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Her Excellency Ms. María Fernanda Espinosa Garcés
President of the 73rd session of the UN General Assembly
Office of the President of the General Assembly
United Nations
New York, NY 10017

Nairobi, 2 April 2019

RE: The urgent need for a high-level UN response to help address the crisis in innovation and access to safe, effective, quality and affordable medicines, diagnostics and vaccines

Your Excellency

On behalf of 92 civil society organizations (CSOs), individuals and others working to improve innovation, access to medicines and healthcare around the world, I am writing to you to request that you convene a specific high-level discussion on 'achieving access to safe, effective, quality and affordable

essential medicines, diagnostics and vaccines for all¹ shortly before or after the UN High Level Meeting on Universal Health Coverage (HLM on UHC).

The crisis of high medicine prices and lack of patient-driven biomedical innovation affects all diseases, all technologies, and all countries. It is causing avoidable suffering and dramatically increases inequality and poverty. 100 million people each year are pushed into extreme poverty paying out of pocket for health care². In every country the cost of medicine makes up a high proportion of this cost. As the WHO Director-General has said: “*There is no Universal Health Coverage, no health security without access to quality medicines*” (27 September 2018).

There are important ongoing efforts to advance recommendations of several UN bodies including the UN Human Rights Council, the WHO strategy and the UN High Level Panel on Access to Medicines³. Transparency in the medical chain is one of those key recommendations. In this context, the Government of Italy has recently proposed a draft resolution⁴ for the World Health Organization to improve global transparency on the results of clinical trials, prices and the cost of R&D. Such transparency would enable governments and other health service payers in deciding an affordable price for a health product.

Addressing transparency among other aspects of innovation and access to medicines, diagnostics and vaccines requires a dialogue and response that engages the whole UN system. This is essential to achieving UHC and the 2030 Agenda. We urge you and the United Nations to convene and lead the high-level discussions required to seek solutions that encompass all relevant stakeholders.

¹ <https://undocs.org/A/RES/70/1>

² <http://www.worldbank.org/en/topic/universalhealthcoverage/publication/tracking-universal-health-coverage-2017-global-monitoring-report>

³ <http://www.unsgaccessmeds.org/final-report/>

⁴ <https://www.keionline.org/29721>

I look forward to your positive response. CSOs are available to work with you and with other stakeholders to improve innovation and access to medicines and innovation for the millions of people around the world who should not be left behind.

Yours sincerely,



Winnie Byanyima
Executive Director, Oxfam International

On behalf of the following civil society and non-profit organizations (in alphabetical order) that have signed this letter:

1. Access to Medicines Ireland (Ireland)
2. ACTION global health advocacy partnership (Global)
3. Activists' Coalition on TB (ACT! AP) (Regional)
4. Afrihealth Optonet Association (Nigeria)
5. AIDS and Rights Alliance for Southern Africa (ARASA) (Regional)
6. Alianza LAC - Global por el Acceso a Medicamentos (Regional)
7. American Medical Student Association (AMSA) (USA)
8. Americas TB Coalition (Regional)
9. APCASO (Thailand)
10. Asociación por un Acceso Justo al Medicamento (Spain)
11. Association Burkinabe d'Action Communautaire (ABAC/ONG) (Burkina Faso)
12. Association des Jeunes Juristes du Niger (AJJN) (Niger)
13. Blossom trust (India)
14. Botswana Network on Ethics, Law and HIV/AIDS (BONELA) (Botswana)
15. Burundian Alliance for Against Tuberculosis and Leprosy (ABTL), (Burundi)

