

건강사회를 위한 약사회 · 시민건강연구소

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담당: 건강사회를위한약사회(담당: 이동근 정책기획국장)/ 시민건강연구소(담당: 김선 건강정책연구센터장)

- 일 시 : 2019년 5월 10일(금)
- 발 신 : 건강사회를위한약사회, 시민건강연구소
- 수 신 : 보건복지부 장관
- 제 목 : [공개서한] 박능후 보건복지부 장관이 약속을 지킬 수 있는 절호의 기회가 왔습니다.

1. 귀 기관의 무궁한 발전을 기원합니다.
2. 지난 2월 1일 이탈리아 정부는 “의약품과 백신의 전 세계적 부족과 그에 대한 접근을 위한 조치”와 관련한 2019년 세계보건총회(WHA) 결의안 초안을 세계보건기구(WHO)에 제출하였습니다. 본 결의안은 WHO와 각국 정부에게 약가, 연구개발비용, 임상시험 결과와 비용, 특히 상황 등에 관한 자료를 수집하고 분석할 강력한 권한을 부여함으로써 현재 전 세계적으로 문제가 되고 있는 의약품 접근권 문제를 일정정도 해결하는데 기여할 것으로 기대를 모았습니다.
3. 국내에서도 게르베의 리피오돌, 고어사의 인공 혈관 공급 중단과 같은 문제들이 지속되고 있습니다. 박능후 보건복지부 장관도 작년(2018년) 세계보건총회에서 제약사들의 이런 횡포에 대한 국제적인 공조가 필요하다고 강조하였습니다. 건약, 시민건강연구소 등 국내외 83개 시민사회단체와 20명의 보건 전문가들은 세계보건총회 참여국 대표들에게 위 결의안을 지지해 줄 것을 요청하는 공개서한을 발송한 바 있습니다. (첨부 1)
4. 그러나 지난 5월 7일 WHO 비공식 협상에서는 이 결의안을 후퇴시키는 수정안들이 제안되었습니다. (첨부 2) 참여국 대표들은 5월 10일 비공식 협상 재개를 앞두고 있습니다. 이에 100여개의 국내외 시민사회단체와 보건 전문가들은 다시 한 번 세계보건총회 참여국 대표들에게 이처럼 후퇴한 수정안에 반대할 것을 촉구하는 공개서한을 발송하였습니다. (첨부 3)
5. 그간 보건복지부 박능후 장관이 강조했던 국제적 공조를 현실화 시킬 수 있는 방안이 곧 WHO에서 논의되기 시작할 것입니다. 그리고 그 시작은 수정안에 대한 강력한 반대와 결의안 초안을 지켜가는 것입니다. WHO 회원국의 일원으로서, 제약사와 의료기기의 횡포에 환자들이 신음하는 한국의 복지부 장관으로서, 박능후 장관이 이번 세계보건총회에서 결의안 초안을 ‘결의’하는데 강력하게 힘을 실어줄 것을 촉구합니다.

2019. 05. 10

건강사회를위한약사회·시민건강연구소

(첨부 1) 의약품, 백신, 기타 보건 기술 시장의 투명성 제고에 관한 이탈리아의 결의안
제안을 지지하는 공개서한

2019년 3월 6일

WHO 회원국에 보내는 공개서한

2019년 2월 1일, 이탈리아는 세계보건기구(WHO)에 투명성에 관한 결의안 초안을 제출했다. 이 결의안은 2019년 5월 제72차 세계보건총회(WHA)에서 논의될 예정이다.

제안된 결의안의 제목은 “의약품, 백신, 그리고 다른 보건 기술 시장의 투명성 제고”이며, 결의안은 이 목적을 달성하기 위해 고안된 여러 조치들을 제시한다.

의약품, 백신 및 기타 보건 기술의 혁신 및 공급망에 관한 정보에 접근함에 있어 안타까운 비대칭이 존재한다. 정보의 부족은 의약품, 백신, 보건 기술의 가격, 연구개발 비용과 관련된 기본적인 사실들에 대한 혼란을 야기한다.

이 결의안은 세계보건기구(WHO)를 위한 작업 프로그램과 함께, 정부들이 이러한 기술의 다양한 측면의 투명성 향상에 협력하기 위한 규범을 만들어 낼 것이다.

