CAMPAIGN FOR ACCESS TO ESSENTIAL MEDICINES

The Campaign for Access to Essential Medicines (Access Campaign) was started in the mid–nineties because MSF operational leaders realised that it was too difficult for medical teams in the field to get adequate drugs to treat the patients. More and more drugs had become ineffective and had not been replaced with new ones. Initially the Access Campaign had four objectives: restart research and development for tropical diseases and related areas; make new drugs and vaccines affordable for disadvantaged populations; ensure the production and commercialisation of targeted orphan drugs; and humanise the World Trade Organisation (WTO) and the trade-related aspects of intellectual property rights, which was an agreement between all the members of the WTO. Presented in March 1998, the Campaign was fully endorsed by the international council in November 1998. An international committee, composed of operational section representatives, and an internationally autonomous team were created to run the project. This was one of the first completely international projects to be funded by the MSF movement.

Minutes from MSF International Council Meeting, 19 March 1998 (in English).

Extract:

1) Campaign

The drug campaign project was presented. Its theme is 'access to drugs of quality,' including topics such as the decline of research, the use of drugs of inadequate quality, their price, and rational use. It will combine communication, technical research and political pressure. The proposed structure would entail a steering committee for defining the overall objectives and strategy, and an executive team constituted with a general co-ordinator, a technical co-ordinator, and a campaigner. This team should be viewed as a 'field team.' More details can be found in the preparatory document. This proposal for the campaign, intended to last from 3 to 5 years, was unanimously approved.

Access Campaign **Preparatory Project**, March 1998 (in English).

Extract:

III - The Objectives of the Campaign

Primary objectives

1. Restart R&D for tropical diseases and related areas:
   - Define a legal and fiscal framework similar to those developed in the US, Japan, and recently in Europe to motivate R&D for orphan drugs;
   - Stimulate the public sector (large donors) to invest in R&D for tropical diseases;
   - Stimulate WHO (mainly TDR[1]), World Bank, UNDP, UNAIDS and UNICEF in playing a co-ordination role in R&D strategy;
   - Motivate MSF or other NGOs to dedicate part of their activity to operational research for new drugs and vaccines, new forms of drugs, and new treatment guidelines.

2. Make affordable new drugs and vaccines for disadvantaged populations
   - Develop agreements between the pharmaceutical industry and international organizations to make affordable new existing drugs;
   - Create centralised purchase funds that would guarantee large sales volumes (financed by existing public and private circuits).

3. Ensure the production and commercialization of orphan drugs
   - On a case by case approach and in collaboration with different partners look for ways of providing sustainable solutions for orphan drugs for tropical diseases.

4. Humanise the WTO and TRIPS[2] agreements
   - Develop an exception in commercial agreements for drugs: drugs should not be considered just as another industrial product;
   - Promote the use of 'compulsory licenses' to deal with major public health issues in poor countries;
   - Reinforce the role of WHO in advocating the right to healthcare in the resolution of trade disputes.

Secondary objectives

These objectives are very important however, other partners already have a leading role to play in the development of such actions. MSF will therefore act in supporting these initiatives.

1. Support the policy of rationale use of essential drugs
   - Continue and even strengthen our effort to produce relevant guidelines and particularly the 'therapeutic guideline' and the 'essential drugs guideline;'
   - Support national programmes of rational use of essential drugs where they exist and promote the development of such programmes where they do not.

2. Surveillance of the quality of drugs
   - Adopt an irreproachable procurement policy of drugs;
   - Assist in the maintenance of a permanent 'observatory of drug quality.' This should be established under the co-ordination of WHO.

3. Improve the policy of drugs donations
   - Apply and reinforce the WHO guidelines;
   - Advocate in rich countries the adherence to such guidelines.

Minutes from MSF International Council Meeting, 6, 7 and 8 November 1998 (in English).

Extract:

Item 1: Drug Campaign

1. TDR: Special Programme for Research and Training in Tropical Diseases
2. TRIPS: Agreement on Trade Related Aspects of Intellectual Property Rights, signed in 1994 during the Uruguay round of the GATT (General Agreement on Tariffs and Trade), it sets down minimum international standards on intellectual property for WTO member nations.

Bernard Pecoul presented an overview of the planned MSF Drug Campaign (see the prepared document). The three-year campaign is to focus on a pragmatic approach to improving access to essential drugs with a view to bridging the growing health gap for populations in danger. This gap is now exacerbated by globalised market forces and trade agreements. These threaten to reduce further the availability and economic viability of old, new and orphan drugs deemed essential for public health, particularly in developing countries.
The campaign will use an active temoignage strategy around at least 20 MSF field-based demonstration projects for a selection of priority diseases. The primary goals of the campaign are to 1) restart research and development for tropical diseases and related areas; 2) make new drugs and vaccines affordable for disadvantaged populations; 3) ensure the production and commercialisation of targeted existing orphan drugs; and 4) to humanise the WTO and TRIPS agreements. The Campaign will target the world-wide general public, international health, trade and funding institutions, governments, the private sector and the medical and scientific community.

