Statement to the 69th World Health Assembly
on agenda item 14.8B Options for strengthening information-sharing on diagnostic, preventive and therapeutic products and for enhancing WHO’s capacity to facilitate access to these products, including the establishment of a global database, starting with haemorrhagic fevers

Thank you, Chair, for giving us the opportunity to address the distinguished members of the WHA on behalf of Medicus Mundi International, Peoples Health Movement and Universities Allied for Essential Medicines.

Collaboration is a fundamental principle of R&D in emergency settings to ensure that medicines reach those in need, as urgently as possible. The proposed R&D Blueprint touches upon crucial issues connected to adequate research efforts in emergency contexts. Recent commitments by stakeholders, funders and major publishers on data sharing, assert the need for a paradigm shift that encourages all researchers to share data as quickly and widely as possible in Public Health Emergencies.

This, however, does not go far enough; our current biomedical research system pits scientists against one another, encouraging neither open collaboration nor data-sharing. Incentives in research must be reformulated to reward much-needed Open Knowledge instead of publication in closed access journals. Open access should be an underlying principle of all health-related research, not just research in the context of emergencies. Recommendations alone will not solve this problem; we must create a system that enables researchers to practice principles of open collaboration.

We encourage member states to consider this item in close connection with the ongoing debate about the follow up to the Consultative Expert Working Group recommendations. The use of open knowledge in conjunction with delinkage of market price from R&D-costs and drug licensing conditions that favour access are core principles formulated by the CEWG and are also at the core of this Blueprint.

We therefore urge Member States to incorporate CEWG principles to enable progress from a profit-driven to a health-driven R&D environment. Open, collaborative approaches are needed outside of the emergency setting and must become the default option not only for health research but as a building block for an alternative biomedical R&D system.

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