정부들이 보건 기술 혁신을 위한 가격결정 및 인센티브 제도의 개혁을 고려해야 할 중대한 시기이다. 이 결의안에서 제안된 투명성 수단들은 그러한 개혁을 위한 검토가 가능한 최선의 증거에 기초하도록 보장할 것이다.

우리는 당신의 정부가 이 결의안을 지지할 것을 촉구한다.

단체 (알파벳 순서)

1. Access to Medicines Ireland (Ireland)
2. Accion Internacional para la Salud - Perú
3. Action against AIDS (Germany)
4. ACTION Global Health Advocacy Partnership (Global)
5. AIDES (France)
6. AIDS and Rights Alliance for Southern Africa (ARASA)
7. AIDS Healthcare Foundation (AHF) (US)
8. Alliance for Reproductive Health Rights (ARHR) (Ghana)
9. Associação Brasileira Interdisciplinar de AIDS (ABIA) (Brazil)
10. Ben Newman Hope Care Foundation (Ghana)

11. Botswana Network on Ethics, Law and HIV/AIDS (BONELA) (Botswana)
12. BUKO Pharma-Kampagne (Germany)
13. Cancer Alliance (South Africa)
14. Center for Health, Human Rights and Development (CEHURD) (Kampala, Uganda)
15. Centre for Community Studies, Action and Development (CENCOSAD) (Ghana)
16. Chasing Zero (UK)
17. Coalition Plus
18. Commons Network (EU)
19. Consumer Association the Quality of Life - EKPIZO (Greece)
20. Drug for Neglected Diseases Initiative (DNDi)
21. Empower India (India)
22. European Alliance for Responsible R&D and Affordable Medicines
23. European Public Health Alliance (EPHA)
24. France Assos Santé (France)
25. Global Health Advocates (France)
26. Global Justice Now (UK)
27. Groupe sida Genève - (Switzerland)
28. Grupo de Trabalho sobre Propriedade Intelectual (GTPI) (Brazil)
29. Health Action International (HAI)
30. Health Gap
31. Health Innovation in Practice (HIP)
32. Heart to Heart Foundation (Thailand)
33. Hepatitis Scotland (UK)
34. IFARMA Foundation (Colombia)
35. Interfaith Center for Corporate Responsibility (ICCR)(US)
36. International Treatment Preparedness Coalition (ITPC)
37. Just Treatment (UK)
38. KEI Europe (Switzerland)
39. Kenya Legal & Ethical Issues Network (KELIN) (Kenya)
40. Kenyan Network of Cancer Organizations (KENCO) (Kenya)
41. Knowledge Ecology International (KEI)
42. Korean Pharmacists for Democratic Society (KPDS) (South Korea)
43. Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA+) (Malawi)
44. Médecins du Monde International
45. Médecins Sans Frontières Access Campaign

46. Misión Salud (Colombia)
47. NCD Alliance East Africa (EANCDA)
48. Non Communicable Disease Alliance of Kenya (NCD-AK) (Kenya)
49. Oxfam
50. Pan African Positive Women's Coalition-Zimbabwe
51. Pan-African Treatment Access Movement (PATAM)
52. People's Health Institute (PHI) (South Korea)
53. People's Health Movement (PHM)
54. PHM East Africa
55. PHM Kenya
56. Positive Malaysian Treatment Access & Advocacy Group (MTAAG+) (Malaysia)
57. Prescrire (France)
58. Public Citizen (US)
59. Public Eye (Switzerland)
60. Réseau Accès aux Médicaments Essentiels (RAME) (Burkina Faso)
61. Salud por Derecho (Spain)
62. Salud y Farmacos (USA)
63. Save the Children
64. SECTION27 (South Africa)
65. Solthis (France)
66. Southern African Programme on Access to Medicines and Diagnostics
67. STOPAIDS (UK)
68. T1International
69. Tanzania Breast Cancer Foundation (Tanzania)
70. Third World Network (TWN)
71. Test Aankoop/Test Achats (Belgium)
72. Trans Atlantic Consumer Dialogue (TACD)
73. TranspariMED (UK)
74. Treatment Action Group (TAG) (United States)
75. Treatment Advocacy and Literacy Campaign (TALC) - Zambia
76. Uganda NCD Alliance (Uganda)
77. Union for Affordable Cancer Treatment (UACT)
78. Universal Access to Health Care Campaign (UAHCC) (Ghana)
79. Universities Allied for Essential Medicines (UAEM)
80. Wemos (Netherlands)
81. Women's Coalition Against Cancer (WOCACA) (Malawi)
82. Yolse (Switzerland)