Given:
a) MSF's independence from governments and institutions,
b) The fact that it has over 400 projects in the field with over 1,000 permanent field volunteers working with populations in danger, and
c) Its ability to speak out using its world-wide network, the campaign was seen by the IC as an ideal expression of the principles, values, and purpose of the MSF movement.
The potential benefits of the campaign, its eventual political and temoignage implications, as well as the risks for MSF as a whole were discussed.
The IC endorsed the campaign fully. It noted that as a campaign, it represents a new approach for MSF; that for MSF the strength and the fragility of the campaign lie in the fact that it is rooted in field-based projects, and that as long as culturally specific approaches to ethical questions are used, most of the potential risks of the campaign itself and to MSF can be minimised and managed. The IC gave a full and strong endorsement to the campaign, and noted further that it is an example of the kind of project the MSF movement should develop and implement in the future.

With 15 years of MSF behind me and rather good relations with all sections, there wasn't much of a challenge when I presented the campaign to the International Council in 1998, but rather it was seen as a unifying element. James [Orbinski, President of the MSF International Council] was immediately seduced by the campaign.

Dr Bernard Pecoul, MSF France General Director 1991-1997, MSF Access Campaign Director 1999-2003, DNDI General Director 2003 onwards (in French).

The access campaign came at a time when the movement was at a certain kind of maturity and readiness, but also in the world, there were certain issues that were emergent. There was this kind of convergence of MSF's abilities, its focus on the campaign, and then what was happening in the world: the WTO, the UN, this kind of expectation that multilateralism had responsibilities, that it wasn't just about high politics at the multilateral level, but that it's about human beings, that these institutions have responsibilities and that the law as it is, for example for intellectual property rights, this matters. It doesn't just matter to corporations, it matters to R&D, to individual people, and the kind of access to medicines that they will or will not get. So there was this kind of convergence, multilateral readiness, MSF's exploration of these issues, its clear commitment, the presence of many other NGOs that had varying levels of expertise, and the world was ripe for a campaign, and MSF was the right vehicle to really advance it.

Dr James Orbinski, MSF International President 1998-2000 (in English).

In October 1999, during one of the first events to launch the Campaign for Access to Essential Medicine, MSF learned of their Nobel Peace Prize award. The International Council thus decided that the prize money should be symbolically allocated to the Campaign.

Minutes from MSF France Board Meeting, 29 October 1999 (in French).

Extract:
Philippe Biberson proposed to start an open discussion on the Nobel Prize awarded to gauge the reactions and comments of those present. It was also an occasion to collectively identify the opportunities we should focus on to make good use of this award and the traps it would be best to avoid. [...]
Philippe Biberson: In Paris, it came at a pretty good time, because that was also the day an international meeting was organised regarding the drugs campaign... James Orbinski [President of MSF's International Council] and Samantha Bolton [International Communications] were there; this was a massive coincidence which we were able to take advantage of to react to the announcement of the Nobel Prize with a large international representation. [...] We were, however, more or less in agreement that it should be used as a strong symbol and it was out of the question for the million dollars to simply be put into the general coffers. Amongst other ideas, we thought the best way to use it would be for the essential medicines campaign, i.e. for access to essential medicines in disadvantaged countries. It's an important challenge for the missions, plus it's an international MSF project that has unanimous support in every section and which will make its mark for the future... And not least, with this kind of money we could really do something with this project that will move it forward significantly.

Minutes from MSF International Council Meeting, 27 November 1999 (in English)

Extract:

Item 3: The Nobel Peace Prize [...]

A vote was held on where the Nobel Peace Prize money should go. Eric Vreede presented a number of options, based on a canvassing of the movement conducted in the last month (see annexes). After extensive discussion, it was agreed that the prize money should be used for a practical purpose that has symbolic significance. The IC voted in favour of allocating the prize money to the MSF Drug Campaign. The Drug Campaign Steering Committee is to decide on the terms of reference for use of the money.

The number of votes for:	15
The number of votes against:	1 (MSF *****[3])
The number of abstentions:	1 (MSF *****)
The total votes cast:	17
The number of absent IC members:	1 (MSF Australia).

The resolution was adopted.

Six months later, the International Council saw the Campaign as a huge success through their work with other NGOs and pushing the targeted issues onto a public agenda.

Minutes of MSF International Council Meeting, 10 June 2000 (in English).

