POLICY DOCUMENT
AMSA POSITION ON ACCESS TO ESSENTIAL MEDICINES

Background

The Australian Medical Students' Association (AMSA) is the peak representative body of Australia’s 17,000 medical students. AMSA believes that all communities have the right to the best attainable health. Accordingly, AMSA actively seeks to advocate on issues that may impact health outcomes.

Pharmaceuticals are integral to humanity’s efforts to prevent and treat the vast majority of common diseases. The World Health Organisation (WHO) defines essential medicines as “those that satisfy the priority health care needs of the population”, and has developed a list of over 350 medicines that are deemed essential.[1] Advocacy for access to essential medicines has evolved to include drugs, diagnostics, vaccines, and medical devices. It is estimated that one third of the world’s population lack access to essential medicines and as a result, there are millions of people around the world suffering from preventable or easily treatable disease.[2] For example, in 2011, of the 34.2 million HIV-positive people, only 8 million were receiving antiretroviral therapy.[3]

A range of factors compromise access to essential medicines; high financial costs resulting from company monopolies on pharmaceuticals created by long patent protection; the dependence on market-driven Research and Development (R&D) agendas that do not necessarily target population-specific medical needs,[4] and insufficient health care systems in majority world nations which often display a shortage in their delivery potential.[5]

In 1999 Medecins Sans Frontieres (MSF) initiated an access to essential medicines campaign in response to high drug prices putting essential medicines out of reach of most of the world’s poor, and inadequate treatments for diseases that predominantly affect the world’s poor. This sparked a two-part solution; campaigning against high prices and stimulating R&D into new medicines for neglected diseases, and the Drugs for Neglected Diseases Initiative (DNDi).[6] MSF has also highlighted the need for government support on the issue, with trade agreements often becoming a barrier to maintaining essential medicines at affordable prices.[7] In response, the Doha Declaration on Trade-Related Aspects of Intellectual Property (TRIPS) and Public Health, adopted by the World Trade Organisation (WTO) Ministerial conference in 2001, allowed WTO member States bound by the TRIPS Agreement to circumvent patents when in the interest of increasing access to essential medicines.[8]

Universities are the institutions that make many of the discoveries that are then licensed to produce new medicines and vaccines. Campaigning, notably led by Universities Allied for Essential Medicines (UAEM), advocates for any new medically-relevant university-developed technology to be licensed with a transparent strategy that enables affordable versions to be available for resource-limited countries.[9]

Medical students are in a unique position both as future medical professionals and as students within universities where considerable development of drugs, diagnostics, vaccines, and devices is conducted.[10] Furthermore, pharmaceutical companies direct advertising towards medical students, thus an awareness of the broader context of issues surrounding the pharmaceutical industry is essential for an informed medical professional. Through international medical electives and other educational activities, medical students bear witness to the health outcomes caused by insufficient access to essential medications. As members of an increasingly global medical community, medical students must demand the adequate tools, namely, access to medicines, to enable the medical community to prevent and cure ailments of the populations they aim to serve. It
is a moral imperative and a professional expectation that we advocate for the needs of our patients, and as such, stay locally responsive and globally connected.[11]

Position Statements

AMSA believes that:

a. Access to essential medicines is a necessary step towards realising the human right to health;

b. The conditions of the current global pharmaceutical industry create certain barriers to access to essential medicines, and stakeholders in high income countries have a responsibility to allocate resources, pass legislation, and negotiate trade agreements that minimise these barriers. Important barriers include:
   i. inflated prices of medicines resulting from rigid patent laws and trade treaties;
   ii. minimal incentives to invest in research and development of diseases that predominantly affect the world’s poor; and

c. Health systems in all countries should be supported in their capacity to provide access to essential medicines.

POLICY STATEMENTS

1. AMSA calls upon medical students and healthcare professionals to:

   1.1 Acknowledge that health professionals, medical and health sciences students, university researchers and academic staff, are well placed to become leaders and supporters of practical initiatives that promote humanitarian licensing provisions for drugs, diagnostics, vaccines, and devices and research on neglected disease outlined in this policy, and consider:

      1.1.1 Engaging in personal, peer-to-peer and public education of access to essential medicines and neglected disease issues, and use this knowledge to initiate innovative responses to overcome challenges in the discovery, development, production, licensing and distribution of medications;
      1.1.2 Advocating for the inclusion of access to essential medicines and neglected disease in aspects of current and future medical and health sciences curricula;
      1.1.3 Partnering with existing organisations to promote awareness within the student body, staff and public arenas of the issues surrounding access to essential medicines;
      1.1.4 Encouraging policy reform within universities to make publicly-funded research publicly available; and
      1.1.5 Supporting and contributing to AMSA-led initiatives and campaigns to advocate for greater access to essential medicines.