83. Young Professionals Chronic Disease Network (YP-CDN)

개인 (알파벳 순서)

1. Aidan Hollis, Professor of Economics, University of Calgary.
2. Amy Kapczynski, Professor of Law, Yale Law School, Faculty Co-Director of the Global Health Justice Partnership, and Faculty Co-Director of the Collaboration for Research Integrity and Transparency .
3. Brook Baker, Professor of Law, Northeastern University, School of Law, Research Fellow, University of KwaZulu Natal in Durban, South Africa.
4. Diane Singhroy, PhD, Research Associate, McGill University.
5. Ellen 't Hoen, LLM, PhD. Director, Medicines Law & Policy.
6. Fifa Rahman, Board Member Unitaidd NGO Delegation and PhD Candidate (International Trade and Intellectual Property), University of Leeds.
7. Gilberto de Lima Lopes Junior, MD, MBA, FAMS, Associate Professor of Clinical Medicine Medical Director for International Programs Associate Director for Global Oncology Co-Leader, Lung Cancer Site Disease Group Sylvester Comprehensive Cancer Center at the University of Miami and the Miller School of Medicine.
8. Hani Serag, Egyptian Foundation for Health for All
9. Hannes Braberg, Staff Scientist at University of California, San Francisco.
10. Jorge Bermudez, MD, DSc, Head of the Department of Medicines and Pharmaceutical Policies, National School of Public Health/ Oswaldo Cruz Foundation, Member of the UN Secretary-General High-Level Panel on Access to Medicines.
11. Lawrence Gostin, University Professor, Georgetown University, Washington, DC
12. Leeza Osipenko, PhD. Senior Lecturer in Practice, LSE.
13. Margo A. Bagley, Asa Griggs Candler Professor of Law, Emory University School of Law, Faculty Fellow, Emory Global Health Initiative (EGHI), Senior Fellow, Centre for International Governance Innovation (CIGI), Collaborator, Harvard University Global Access in Action (GAiA) Program.
14. Mariana Mazzucato, Professor in the Economics of Innovation and Public Value, University College London; Founder and Director, the UCL Institute for Innovation and Public Purpose.
15. Marie-Paule Kieny, PhD. Director of Research, Institut national de la santé et de la recherche médicale (INSERM), Chair, Drugs for Neglected Diseases Initiative Board of Directors, and Chair, Medicines Patent Pool Foundation

Governance Board.

16. Melissa Barber, PhD student, Harvard University.

17. Ophira Ginsburg, Associate Professor, Department of Population Health, New York University School of Medicine.

18. Ravi Ram, Director, RMH Systems, and Independent Health Systems Evaluator, Kenya.

19. Suerie Moon, MPA, PhD. Director of Research at the Global Health Centre, Graduate Institute of International and Development Studies, Geneva and Adjunct Lecturer on Global Health at the Harvard T.H. Chan School of Public Health.

20. William "Terry" W. Fisher III. WilmerHale Professor of Intellectual Property Law at Harvard Law School and Faculty Director of the Berkman Center for Internet and Society.

