible yet resistant to heat, electricity and chemical corrosion which makes them very dangerous for human health. Thus, in order to limit the use of asbestos and protect the workers exposed it, the Asbestos Convention was formed after the 72nd session of ILO. However, as it can be observed, many of the nations who attended it have neither signed nor ratified the convention, which has limited the use of the

convention. Given the portion of the economy that relies on industries where workers are exposed to asbestos, several nations have not taken the economic risk of posing legal limitations of exposure to the mineral.

Possible Solutions

Picture 3: World Health Organization[11]

95% of developing countries have published their National Essential Medicines List. Of these lists, 86% were updated in the past five years. This means that 19% of developing countries need to establish an EML or update their existing counterparts. Given the importance of updating medicine selections to reflect new therapeutic options and changing needs, it is recommended for either all countries to regularly update their EMLs or for all national EMLs to be replaced with a global version. Thus, organizing a health summit where all the Member States can discuss and reach a consensus on the topic of affordable medicines can be considered.

In order to achieve Target 8e of the Millenium Development Goals, even though a list has been created for the medicines, the United Nations should also ensure that these medicines are exchanged between nations that are full of supplies and nations that are in need. Trade partnerships can be formed between nations on an international scale, or even better, a regional one, such as collaboration within European Union (EU) and the African Union (AU). These groups can communicate within each other and exchange supplies with more lucrative deals.

Finally, delegates should ensure that the medicines are affordable and accessible by the population keeping in mind the definition of “access” by the UNDP. Inspections can be required to ensure that the medicines are affordable and accessible, and that EML lists are adhered to by all nations in order to reach the target of the Millenium Development Goals.

Notes from the Chair

One of the major ideas delegates should keep in mind while writing a resolution is the necessity of ensuring that all citizens around the world have the same criteria of basic health needs and

medicines. When nations tried to form their own national EMLs, politicians had to interfere when essentials were separated from less essential medicines. Since we are approaching the topic from a humanitarian perspective as the United Nations, we have to treat each and every person equally and make sure that they are ideally equal.

Another thing to keep in mind is the developing countries and their access to medicines. Delegates should aim to find solutions to convey medicines to nations in need, especially bearing in mind regional relationships, as well as the top 5 countries that are mostly in need, listed previously in the report. Furthermore, delegates should not limit their solutions to transporting medicine, and also find ways to ensure that healthcare and basic needs are accessible by the population in accordance with the definition UNDP has provided for access.

Bibliography

Access to Affordable Essential Medicines. WHO. *World Health Organization*, www.who.int/medicines/mdg/MDG08ChapterEMedsEn.pdf. Accessed 17 Feb. 2019.

Ensuring That Essential Medicines Are Also Affordable Medicines Challenges and Options. World Health Organization, 2016. *Medicines Law and Policy*, medicineslawandpolicy.org/wp-content/uploads/2017/09/Ensuring_that_essential_medicines_are_also_affordable_medicines_challenges_and_options.pdf. Accessed 17 Feb. 2019.

Existing and Prior Work, Initiatives and Proposals to Improve Innovation and Access to Health Technologies. UNSG, 4 Mar. 2016, static1.squarespace.com/static/562094dee4b0d00c1a3ef761/t/56da11782b8dde9c3d5865b4/1457132156145/DRAFT+Background+Paper+on+Existing+and+prior+work+initiatives+and+propo+++.pdf. Accessed 17 Feb. 2019.

Expanding Global Access to Affordable Essential Noncommunicable Medicines and Technologies. *World Health Organization*, www.who.int/nmh/YP_CDN.pdf. Accessed 17 Feb. 2019.

Intellectual Property Watch. WordPress,

www.ip-watch.org/2016/07/01/access-to-medicines-resolution-adopted-by-un-human-rights-council/. Accessed 17 Feb. 2019.

"Johannesburg Declaration on Sustainable Development." United Nations General Assembly. *UN Documents*, 4 Sept. 2002, www.un-documents.net/jburgdec.htm. Accessed 17 Feb. 2019.

Promoting Innovation and Access to Health Technologies. UNSG, Sept. 2016, apps.who.int/medicinedocs/documents/s23068en/s23068en.pdf. Accessed 17 Feb. 2019.

Rabiee, Pedra, and Lalit Maganti. *World Health Organisation*. 2017. *Oxford MUN*, oximun.org/wp-content/uploads/2017/10/WHO-Study-Guide-v1_0-OxIMUN-2017.pdf.Accessed 17 Feb. 2019.

Shi, Jessica, and Kaylyn Lu. *World Health Organization Topic Bulletin*. Academy MUN. *Academy MUN*, www.academymodelun.org/uploads/9/1/7/6/9176312/who.pdf. Accessed 17 Feb. 2019.

Strengthening Local Pharmaceutical Production in Africa to Improve and Sustain Access to Medicines. 19 Apr. 2016, static1.squarespace.com/static/562094dee4b0d00c1a3ef761/t/5762b12c414fb5a52ec1bf7d/1466085677048/Strengthening+Local+Pharmaceutical+Production+in+Africa+to+Improve+and+Sustain+Access+to+Medicines2.pdf. Accessed 17 Feb. 2019.

United Nations Development Programme. UNDP, www.undp.org/content/undp/en/home.html. Accessed 18 Feb. 2019.

World Health Organization. WHO, 2019, www.who.int/. Accessed 17 Feb. 2019.