Achievements and activities

Four years after its creation in 2009, the Working Group encompasses 250 members, ranging from MEPs to European Commission officials, diplomats, African, Caribbean and Pacific (ACP) MPs, academics and representatives of civil society organisations. Since its inception, the working group has organised a series of events and field visits, gathering high-level expertise on a range of priority dossiers.
In October 2010, a roundtable hosted by MEP Schlyter reviewed research and innovation mechanisms that could be designed to support access to medical innovations for the world's poor and the de-linkage of the cost of research and development from product prices. This led to further discussions during a full day conference on ''New Models of Medical Innovation" in November 2010, hosted by MEP Schlyter, MEP Berman and MEP Joly.

The EU-India Free Trade Agreement (FTA) was at heart of discussions in March 2010 and February 2011, when two events, respectively hosted by MEP Martin and MEP Rinaldi, discussed its implications on access to medicines for developing countries.

In October 2011, MEP Martin, Chair of the Working Group, hosted a roundtable on innovative financing mechanisms for health that explored how a Financial Transaction Tax (FTT) should be implemented and why it should benefit international development.

On 25 January 2012, the Working Group celebrated its two-year anniversary gathering more than one hundred people in the EP. Via video address, Nobel Prize Winner Françoise Barré Sinoussi encouraged the Working Group to strive for more comprehensive policies on R&D for poverty-related diseases.

In November 2012, a field visit on community-based solutions to human resources for health was organised in Suriname on the side of the ACP-EU Joint Parliamentary Assembly. The visit was an opportunity to raise greater political awareness on local and community-based solutions to the shortages of medical personnel in rural areas.

Further to the adoption of the European Commission's Communication on Enhancing Maternal and Child Nutrition, in April 2013, MEP Mitchell and MEP Cortes Lastra co-hosted a roundtable with experts from EU institutions and civil society to discuss the effects of malnutrition and the need for a holistic approach on child health.

In June 2013, MEP Castex hosted an event on EU-ACP shared responsibility for global health financing in the post-2015 context, which brought together EU and ACP MPs and decision makers during the ACP-EU JPA in Brussels.

How does it work?

The Working Group operates as a Bureau of MEPs, with one Chair and six Co-Chairs.
The first Group's bureau (2009-2014) is comprised of MEP Chair David Martin (S&D), and co-Chairs Edit Bauer (EPP), Niccoló Rinaldi (ALDE), Carl Schlyter (Greens/EFA), Claudiu Ciprian Tanasescu (S&D), Rebecca Taylor (ALDE), and Eleni Theocharous (EPP). The Secretariat of the Group is formed by Médecins Sans Frontières' Access Campaign and Global Health Advocates France.
A new bureau will be appointed after the EP elections in 2014.
The Working Group is open to MEPs, ACP MPs, policy makers, academics and representatives from civil society.

"So far so good – we've managed to raise the issue of access to affordable medicines: both in the debate of the EU international trade scheme and in the ethical dimension of EU international relations. Much is still to be done for patients long awaiting a more equal and rational medicines market."

Niccolo Rinaldi MEP, ALDE

To become a member or for further information please contact: **ep-accessgroup@msf.org**

Join us on Facebook **EP Working Group on Access to Medicines and Poverty-Related Diseases**

European Parliament Working Group
on innovation, access to medicines and poverty-related diseases

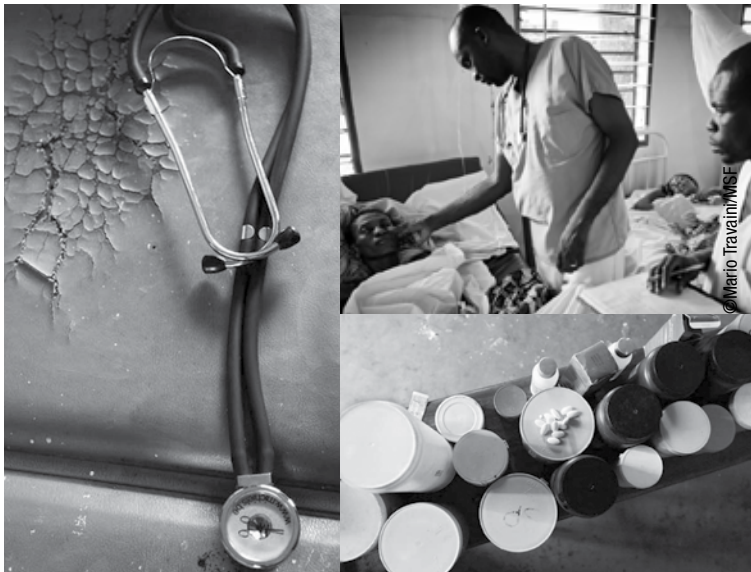
Putting Patients' Needs First:

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 is not available. We have taken the initiative to set up this working group to improve and expand access to medicines. We are working 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?

