

NO PROFIT, NO MEDICINE

PHARMACEUTICALS FOR THE THIRD WORLD

By RAYMOND LEMIEUX

From the research laboratory to the drugstore the road for new medicines developed for the Third World with public funds is a long and uncertain one. Marketing is in the hands of pharmaceutical firms which show little enthusiasm for markets in the South.

The World Health Organization (WHO), the sponsor of most such research, is in a difficult situation in dealing with the pharmaceuticals industry—it has to negotiate the marketing arrangements for the medicines it has patented. It's not easy to do because WHO and the industry do not share the same goal. On one side, the objective is health for all, on the other, profits. Are these irreconcilable? WHO tries to adapt. "If a firm which collaborated with us on the research decides to manufacture the product, we ask them to contractually agree to make no profit of any kind on marketing the product in the Third World," says Dr Pierre Boutros Mansourian, from the Consultative Committee on Medical Research at WHO. "In other words, we say to the industry people, 'You have developed a marvellous product thanks to us. By all means go ahead and earn all you can from the rich, but don't treat the poor the same way.' That is our basic principle."

It is true, however, that the pharmaceuticals industry is not a classic industry. Above all else, its primary raw material is the grey matter found in its laboratories. Neither is the Third World market an ordinary market. It offers nothing to stimulate the scientific creativity of industry to carry out research targeted specifically at it. "It has been estimated that the pharmaceuticals firms devote, on average, 2 percent of their research efforts to the fight against tropical diseases. On occasion the figure reaches 5 percent," says Pascale Brudon, a WHO pharmacist. "As far as one can see there is a general absence of research in the area. The companies would be quite willing to undertake it, but it simply doesn't pay. That's why WHO set up a program entitled Research for the Tropics which involves cooperating with both the universities and the industry."

hundreds of millions of Third World people, mainly the poor. Morally speaking, how can firms make a profit from this situation? Even if WHO does own the copyright, it lacks the technical capability to market medical products. It has to deal with the industry and arrange to have medicines produced at the lowest possible price. In Geneva, they don't like to talk about what is going on with malaria. "A legal problem" is the comment.

It was only in 1982 that WHO was empo-

Mansourian, it's a simple matter of calculation. "Like any medicine sold in the developing countries, part of the population can afford to buy it and the companies can expect to make a profit. They can also sell such products to travellers from the industrialized nations. And the scientific fallout from the research may induce a company to get interested in it, or techniques developed may lead to the discovery of other possible products," says the doctor.



Imported health: The Third World depends on the industrialized North for medicines.

wered to protect inventions which result from its best efforts. There are two options: either researchers are authorized to take out a patent themselves, or else WHO does it. So far it is mainly work on contraceptives that is affected by this policy.

WHO has only one concern: that the products be sold for the lowest possible price. "After all, even if a vaccine developed by WHO is sold cheaply, the private firm still makes a profit," says Brudon. According to

LACK OF ENTHUSIASM

Ciba-Geigy, a huge Swiss-based pharmaceuticals company, admits that nothing it produces is intended specifically for the Third World. "All the same, we do have a parasitology research centre in India," says a Ciba-Geigy spokesperson proudly. "We also developed a medication against Bilharzia which is used everywhere in the Third World." Is it too expensive? "That brings up the whole basic North-South problem. In those countries they often don't want cheap products because it is automatically thought to be second rate and of poor quality."

The answer is similar at Hoffman-Laroche where some research in tropical medicine is also conducted. "The big problem is that it doesn't bring in much money," says a representative of the firm.

WHO invests close to \$50 million a year in pharmaceuticals research. "A vaccine can't be ordered up like a new Boeing," says Dr Mansourian. Most often universities and specialized institutes are the main recipients of this United Nations bounty. "Private industry profits greatly from university research which it didn't itself undertake," Brudon points out.

Research is only one of the links in the chain which keeps the Third World countries dependent on medicine from the industrialized North. There are few developing countries with even an embryonic pharmaceuticals industry. And yet the total sales of pharmaceuticals worldwide last year were close to \$100 billion. Ninety percent of the drugs were manufactured in the developed countries.

WHO's world assembly recently decided to call a meeting to study the adoption of a "code of conduct" for the international health community. The industry maintains that such a code would threaten the vitality of pharmaceuticals research in the private sector. The debate has begun. . . . □

LACKS MARKETING EXPERTISE

At New York University, a project to develop a malaria vaccine risks not succeeding because of distribution problems—even though human tests of a genetically engineered vaccine began in March and clinical trials of a synthetic vaccine will start later this year. Until just recently, WHO, which funds the research, couldn't reach an agreement with the industry for the mass production of the vaccine once it was discovered. However, there is no doubt such a medication is urgently needed—malaria affects

There are few developing countries with even an embryonic pharmaceuticals industry.

Raymond Lemieux is a Canadian freelance journalist.