Youth demand action on the shared global challenge of access to medicines

Ensuring access to essential medicines is technically feasible, but politically challenging. As young people, we believe it is time to give new meaning to essential medicines as a shared global challenge and responsibility.1,2 The report of the Youth Commission on Essential Medicines Policies presents a vision of the global health system—one in which medicines will be regarded as global public goods. Although we welcome and support the report of the Lancet Commission on Essential Medicines Policies,1 we believe that more comprehensive change is necessary to truly transform access to medicines.

We broadly agree with many of the Commission’s recommendations, particularly those which relate to research and development (R&D), transparency, and safety and quality,3 but we believe that bolder steps would generate real change.2,4,5 We agree that the cost of development must be delinked from the price of medicines and that binding international law offers several advantages to a code or guidelines, but further argue that any legal instrument short of a treaty would be insufficient to transform the current R&D medicines landscape. WHO member states have, until now, been reluctant to commit politically and financially towards a binding R&D framework, but we believe they must do so in the international interest, and in fulfilment of their human rights obligations. We also support the Commission’s recommendation that “governments, national health systems, and the pharmaceutical industry must promote transparency by sharing health and medicines information”, and its call for “transparency in the costs of R&D to enable effective dialogue and decision making on affordable pricing of new essential medicines, and a fair return on R&D investments”.2 To achieve this, we emphasise that information must be made publicly available through national laws and regulations.1 In the absence of domestic legislation, we fear that the effect of other measures to promote transparency will be ineffective.

On certain key points, however, our views diverge from those of the Lancet Commission. Importantly, the question of pharmaceutical patent protection must be revisited to balance innovator and patients’ rights while securing access to essential medicines. We, as young people, are concerned that the Lancet Commission2 and the UN High-Level Panel on Access to Medicines3 seem constrained by the current framework of laws and agreements that have largely permitted short-term, drug-specific, and geographically limited solutions. For instance, the Lancet Commission suggests increased or more widespread use of interventions such as the Medicines Patent Pool and Trade-related Aspects of Intellectual Property Rights (TRIPS) flexibilities. Although these approaches have undoubtedly been successful in some countries for certain drugs, we think their iterative expansion will not secure the rapid changes needed to equalise access worldwide.

The factors shaping access transcend borders and demand collaboration to comprehensively address the interaction between economics, trade, and intellectual property rights, rather than expansion of existing solutions which have not yet achieved access globally. If methods to improve access are continually implemented on an ad-hoc basis, the world will forgo opportunities for identifying and tackling the real drivers of inequity in access. We fear that this opportunity to examine the utility of the current patent and trade law systems as they apply to pharmaceuticals—and consider alternatives that better balance rights—could be slipping away.
The crisis in access to medicines is usually presented as a technical problem, but it is a problem of accountability. Today, no one is held accountable for not delivering access to essential medicines, and progress has not been monitored as the global challenge it represents. The Lancet Commission’s indicators, with its focus on governments and WHO, are an important step towards accountability. But real change will require even more robust accountability mechanisms, including the involvement of a broader range of stakeholders shaping the agenda on access to medicines, such as the World Trade Organization and World Intellectual Property Organization. We envisage that an interagency task force, as discussed by the UN High Level Panel on Access to Medicines, could have an important role as an accountability-demanding institution and as a coordinator of interactions between health, trade, and intellectual property organisations.

Increasing global recognition of how high prices limit access to effective medicines, even in high-income countries, has changed the access to medicines debate. This new focus should be harnessed as an opportunity for action. The Lancet Commission’s report provides useful guidance for countries that must be translated into implementation. As the leaders of tomorrow, we urge the leaders of today to stand on the right side of history, and understand essential medicines as a shared global challenge that requires urgent action to avoid further preventable deaths.

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We declare no competing interests. The Youth Commission on Essential Medicines Policies was initiated by members of the student organisation Universities Allied for Essential Medicines. Of the members of the Youth Commission on Essential Medicines Policies, BJ is employed at the Young Professionals Chronic Disease Network, a US non-for-profit organisation; OO worked as a consultant for WHO and for the Nigerian National Agency for Food and Drug Administration and Control; and RR received funding from the Swedish International Development Cooperation Agency, Johns Hopkins University, and the Robert Wood Johnson Foundation (pending) through her work at the IDEA initiative. We thank the Norwegian Forum for Global Health Research, the Norwegian Agency for Development Cooperation, and the University of Bergen for funding the Youth Commission on Essential Medicines Policies. The funders had no role in preparation of this Comment. We thank Dilyara Nurkhametova for her contributions to the Youth Commission on Essential Medicines Policies and extend our thanks to our secretariat, Johanne Iversen and Anwin Timmermans.