(첨부 2) 투명성에 관한 세계보건총회(WHA) 결의안의 4월 29일 버전과 5월 7일 버전 대비 표

As proposed on April 29	As marked up at May 7 Informal
<p>1.. Having considered the Report by the Director-General on Access to medicines and vaccines (document A72/17) and its annex "Draft Road Map for access to medicines, vaccines and other health products" and the Report by the Director-General on Medicines vaccines and health products, Cancer medicines (document A72/xx), pursuant to resolution WHA70.12;</p>	<p>1. Having considered the Report by the Director-General on Access to medicines and vaccines (document A72/17) and its annex "Draft Road Map for access to medicines, vaccines and other health products" and the Report by the Director-General on Medicines vaccines and health products, Cancer medicines [(document A72/xx) (INSERT EB REF)], pursuant to resolution WHA70.12;</p> <p>[1bis: Recognizing that improving access to health products is a multi-dimensional challenge that requires action at the entire product [lifecycle (DEL Brazil)]/[value chain (Brazil)], from research and development to quality assurance, regulatory capacity, supply chain management and use (Germany)]</p>
<p>2. Concerned about the high prices for new medicines, vaccines, diagnostic tests, and the unequal access and financial hardships associated with high prices;</p>	<p>2. Concerned about the [high (DEL UK)] prices [and other access barriers (UK)], [for [some (Germany)] new medicines, vaccines, diagnostic tests, and the unequal access [among the member states (Hungary)] and financial hardships associated with [high prices (DEL UK)]/[these barriers (UK)]; (DEL Brazil), [which [can (UK)] impede progress toward Universal Health Coverage (Brazil)]</p>
<p>3. Noting with concern that the high prices of medicines impede progress for the many countries that have committed to the attainment of Universal Health Coverage (UHC);</p>	<p>3. [Noting with concern that [among [many (DEL Spain)] other factors (Germany)] the high prices of medicines [can (Germany)] impede progress for the many countries that have committed to the attainment of Universal Health Coverage (UHC); (DEL Brazil friendly proposition)]</p> <p>Proposal to merge PP2&3 (Sweden)</p>
<p>4. Reaffirming the consensus reached at the last Fair Pricing Forum in South</p>	<p>4 [Reaffirming the consensus reached at the last Fair Pricing Forum in</p>

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<p>Africa to promote greater transparency around prices of medicines, vaccines and health technologies applied in different Member States, especially through sharing of information in order to stimulate the development of healthy and competitive global markets;</p>	<p>South Africa to promote greater transparency around prices of medicines, vaccines and health technologies applied in different Member States, especially through sharing of information in order to stimulate the development of healthy and competitive global markets; (DEL or REFRAME UK, Denmark, Sweden))</p> <p>ALT4:</p>
<p>5. Noting the importance of public and private sector funding of research and development of medicines, vaccines and other health technologies, and seeking to improve the transparency of information concerning the allocation of investments and the costs for research and development directly associated with each specific product, including costs incurred for patient enrollment and costs associated with conducting the trials, such as data collection and management and analysis of results</p>	<p>5. Noting the importance of public and private sector funding of research and development of medicines, vaccines and other health technologies, and seeking to improve the transparency of information [on a voluntary basis (Denmark, DEL Brazil)] [concerning the allocation of investments and the costs for research and development directly associated with each specific product, including costs incurred for patient enrolment and costs associated with conducting the trials, such as data collection and management and analysis of results (DEL Denmark)]</p> <p>(Comment by Austria: to coerce companies into disclosing the use of private funds for research and development can lead to resistance and not to the aim of cooperation with pharma industry. Therefore, Austria can only support this paragraph in relation to public funds.</p>
<p>6. Seeking to enhance the publicly available information on the costs of manufacturing of medicines, vaccines and health technologies, and the patent landscape of medical technologies;</p>	<p>6. Seeking to enhance [the use of (UK)]/[transparency, on a voluntary basis, (Denmark, Poland, DEL Brazil, Spain)] [the publicly available information (DEL Denmark)] on the costs [of manufacturing (DEL Sweden, Germany, Netherlands)] of medicines, vaccines and health technologies[, and the patent landscape of medical technologies (DEL Sweden, Germany, Netherlands)];</p>
<p>7. Noting with concern that despite the latest Declaration of Helsinki outlining the ethical imperative to make publicly available the results of all clinical trials, including negative and inconclusive as well as positive results, the public access to complete and comprehensive data on clinical trials is still limited, and that this in fact reduces access to knowledge that is critical for advances in science, which has direct and negative consequences on the knowledge about the safety and efficacy of medicines that are prescribed to patients;</p>	<p>7. Noting with concern that despite the latest Declaration of Helsinki outlining the ethical imperative to make publicly available the results of [all (DEL Germany)]/[some (Germany)] clinical trials, including negative and inconclusive as well as positive results, the public access to complete and comprehensive data on clinical trials is still limited, and that this [in fact reduces (DEL Denmark, Germany)]/[can reduce (Denmark, Germany)] access to knowledge that is critical for advances in science, which [has direct and negative (DEL Denmark, Germany)]/[can have (Denmark, Germany)] consequences on the knowledge about the safety and efficacy of medicines that are prescribed to patients;</p>

