

## **Pharmaceuticals and Global Health Policy: Medicines, Markets, Manufacturers, and Medical Countermeasures**

One-day workshop, 9 June 2016,  
University of Sussex, Arts C Building, Room 333

### **Workshop Summary**

Much of global health policy today revolves in one way or another around pharmaceuticals. Expanding international access to life-saving medicines is a major ambition for many international organizations, governments, philanthropic organizations, non-governmental organizations, and social movements. Outbreaks of lethal infectious diseases like Ebola and now Zika rapidly provoke international races to develop new medicines, and lead to urgent calls for speeding up the entire process of pharmaceutical development. All the while concern is mounting that even many of the world's existing medicines will soon lose their effectiveness because of rising anti-microbial resistance. Rightly or wrongly, pharmaceuticals now permeate much of global health policy. The Centre for Global Health Policy at the University of Sussex and the Instituto de Higiene e Medicina Tropical at the Universidade NOVA de Lisboa convened a one-day interdisciplinary workshop on 9 June 2016 to reflect on the many challenges surrounding the use of pharmaceuticals in global health policy today. Three key lessons emerged from the day.

The first thing that emerged across the spectrum of presentations is that pharmaceuticals are not just medicines. As medical interventions they can certainly mean the difference between life and death. But they also touch people's lives in so many other ways. Economically, pharmaceuticals can translate into business, profit, jobs, food, and public goods; but they can also generate hardnosed competition, and even waste. In the political sphere, pharmaceuticals can be a form of power, can strengthen sovereignty, can represent diplomatic leverage, and can be a tool of governance; yet they can also lead to increased dependence, insecurity and resistance. In the legal domain, pharmaceuticals can be the subject of intellectual property, patents and rights; but they can also represent forgery and crime. The lives of pharmaceuticals, in other words, are not just medical – they are also social. That gives them a much broader significance extending beyond the boundaries of medicine.

Second, participants identified many areas where the world is not yet making the best use of pharmaceutical technologies. A large number of lives have been saved by extending treatments to people who have not had access. But there is also evidence of much dissatisfaction with the limits of several pharmaceutical systems and structures. In many parts of the world, access to medicines still remains a major problem costing many lives each year – despite all the well-publicized efforts to close the global access gap. In the area of global health security, there is frustration about the unproductive boom and bust cycle whereby attention quickly focuses on a new outbreak, but then seems to fade again just as rapidly. That prevents the creation of a more sustainable infrastructure to better respond to future outbreaks. Lack of properly enforced regulations about the use of pharmaceuticals also means that some existing medicines are now losing their potency against microbes – and are doing so more quickly than necessary. Hard-fought gains in managing the risk of infectious disease are being put at risk. In some cases, even well intentioned global health policies have generated unintended harmful consequences on the ground. There is, in short, still a lot of room for pharmaceuticals to serve global health better in the twenty-first century.

Finally, we also learned that there is currently a lot of flux in the global governance of pharmaceuticals. The geopolitical distribution of power is shifting towards a more pluralistic international order. Countries like India, China, and Brazil are playing a growing role, and are contributing to significant shifts in the international political economy of pharmaceutical production – although they do not always have a proper seat at the table yet. Already these shifting power relations are leading to more fluidity in terms of who can negotiate (which players; state and non-state actors), where they negotiate (WHO, United Nations, G20, regional organization, etc.), how negotiations are framed (global health security vs. international development), and what the parties can negotiate with (bartering with medicines, with pathogens, with data and information, and aid). The world of pharmaceuticals is thus a revealing lens through which to explore many of the international political dynamics unfolding in the world today.

All of this points to an important opportunity to re-imagine and re-negotiate the global governance of pharmaceuticals. Because pharmaceuticals touch our lives in so many different ways, because there is still so much medical need that remains unmet around the world, and because of all the changes in the international political system, there is a need for new international mechanisms to deal more systematically and comprehensively with the issues of innovation, emergencies and access in global health policy. That is a tall order, to be sure. But the time has come to try; and the costs of not having an international agreement just keep rising.

Stefan Elbe  
Director, Centre for Global Health Policy  
University of Sussex

## List of Participants

Alex Faulkner	University of Sussex
Anne Roemer-Mahler	University of Sussex
Ayako Ebata	Institute of Development Studies
Bugewa Apampa	University of Sussex
Caitriona McLeish	Science Policy Research Unit, University of Sussex
Christopher Long	University of Sussex
Dinar Kale	Open University
Eva Hilberg	University of Sussex
Geeta Hitch	University of Sussex
Geoffrey Banda	University of Edinburgh
Gerry Bloom	Institute of Development Studies
Giuliano Russo	Institute of Hygiene and Tropical Medicine, Nova University of Lisbon
Hayley MacGregor	Institute of Development Studies

Joao Nunes	University of York
Ken Shadlen	London School of Economics and Political Science
Kendall Hoyt	University of Sussex
Maureen Macintosh	Open University
Meenakshi Gautham	London School of Hygiene and Tropical Medicine
Michael Pettit	University of Sussex
Rory Horner	University of Manchester
Sarah Marshall	Brighton and Sussex Medical School
Stefan Elbe	University of Sussex
Tanvir Ahmed	Institute of Development Studies