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

The Working Group on Innovation, Access to Medicines and Poverty-Related Diseases generates a meaningful dialogue between Members of the European Parliament, the European Commission, southern partners 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 of the Working group:

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

Innovation: Without better vaccines, diagnostics and treatments, 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 while ensuring that such innovations are accessible and affordable, incentive mechanisms to 'de-link' the cost of research and development from the end price of the products must be explored and promoted, and public funding must also increase. The EU has a major role to play in determining research priorities, financing neglected areas and promoting alternative mechanisms to stimulate R&D, as outlined by the World Health Organisation's (WHO) Priority Medicines Report 2013 and the WHO Consultative Expert Working Group (CEWG) recommendations from 2012.

"The current patent system does not deliver the drugs for neglected and tropical diseases and antibiotics that we need. Therefore, we must introduce the concept of prize funds for medical research."

Carl Schlyter, MEP

Objectives of the Working group:

- **provide a forum for innovation, access to medicines and global health issues related to the fight against HIV/AIDS, TB, malaria and other neglected diseases**
- **create a focal point for MEPs and EU decision-makers where civil society can act as a source of information sharing of field and policy experiences**
- **better integrate the EU response on HIV/AIDS, TB and malaria and other global health-related issues**
- **raise the profile of poverty-related diseases and public health challenges among EU policy makers and third parties.**

FOCUS : ACCESS TO TREATMENT AND INNOVATION

The treatment time bomb: newer antiretrovirals will be priced out of reach

By the end of 2012, almost ten million people living with HIV had access to antiretroviral therapy (ART) in low- and middle-income countries. This was made possible by mobilisation of political will, financial support, and competition among generic manufacturers that lowered the price of ARVs by 99% from more than US$ 10,000 in 2000 to US$ 120 per person per year today. Still, there is a long way to go. There are an additional 16 million people eligible for treatment, but patent monopolies threaten to keep newer, more effective drugs prohibitively expensive for low- and middle-income countries. Key countries, especially India, where the vast majority of generic ARVs are produced, now grant medicine patents. With upwards of 55 million people expected to need ARV therapy by the year 2030, global patent rules are contributing to a looming crisis as current drugs lose their effectiveness and their newer, patented replacements are priced out of reach for all but the wealthy.

Diseases of the poor remain neglected

Research and development is not currently geared towards the needs of people in poor countries, as drugs, vaccines and diagnostic tools are developed on the basis of their future market potential rather than priority health needs. Only 4% of the new therapeutic products developed between 2000 and 2011 were indicated for poverty-related and neglected diseases (excl. HIV), which represent 11% of the global disease burden. At the same time, existing drugs for these diseases often have serious side effects and some are becoming less effective due to resistance. Areas of particular neglect include paediatric formulations for HIV/AIDS and multidrug-resistant TB (MDR-TB) which arduous treatment can last up to two years. Without better diagnostics, medicines and vaccines we cannot hope to stem the tide against tuberculosis, or eliminate the most neglected diseases such as Chagas, sleeping sickness, and kala azar.

Drug-resistant TB (DR-TB) : New treatments urgently needed

Fewer than one in five people estimated to have MDR-TB have access to treatment, and cure rates for those who do receive treatment are abysmally low – around 50%. In order to make progress against this killer disease, diagnostic capabilities must be scaled up, and a breakthrough in treatment is needed. Today's regimens are lengthy, complex, toxic and prohibitively expensive, making it extremely challenging to scale up effective treatment programmes. To fundamentally change and improve DR-TB treatment, robust new regimens containing multiple novel and better-tolerated drugs are desperately needed. But this requires a paradigm shift in the way drugs are developed. There is an urgent need to incentivize collaboration between different R&D actors that are currently working in isolation, and to ensure that data is shared collaboratively for the purpose of exploring new regimens that have fewer side effects, improve patient outcomes and shorten the length of treatment.