16. Canadian HIV/AIDS Legal Network (Canada)
17. Cancer Alliance (South Africa)
18. CancerAware (Nigeria)
19. Center for Health, Human Rights and Development (CEHURD) (Uganda)
20. CITAMplus (Zambia)
21. Coalition for Health Promotion and Social Development (HEPS) (Uganda)
22. Dr. Uzo Adirieje Foundation (DUZAFFOUND) (Nigeria)
23. Dying for a Cure (UK)
24. Empower India (India)
25. Fondation Femme Plus (Regional)
26. Freehearts Africa Reach Out Foundation (FAROF) (Nigeria)
27. Fundación IFARMA (Colombia)
28. Global Tuberculosis Community Advisory Board (TB CAB) (Global)
29. Kenya AIDS NGO Consortium (KANCO) (Kenya)
30. Kenya Legal and Ethical Issues Network on HIV & AIDS (KELIN) (Kenya)
31. Kenyan Network of Cancer Organizations (KENCO) (Kenya)
32. Genesis Educational Trust (India)
33. Ghana National TB Voice Network (Ghana)
34. Global Health Advocates (Regional)
35. Global Justice Now (UK)
36. Grandmothers Advocacy Network (GRAN) (Canada)
37. Health Action International (Global)
38. Health GAP (Global Access Project)
39. Health Promotion Tanzania (Tanzania)
40. Heart to Heart Foundation (Thailand)
41. Interagency Coalition on AIDS and Development (ICAD) (Canada)
42. International Diabetes Federation (Global)
43. International Indigenous Working Group on HIV & AIDS (IIWGHA) (Global)
44. International Treatment Preparedness Coalition Latin American And Caribbean (ITPC-LATCA) (Regional)
45. Irish Forum for Global Health (Ireland)
46. Jointed Hands Welfare Organisation (Zimbabwe)
47. Just Treatment (UK)

48. Labyrinth (Kosovo)
49. LHL International Tuberculosis Foundation (Norway)
50. Life Concern Organization (Malawi)
51. Media for Social Change and Development (MSCD) (Nigeria)
52. Médecins du Monde International (Global)
53. Misión Salud (Colombia)
54. Mongolian TB Coalition (Mongolia)
55. Oxfam (Global)
56. ONG Políticas Farmacéuticas (Chile)
57. Partners In Health (Global)
58. Peace and Life Enhancement Initiative International (PLEII) (Nigeria)
59. Positive Malaysian Treatment Access & Advocacy Group (MTAAG+)
(Malaysia)
60. Public Citizen (USA)
61. Public Eye (Switzerland)
62. Radanar Ayar Association (Myanmar)
63. Réseau Accès aux Médicaments Essentiels (RAME) (Burkina Faso)
64. RESULTS Canada (Canada)
65. Salud por Derecho (Spain)
66. Salud y Farmacos (USA)
67. Solthis (Therapeutic Solidarity and Initiatives for Health) (France)
68. South African NCD Alliance (South Africa)
69. STOPAIDS (UK)
70. Tanzania Breast Cancer Foundation (Tanzania)
71. TB Europe Coalition (WHO Europe region)
72. TB Proof (South Africa)
73. The International Union Against Tuberculosis and Lung Disease (The Union)
(Global)
74. TranspariMED (UK)
75. Treatment Action Group (TAG) (USA)
76. Tunisian Center for Public Health (Tunisia)
77. Uganda Coalition for Access to Essential Medicines (UCAEM) (Uganda)
78. Uganda Women's Cáncer Support Organisation (Uganda)

79. Universities Allied for Essential Medicines (UAEM) (Global)
80. Wemos (Netherlands)
81. Women's Coalition Against Cancer in Malawi (WOCACA) (Malawi)
82. Wote Youth Development Projects (Kenya)
83. Yolse (Switzerland)
84. Young Professionals Chronic Disease Network (YP-CDN) (Global)
85. Zambia Tuberculosis and Leprosy Trust (ZATULET) (Zambia)

On behalf of the following individuals (in alphabetical order)

86. Professor Brook K. Baker, Professor of Law, Northeastern University, School of Law and Research Fellow, University of KwaZulu Natal in Durban, South Africa
87. Dr Chikosa Banda, University of Malawi, Chancellor College, Malawi
88. Colleen Daniels, CD Global Consulting
89. Professor Miguel A. Morales, Pharmacology Program Director, University of Chili, Medicine School, ONG Políticas Farmacéuticas, Chile
90. Olasupo Owoeye, PhD, Senior Lecturer in Law, RMIT University, Melbourne, Australia
91. Fifa Rahman, Board Member, Unitaid NGO Delegation, affiliated to Health Poverty Action
92. Jonathan Stillo, PhD, Assistant Professor of Anthropology, Wayne State University, Detroit, MI, USA

Cc:

Ms. Amina J. Mohammed, Deputy Secretary-General of the United Nations

Dr Tedros Adhanom Ghebreyesus, Director General of the World Health Organisation

Mr Stewart Simonson, Assistant Director-General, WHO's office at the United Nations in New York