



How to realise benefits for patients, firms and wider society

**Workshop on the prospects for controllable cell-based therapies
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Health Action International



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Our Mission:

We work with governments, civil society, regulators, pharmaceutical companies, and others to guarantee available, affordable, and appropriately used essential medicines.



Health Action International



To promote rational and economic medicines policy, therapy and use in high, middle and low income countries

To work towards global justice in health by increasing access to essential medicines and improving the rational use of medicines



Robert Merton on Science

Communalism all scientists should have equal access to scientific goods (intellectual property) and there should be a sense of common ownership in order to promote collective collaboration, secrecy is the opposite of this norm. [4]

Universalism all scientists can contribute to science regardless of race, nationality, culture, or gender. [5]

Disinterestedness according to which scientists are supposed to act for the benefit of a common scientific enterprise, rather than for personal gain. [6]

Organized Skepticism: Critical scrutiny and peer review

CCBT and the Patient



Patient numbers – how many are we actually talking about?

Is this a case of individual health vs public health?
(fabulous technology, incredible science, but how expensive?)

Clear benefit to individual patients

Chasing Zebras ...

What is the cost to health systems?

What is the cost to individuals?

CCBT and Firms



Patent driven 'innovation'

Innovation that doesn't meet health needs

Niche products

Hep C and price points

Who pays for the research?

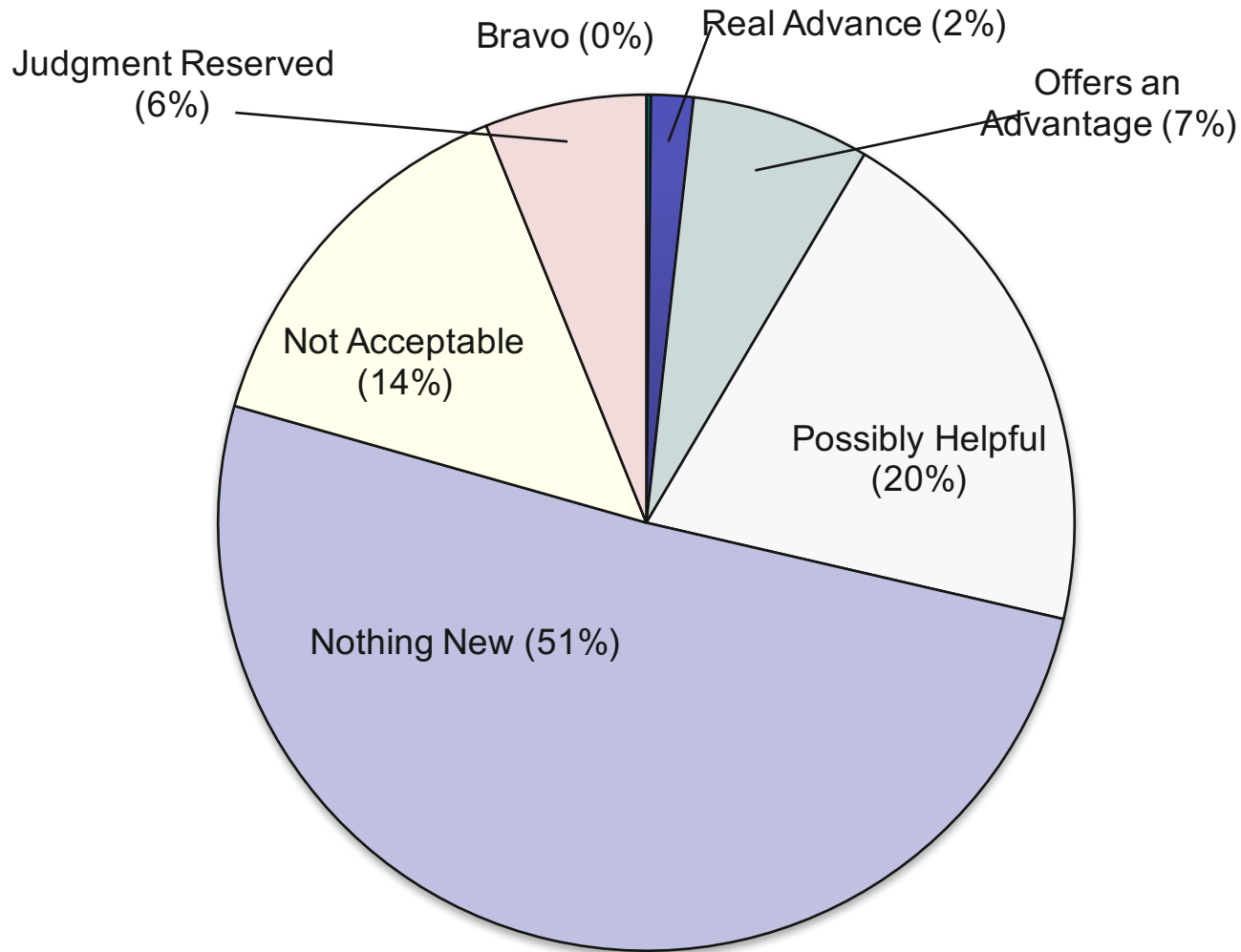
What is the cost to health systems?

What is the cost to individuals?

Innovation & Therapeutic Value



Ratings 2000 to 2014 (N=1432)



“Année du médicament” *Rev Prescrire* 2015; **35** (376): 132-136.

Neglected Diseases



- Buruli Ulcer
- Chagas
- Dengue
- Guinea-Worm
- Echinococcosis
- Yaws
- Treponematoses
- Sleeping Sickness
- Leishmaniasis
- Leprosy
- Lymphatic Filariasis
- Mycetoma
- River Blindness
- Rabies
- Schistosomiasis
- Soil-transmitted helminthiases
- Taeniasis/Cysticercosis
- Trachoma

CCBT and Society



Which society?