As proposed on April 29	As marked up at May 7 Informal
<p>8. Agreeing that policies that influence the pricing of health technologies or the appropriate rewards for successful research outcomes can be better evaluated when there is reliable, transparent and sufficiently detailed data on the costs of R&D inputs (including information on the role of public funding and subsidies), the medical benefits and added therapeutic value of products;</p>	<p>8. [Agreeing that policies that influence the pricing of health technologies or the appropriate rewards for successful research outcomes can be better evaluated when there is reliable, transparent and sufficiently detailed data on the costs of R&D inputs (including information on the role of public funding and subsidies), the medical benefits and added therapeutic value of products; (DEL Germany)]</p> <p>[ALT 8: Noting that costs of R&D inputs, including information on the role of public funding and subsidies, the medical benefits and added therapeutic value of products influence the price of health technologies (Germany)]</p>
	<p>[NEW 9: Reaffirming the health systems approach and Universal Health Coverage are needed in order to improve access to medicines, vaccines and other health-related technologies sustainably and effectively (Germany)]</p>
	<p>[NEW 10: Concerned that in some settings needed medicines, vaccines, and other health products do not reach patients for a [huge variety (DEL Sweden, Spain)/[variety (Sweden, Spain)] of reasons including health system and health financing-related reasons and issues on the [so-called "last mile" (DEL or REFRAME Brazil, Sweden)] that prevent medicines, vaccines, and other health products from being available where needed including in hospitals and pharmacies. (Germany, Sweden)]</p>
	<p>Proposal from Spain to combine PP10 and PP1bis</p>
<p>Opt 1. URGES Member States to:</p>	<p>Opt 1. URGES Member States [on a voluntary basis and according to national context (Denmark, UK, Sweden)] to:</p>
<p>Opt 1.1. Undertake measures to publicly share information on prices and reimbursement cost of medicines, vaccines, cell and gene-based therapies and other health technologies;</p>	<p>Opt 1.1. [Consider measures to facilitate information sharing (Australia, UK)] [Undertake measures to [provide or improve access to medicines and vaccines, including, but not limited to, and as appropriate to national context, by strengthening the health system and its sustainable and adequate financing, by Universal Health Coverage, social protection schemes, strengthening production and regulatory capacity, supply chain management, quality assurance of medicines, vaccines, and health products, appropriate use of health products, voluntary joint procurement, incentives for R&D, addressing shortages and promoting transparency and (Germany, Sweden)] [publicly (DEL Denmark)] share information (DEL Australia)] [as appropriate (Hungary)] on prices [[and reimbursement (DEL</p>

As proposed on April 29	As marked up at May 7 Informal
	Germany) cost of medicines, vaccines, cell and gene-based therapies and other health technologies (DEL Denmark));
<p>Opt 1.2. Require that all human subject clinical trial results be reported publicly, including the costs incurred to undertake each trial and the direct funding, tax credits or other subsidies contributions received from governments;</p>	<p>Opt 1.2. [Require that all (DEL Australia)]/[Encourage where appropriate that (Australia, Denmark, Sweden)] human subject clinical trial results be reported publicly, [including the costs incurred to undertake each trial and the direct funding, tax credits or other subsidies contributions received from governments (DEL Germany)];</p>
<p>Opt 1.3. Require as a condition of registration for medicines, vaccines cell and gene-based therapies and other relevant technologies;</p> <p>a) Annual Reports on sales revenues, prices and units sold,</p> <p>b) Annual Reports on marketing costs incurred for each registered product or procedure,</p> <p>c) The R&D costs directly associated with each clinical trial used to support the registration of a product or procedure, separately, and</p> <p>d) All grants, tax credits or any other public sector subsidies and incentives relating to the initial regulatory approval and annually on the subsequent development of a product or procedure;</p>	<p>Opt 1.3 [Require as a condition of registration for medicines, vaccines cell and gene-based therapies and other relevant technologies;</p> <p>a) Annual Reports on sales revenues, prices and units sold,</p> <p>b) Annual Reports on marketing costs incurred for each registered product or procedure,</p> <p>c) The R&D costs directly associated with each clinical trial used to support the registration of a product or procedure, separately, and</p> <p>d) All grants, tax credits or any other public sector subsidies and incentives relating to the initial regulatory approval and annually on the subsequent development of a product or procedure; (DEL USA, Australia, Denmark)]</p> <p>3ALT: Work collaboratively to consider measures to improve the reporting by suppliers of information on registered health technologies, including medicines, vaccines, cell and gene-based therapies (Australia, Poland?)</p> <p>3ALT: Require as a condition of registration for medicines, vaccines cell and gene-based therapies and other relevant technologies [information on quality, efficacy and safety (Germany)];</p>
<p>Opt 1.4. Improve the transparency of the patent landscape of medical technologies, using approaches that do not create barriers to generic competition through sharing complete and up to date information;</p>	<p>Opt 1.4 [Improve the transparency of the patent landscape of medical technologies, using approaches that do not create barriers to generic competition through sharing complete and up to date information; (DEL Germany)]</p> <p>4ALT: Consider, as appropriate, how to increase awareness of domestic</p>

