

# Money can't be the only motive for developing life-saving medicines

By [Ruth Dreifuss](#) and [Malebona Precious Matsoso](#)

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In 2014, the world was left shaken by the most serious outbreak of Ebola ever seen. Before this, occurrences were primarily confined to remote regions of West and Central Africa, where most people live on less than a dollar a day.

Prior to 2015, Zika was an obscure virus that received little attention from the global community. No one expected either virus to leave its endemic borders or spread so rapidly. Consequently, no vaccines were developed.



Source: [Madelene Cronje/M&G](#)

The Ebola outbreak and the spread of Zika are prime examples of our collective failure to adequately develop and deliver medicines, vaccines and diagnostics that could prevent and contain disease outbreaks — particularly in the world's poorest countries.

A [new report](#) released this month by the United Nations secretary general's high-level panel on access to medicines argues that the costs of these failures are unsustainable.

Although the origin of the Ebola outbreak can be traced back to poverty, accessibility and a lack of medical infrastructure, the most persistent obstacles to preventing future epidemics are tied to the lack of market incentives to invest in “diseases of the poor” in which biomedical companies expect insufficient return on investment. Promising Ebola therapies languished in preclinical research and development for more than 10 years without funding. As a result, a reported [11,310 of the 28,652 people infected died](#).

These market dynamics are also why only two new classes of antibiotics have been developed in the past four decades.

The market-based model of innovation has led to the development of several life-saving medicines, vaccines, diagnostic tools, medical devices and health technologies. These have saved millions of lives. Although this constitutes progress, much more must be done by all actors — including the private and public sectors — to promote health technology innovation.

The [UN report](#) calls on governments to negotiate an international agreement on the coordination, financing and development of health technologies to complement existing innovation models.

We also recommend the creation of an internationally binding research and development convention that “delinks” the costs of research and development from end prices. Delinking the two would ensure that product pricing would not depend upon research and development costs and would promote better access to needed technologies.

But new health technologies are seldom developed without high-margin market incentives. This leaves those in the developing world with preventable diseases and in need of specialised medicine to suffer and even die.

We need to think of creative ways like financial transaction taxes, public funding for research or prizes to offset these costs to pharmaceutical companies. These methods can supplement current models of research and development so that we can collectively reduce costs borne by the people who need these technologies the most.

More transparency about how prices are set is also needed. Presently, the true costs of many health products — from research and development to marketing and distribution— are cloaked in layers of bureaucracy and segmentation. It remains extremely difficult to determine the costs of developing and distributing a product, let alone whether there is an appropriate balance between companies’ profitability and the global public good.

Outbreaks of diseases such as Ebola should not be killing and endangering the lives of thousands of people or wiping out hard-won health gains. At this point in history, it should be clear that business as usual will continue to fail greater swaths of a ballooning global population for whom these systems were never designed.

The costs of ignoring these problems have expanded to a point that we cannot afford.

**Source:** Bhekisisa Centre for Health Journalism

## ABOUT THE AUTHOR

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