   1.2 Be mindful of opportunities to promote humanitarian licensing provisions for drugs, diagnostics, vaccines, and devices and research on neglected disease:

      1.2.1 Incorporate practices that promote rational use of medicines, where they are available, into the core activities of health professionals and patients;
      1.2.2 Uphold ideals of equity and justice in the prescription and provision of medications, and avoid the unnecessary waste of inappropriate medications; and
      1.2.3 Become leaders and supporters of innovative and novel research to address neglected diseases, and allow access to their discoveries to ensure affordable and appropriate medications are available to patients globally.

2. AMSA calls upon universities and other publicly funded health research institutions to:

   2.1 Acknowledge that research universities are largely publicly funded and have an imperative to develop and adopt a global access strategy to ensure humanitarian licensing
provisions for drugs, diagnostics, vaccines, and devices and research on neglected diseases. Such a strategy might include:

2.1.1 Incentives and systems to promote research and development to address neglected diseases;
2.1.2 Incorporating licensing provisions that allow exemption of intellectual property use where appropriate to facilitate low-cost access to data and materials for generic production of essential medicines in majority world nations such as those outlined in UAEM’s Global Access Licensing Framework; and
2.1.3 Partnering with third-party organisations in research, development and distribution, which share the goal of improving access in majority world nations.

3. AMSA calls upon the pharmaceutical industry to:
3.1 Acknowledge their considerable influence within the access to essential medicines campaign by increasing attention towards the actions and considerations that can be taken in order to improve global access to essential medicines;
3.1.1 Act in a manner consistent with the knowledge that a significant role of pharmaceutical patents is to stimulate innovation for new medicines, and not solely to maximise profits;
3.1.2 Take action to enable generic production of affordable drugs, which is essential to maintain a minimum of healthcare service for the world’s poorest and most vulnerable populations;
3.1.3 Participate in programs/partnerships, such as innovative financing arrangements and global patent pools that have been developed to incentivise research and development of medicines to address diseases that predominantly affect the world’s poor; and
3.1.4 Cooperate with governments and international trade organisations to further develop tiered pricing systems to overcome financial barriers to access to essential medicines in majority world nations.

4. AMSA calls upon the Australian Commonwealth Government to:
4.1 Acknowledge the potential for excessive intellectual property (IP) regulations to create significant barriers to humanitarian licensing provisions for drugs, diagnostics, vaccines, and devices;
4.1.1 Resist tightening and consider strengthening allowances of IP regulations through new or existing bilateral and regional free trade agreements (FTAs) such as the Trans-Pacific Partnership Agreement (TPPA);
4.1.1 Maintain and facilitate usage of flexibilities in the Trade Related Intellectual Property Rights (TRIPS) legislation as reaffirmed in the Doha Declaration; and
4.1.2 Increase transparency of FTA negotiations that may erode the flexibility of TRIPS to facilitate scrutiny by experts and the Australian public; and
4.2 Fulfill Australia’s commitment to the Millennium Development Goals, including Target 8e to cooperate with pharmaceutical companies to provide access to affordable essential drugs in majorit-world nations.

5. AMSA Council calls upon the AMSA Executive to:
5.1 Publicly support and collaborate with organisations and initiatives that promote humanitarian licensing provisions for drugs, diagnostics, vaccines, and devices and research in neglected diseases through direct statements, projects and campaigns;
5.2 Actively advocate for institutional and curricular reforms by Australian medical schools to include content related to improving global medicines access and research in neglected disease as per points 1.1 and 1.2 a;
5.3 Where appropriate, lobby State and non-State actors to pursue the recommendations of this policy document as per points 3.1 and 4.1 and include medicines access as a key component of foreign aid efforts;
5.4 Encourage and support educational and service activities pertaining to access to essential medicines among AMSA ThinkTanks, local Global Health Groups, Medical Students’ Societies and individual members-at-large;
5.5 Actively advocate for the patients who are denied their right to health because of poor access to essential medicines; and
5.6 Actively support medical students to initiate UAEM chapters at their universities.

REFERENCES

6. The Access Campaign [Internet] [cited 2012 May 19]. Available from: http://www.msfaccess.org/the-access-campaign