As proposed on April 29	As marked up at May 7 Informal
	arrangements on patenting of medical technologies (Australia)
Opt 2. REQUESTS the WHO Director-General to:	Opt 2. REQUESTS the WHO Director-General to:
Opt 2.1. Support Member States in collecting, analysing and creating standards for information on prices, reimbursement costs, clinical trials outcome data and costs for relevant policy development and implementation towards Universal Health Coverage (UHC);	Opt 2.1. Support Member States in collecting, analysing and creating standards for information on prices, reimbursement costs, clinical trials outcome data and costs for relevant policy development and implementation towards Universal Health Coverage (UHC) 1ALT: Support Member States in improving access to medicines, vaccines, and health products and implementation towards Universal Health Coverage (Germany);
Opt 2.2. Create a web-based tool for national governments to share information on medicines prices, revenues, R&D costs, the public sector investments and subsidies for R&D, marketing costs, and other related information;	Opt 2.2. [Produce a feasibility study (Austria, UK)]/[Propose a model/concept for the possible creation of (Spain)]/[Create (DEL Spain)] a web-based tool for national governments to share information [where appropriate (Australia, Denmark)] on medicines prices, revenues, R&D costs, the public sector investments and subsidies for R&D, marketing costs, and other related information [on a voluntary basis (Germany)];
Opt 2.3. Create a forum for relevant experts to develop, with industry representatives, payers, patients, charities and health NGOs, suitable options for alternative incentive frameworks to patent monopolies for new medicines and vaccines that could better serve the need of Member States to attain Universal Health Coverage and the need to adequately reward innovation;	Opt 2.3. [Create a forum for relevant experts to develop, [with industry representatives, payers, patients, charities and health NGOs (REPLACE WITH FENSA Brazil)], suitable options for [alternative (DEL Germany)] incentive frameworks [to patent monopolies (DEL Germany)] for new medicines and vaccines that could better serve the need of Member States to attain Universal Health Coverage and the need to adequately reward innovation; (DEL USA)]
Opt 2.4. Create a biennial forum on the transparency of markets for medicines, vaccines and diagnostics, to evaluate progress toward the progressive expansion of transparency.	Opt 2.4 Create a biennial forum on the transparency of markets for medicines, vaccines and diagnostics, to evaluate progress toward the progressive expansion of transparency. Proposal to capture ongoing WIPO/WTO work (UK)
Opt 2.5. Provide a report to the 146th session of the Executive Board on the measures that are needed for the WHO Global Observatory on Health R&D to enhance the reporting on pre-clinical investments in R&D by both the	Opt 2.5. Provide a report to the 146th session of the Executive Board on the measures that are needed for the WHO Global Observatory on Health R&D to enhance the reporting on pre-clinical investments in R&D by both the

As proposed on April 29	As marked up at May 7 Informal
public and the private sectors.	public and the private sectors.

수정안 제안 수: 총 61개

- 독일: 25개
- 덴마크: 15개
- 스웨덴: 11개
- 영국: 11개
- 브라질: 9개
- 호주: 8개
- 스페인: 8개
- 오스트리아: 3개
- 헝가리: 2개
- 폴란드: 2개
- 미국: 2개

(첨부 3) 투명성 결의안 협상에 관한 세계보건총회(WHA) 참여국 대표들에게 보내는 시민사회 공개서한

2019년 5월 9일

세계보건총회(WHA) 참여국 대표들에게 보내는 시민사회 공개서한

우리는 세계보건총회(WHA) 투명성 결의안에 관한 2019년 5월 7일 비공식 회의에서 몇몇 나라들의 제안에 경악했다. 2019년 4월 29일 버전에서 이 결의안은 투명성에 초점을 맞추고 있었고, 가장 유용하고 실용적인 결과를 달성하기 위한 구체적인 수단들을 제공하고 있었다.