Extract:

Item 2: Access to Essential Medicines Campaign

Bernard Pecoul made an update presentation on the Access to Essential Medicines Campaign, from its launch in 1998 to now, as well as an evaluation of where it stands today. The IC congratulated Bernard and the entire Campaign Team across the movement on a fantastic job to-date. Discussion emphasized that the campaign is largely a huge success, having established viable networks with other NGOs to put the issues firmly on the international political and public agenda. These issues include:

- Abandoned medications,
- The inaccessibility of some life-saving medicines because of cost to the majority of the world's population,
- That research for tropical and global priority diseases has stalled,
- That the way the pharmaceutical sector is regulated is a major contributing factor to inequity in access;
- That the neglect and political choices of states and IGOs [International Governmental Organisations] has led to this situation, and that
- The WTO represents the political embodiment of these choices.
- That our goal is not to vilify the pharmaceutical industry, but to provoke political changes by governments and UN agencies that support and allow generic production of essential medicines (such as anti-retrovirals for HIV).
- A cautious approach to public-private partnerships (PPPs) for research and development for new medications and vaccines (for i.e.: TB, AIDS, Malaria). This approach should insist that PPPs are not simply to be driven by philanthropic foundations or private business, but that PPPs have a strong public/political presence and responsibility, that PPPs serve the public interest by producing medications and vaccines that are "public goods" that are affordable and accessible to those most in need.
- MSF is often seen as extremist, because it appears to be "against market forces".
- Ultimately Research and Development for global priority diseases must return to the public sector,
- That public money must be invested,
- That responsibility for decision making must rest in the public domain,
- And that the public sector must intervene to secure the market, guaranteeing equitable access.

These issues require four concrete avenues of action. These are:

1. Concrete field actions to improve access to essential medicines,
2. Public and media awareness-raising in North and South countries to create a movement of support for the campaign;
3. Lobbying of political decision makers;
4. Continue support for the MSF working group on how to stimulate R and D.

Discussion also emphasized the following issues:

1. That the access to essential drugs is also linked to the larger issue of access to healthcare in a neo-liberal environment. MSF has no formal position on this larger issue at the moment.
2. A strong emphasis needs to be on increasing options for high quality drugs that conform to GMP [Good Manufacturing Practice] standards.
3. MSF is not anti-globalization, but focuses on the consequences for the excluded, and how to ensure political responsibility for their needs;
4. Some sections lacked information on what was happening with the Campaign. It was agreed that internal communication regarding the Campaign had not succeeded and that this problem required prompt attention. An internal electronic newsletter has recently been created, and a new person has been hired to work solely on communications internally. Furthermore, a Question & Answer paper on the Campaign is being prepared to be circulated in the field. Each section should designate a Campaign person in charge of informing the rest of the section on the evolution and activities of the Campaign. There are no plans to create a large centralised structure in Geneva. Each section, in co-operation with the Access Campaign leadership, is to build its own 'Access Campaign' capacity.
5. Decision-making procedure within the Campaign (in regards to for example, the purchasing of TB drugs, relations with the WHO, etc.). As it stands, the Campaign team reports to a steering committee composed of the International Secretariat, 2 General Directors, 2 Operational Directors and a Medical Director chosen by the executive committee. All important decisions are always referred back to the steering committee.

3. The names of these sections were not mentioned in the minutes of this MSF International Council meeting.

It was agreed that decision making within the Campaign must be more transparent, and that the Steering Committee must function more effectively to oversee the Campaign. Involving Section Boards was not agreed, as it would slow down the reactivity of the Campaign.

6. The broad issue of the Campaign's relationship to other NGOs, governments and the pharmaceutical companies was discussed, and the following points emphasized:
    a. Issue-specific coalitions with other NGOs are a key ingredient to the success of the campaign and should continue.
    b. Pressure needs to be brought to bear on governments to assume responsibility in ensuring social goods, or to regulate the pharmaceutical market in favour of equitable access through for example, segmentation of the market.
    c. Regarding our relationship with pharmaceutical companies, several points were made: First, our aim is to responsibilise the State first and foremost - e.g. by pushing for public sector R&D - rather than the pharmaceutical companies whose only responsibility is toward their shareholders;
    d. Secondly, we sometimes have to enter commercial agreements with some pharmaceutical companies who are in a situation of monopoly in regards to the production or national registration of certain drugs.
    e. Thirdly, a text on donations form the pharmaceutical industry needs to be prepared by the campaign team. We need to be clear in our approach and principles, but not dogmatic. It was agreed that as a rule, we do not accept donations, but there are exceptional scenarios that justify certain actions, but there needs to be a strong awareness of the fact that these are exceptions and not the rule.
    f. Fourthly that in exceptional circumstances, MSF should be prepared to engage public civil disobedience when required, to ensure access to essential drugs. This decision would have to be made at the highest political levels of the movement, with full legal consultation, and with a clear strategy, including media.

The launch of the access campaign was a wonderful time. I experienced this with euphoria because there was so much stimulation and debate. All the people who had worked in the field, especially in the Great Lakes region of Central Africa, knew that there were many cases of AIDS among refugees [who had no access to treatment]. This frustration has been channelled into this campaign project and I think it helped Bernard [Pecoul] a lot.

Dr Anamaria Bulatovic, MSF USA - Member of the Board of Directors 1997-2000, President 2000-2002 (in French).

The access campaign was really taking off, and there was a real momentum. I think basically half of my time was on the access campaign, and I really wanted it to succeed. I would say it was the first very, very, publicly successful common project across the sections.

Dr James Orbinski, MSF International President 1998-2000 (in English).

TO BE CONTINUED ...