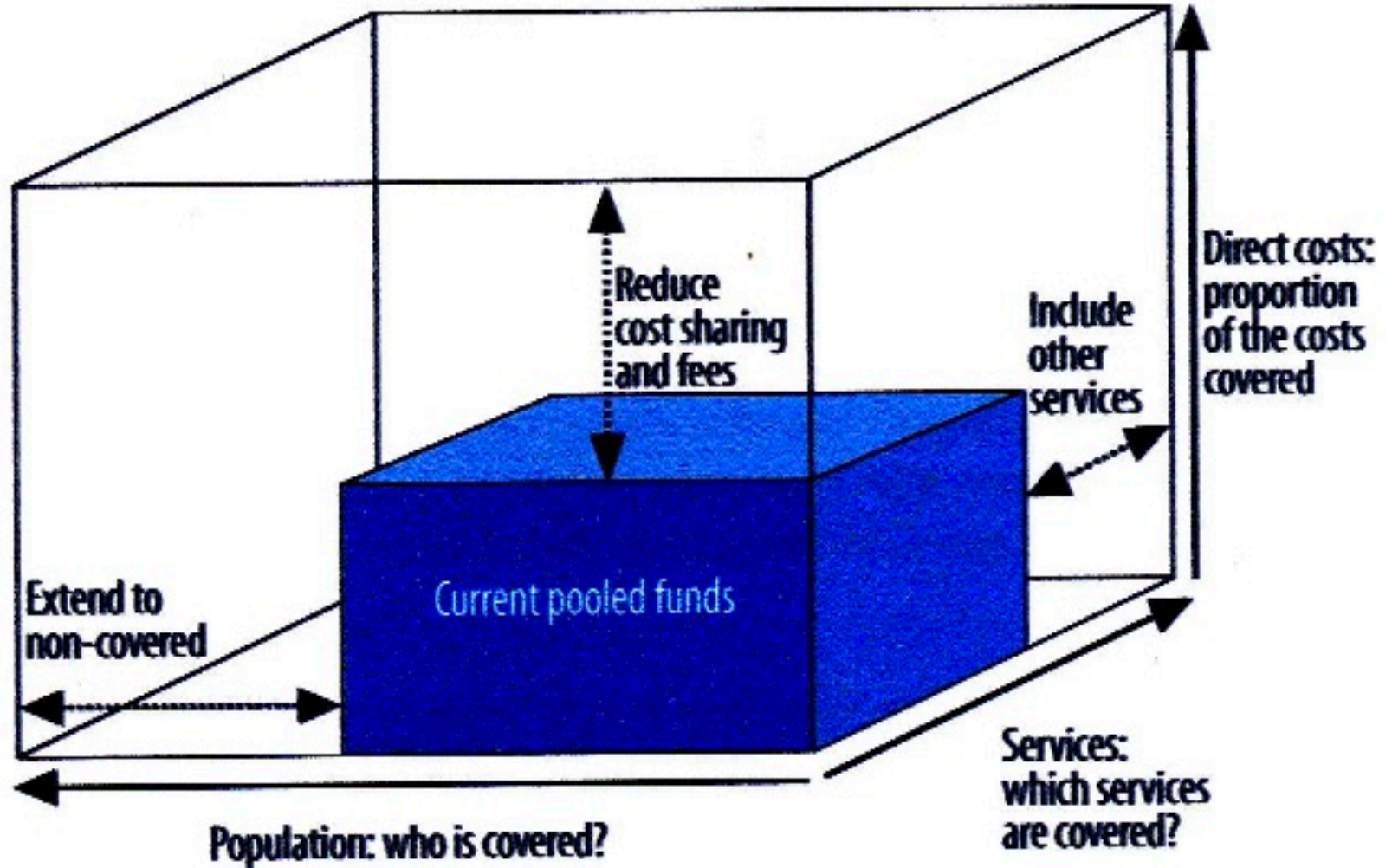
Unmet clinical need?

Essential medicines for the world

What is the cost to health systems?

Do we really think that a cost benefit analysis will allow reimbursement

Three dimensions of Universal Access



Open Access to data



Utopian vision

Meeting medical need

Models for innovation

- Prize funds
- Publically funded research
- Patent pool

What does the industry really think?



'We did not develop this medicine for Indians. We developed it for western patients who can afford it.'

Nexavar, which is also known as Sorafenib, has been approved for the treatment of kidney cancer, advanced liver cancer (hepatocellular carcinoma), and thyroid cancers that are resistant to radioactive iodine treatment.

Currently a kidney cancer patient would pay \$96,000 (£58,000) for a year's course of the Bayer-made drug. However the cost of the Natco version would be around \$2,800 (£1,700).



Marijn Dekkers, CEO Bayer

1. [Merton, Robert K. \(1973\) \[1942\], "The Normative Structure of Science", in Merton, Robert K., *The Sociology of Science: Theoretical and Empirical Investigations*, Chicago: University of Chicago Press,](#)
2. [Mitroff, Ian I. \(1974\) *Norms and Counter-Norms in a Select Group of the Apollo Moon Scientists: A Case Study of the Ambivalence of Scientists*", *American Sociological Review* 39 \(4\): 579–595, doi:10.2307/2094423, JSTOR 2094423](#)
3. Ziman, John (2000), *Real Science: what it is, and what it means*, Cambridge: Cambridge University Press, [ISBN 978-0-521-77229-7,](#)
[OCLC 41834678](#)
4. Godfrey-Smith, Peter (2003), *Theory and Reality*, Chicago: University of Chicago Press, [ISBN 978-0-226-30062-7](#)