



September 21, 2015

**Union for Affordable Cancer Treatment Statement Regarding the United Nations Secretary-General's High-Level Panel on Access to Medicines**

On September 14, 2016, the Union for Affordable Cancer Treatment (UACT) welcomed the release of the United Nations Secretary-General's High-Level Panel on Access to Medicines. The Report is available here: <http://www.unsgaccessmeds.org/final-report/>

The mandate of the Panel was to “review and assess proposals and recommend solutions for remedying the policy incoherence between the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies.”

UACT found that the Report provided an excellent analysis, and reasons for optimism, as well as addressed some of the concerns of cancer patients and their families all over the world. While acknowledging the great progress in health technology innovation and access over the last decades and the possibilities to improve the lives of millions of people affected by cancer, the Panel also recognized the unsustainability of the increasing cost of treatment and its impact on nations and on individuals.

Over the last few decades, medical innovation has dramatically improved the lives of millions of people across the globe. Vaccines have significantly reduced the prevalence of diseases, ranging from polio to human papillomavirus. Antiretroviral medicines have greatly improved the lives of people living with the Human Immunodeficiency Virus (HIV). Personalized strategies based on molecularly-targeted medicines are likely to become central to cancer treatment in the future. Despite this noteworthy progress, millions of people continue to suffer and die from treatable conditions because of a lack of access to health technologies. (Report p.7)

However, the Panel stated that:

[...]these life-saving treatments, while under patent protection, can be financially unsustainable, particularly when the costs have to be borne by the patients themselves. Even in countries with public and/or private healthcare systems, patients are frequently saddled with unmanageable out-of-pocket expenses.<sup>85</sup> In the United States, prices of

cancer medicines have almost doubled from a decade ago, averaging from US\$ 5,000-10,000 per month. Of the 12 medicines approved by the United States Food and Drug Administration (FDA) for various cancer indications in 2012, 11 were priced above US\$ 100,000 per year.<sup>86</sup> In rich and poor countries with public health systems, government expenditures on health technologies is a significant proportion of overall government and health department expenditure, diverting resources away from other essential health services.<sup>87</sup> (Report p.21)

A footnote spells it out clearly:

#37 Treatment costs for cancer, for instance, exceed personal incomes in many countries. In the US costs are projected to grow 27% from 2010 to 2020, to at least US\$ 158 billion. See Mariotto, A.B., et al. (2011) Projections of the cost of cancer care in the United States: 2010-2020. *Journal of the National Cancer Institute*, 103(2), pp. 117-128. (Report p.39)

In its 69 page report, among many major issues, such as Health Technology Innovation and Access; Intellectual Property Laws and Access to Health Technologies; New Incentives for Research and Development of Health Technologies; and Governance, Accountability and Transparency, the Panel addressed a topic that echos UACT's fundamental concern: cost as a barrier to access to treatment and its impact on national health and treatment programs as well as on patients and their families. In addition, while cancer patients are concerned about costs they are also extremely impacted by the pace of innovation. Thus, UACT is supportive of discussions regarding ways to incentivize more research and development without increasing barriers to access. UACT is pleased by the Panel's broad description of the implementation of delinkage mechanisms and priority setting and coordination for and financing of research and development.

UACT is pleased to highlight that the Panel recommends member countries of the UN and other international organizations examine mechanisms such as delinkage, supporting the goal that R&D costs must not impact access by determining the price of new and potentially life-saving medicines.

UACT notes the crisis in access to affordable cancer drugs has become more desperate now that India is granting and enforcing patents on new cancer drugs, and this has cut off an important source of affordable cancer drugs for patients everywhere.

UACT welcomes the HLP opposition to TRIPS plus obligations in international agreements, and sees such obligations as presenting risks to patients in terms of access to medicine. Government implementing the HLP recommendations should consider a variety of access promoting reforms in patent laws and judicial practices, including to introduce liability rule regimes or guidelines that enable competition in return for affordable and reasonable compensation to patent holders, and legal mechanisms to empower patients to initiate

challenges to patents or to request compulsory licenses, or the use of other exceptions to patent rights.

UACT urges the UN SG to act to take the 30 recommendations forward. UACT will continue to closely monitor the follow up of the report and we hope that soon there will be concrete actions undertaken to move forward the recommendations.

Finally, UACT would like to thank the eminent panelists listed below for their expertise and their personal contributions and commentaries that can be found in the Annex 1 of the Report: Festus Mogae, co-chair, former President of Botswana; Ruth Dreifuss, co-chair, former President of Switzerland; Awn Al-Khasawneh, former Prime Minister of Jordan; Celso Amorim, former Minister of Foreign Relations of Brazil; Jorge Bermudez, former Executive Director of Unitaids; Winnie Byanyima, Executive Director of Oxfam International; Maria C. Freire, President of the Foundation for the National Institutes of Health; Sakiko Fukuda-Parr, Professor of International Affairs at The New School (Chair, KEI Board of Directors); Kinga Göncz, former Minister of Foreign Affairs of Hungary; Yusuf Hamied, Chairman of Cipla; Michael Kirby, former Justice of the High Court of Australia; Malebona Precious Matsoso, Director General of the South Africa National Department of Health; Ruth Okediji, Professor of Law, University of Minnesota; Shiba Phurailatpam, Director of the Asia Pacific Network of People Living With HIV (APN+); Andrew Witty, CEO of GlaxoSmithKline.

*UACT is a union of people affected by cancer, their family members and friends, people who take care of people with cancer, health care professionals and cancer researchers committed to increasing access to effective cancer treatment and care. We are particularly concerned about the rapidly escalating cost of cancer medication and seek to fight for cancer treatment and care to be affordable and available, everywhere, for everyone who needs it. More at [www.UACT.org](http://www.UACT.org)*