본문에 대한 61개의 수정안 제안은 많은 영역에서 이 결의안을 혼란스럽고, 약하며, 실질적으로 쓸모없게 만들 것이다.

특히 독일, 스웨덴, 덴마크, 영국, 호주를 포함한 몇몇 나라들이 이 투명성 이니셔티브를 탈선시키고 싶어하는 것, 오스트리아와 미국이 핵심 부분들을 약화시키고 싶어하는 것은 분명해 보인다.

우리는 다른 세계보건기구(WHO) 회원국들이 2019년 5월 10일 비공식 협상에 참여하고, 의료기술 가격 결정에서의 위기를 다루는 데 있어 더 강력한 힘을 발휘하기 위해, 정부와 대중이 정보에 대한 더 큰 투명성과 더 평등한 접근을 가질 수 있도록 하는데 효과적인 결의안을 지지할 것을 촉구한다.

단체 (알파벳 순서)

1. Acceso Justo al Medicamento (AAJM), (Spain)
2. Acción Internacional para la Salud - Perú
3. Action against AIDS Germany
4. AIDES (France)
5. AIDS Access Foundation (Thailand)
6. AIDS Healthcare Foundation (AHF)
7. Alianza LAC - Global
8. All India Drug Action Network
9. American Medical Student Association (AMSA)
10. ARAS - The Romanian Association Against AIDS
11. Ärzte der Welt e.V./ Médecins du Monde Germany
12. Associação Brasileira Interdisciplinar de AIDS (ABIA) (Brazil)

13. Brot für die Welt, Bread for the World (Germany)
14. BUKO Pharma-Kampagne (Germany)
15. Canadian HIV/AIDS Legal Network
16. Cancer Alliance, South Africa
17. Cáritas Latinoamérica y el Caribe
18. Centre for Health Science and Law (CHSL)
19. Citizens' Health Initiative (Malaysia)
20. Colombian Council of Bishops
21. Committee of Oversight and Cooperation in Health (Colombia)
22. Consumers Association of Penang (CAP) (Malaysia)
23. Corporación Innovarte (Chile)
24. Doctors for America
25. EKPIZO (Consumer Association the Quality of Life) (Greece)
26. Empower India
27. Essential Inventions
28. European Public Health Alliance (EPHA)
29. Fundación IFARMA (Colombia)
30. Global Health Advocates
31. Global Justice Now (UK)
32. Health Action International (HAI)
33. Health Action International Asia-Pacific (HAIAP)
34. Health and Trade Network (HaT)
35. Health Global Action Project (Health GAP)
36. Health Innovation in Practice (HIP)
37. Heart to Heart Foundation, Thailand
38. Institute for Agriculture and Trade Policy.
39. Interfaith Center on Corporate Responsibility (ICCR)
40. Just Treatment (UK)
41. KEI Europe (Switzerland)
42. Knowledge Ecology International (KEI)
43. Korean Pharmacists for Democratic Society (KPDS)
44. LWC Health
45. Médecins Sans Frontières (MSF) Access Campaign
46. MEZIS (Germany)
47. Misión Salud (Colombia)
48. ONG Políticas Farmacéuticas (Chile)
49. People's Health Institute (PHI) (South Korea)
50. People's Health Movement (PHM)

51. Positive Malaysian Treatment Access & Advocacy Group (MTAAG+)
52. Public Eye (Switzerland)
53. Salud por Derecho (Spain)
54. Salud y Farmacos (USA)
55. Section 27 (South Africa)
56. Stichting Farma ter Verantwoording (Pharmaceutical Accountability Foundation) (The Netherlands)
57. STOPAIDS (UK)
58. T1International
59. The Thai Network of People Living with HIV/AIDS (Thailand)
60. Third World Network (TWN)
61. Treatment Action Campaign (TAC) (South Africa)
62. Treatment Action Group (TAG)
63. Union for Affordable Cancer Treatment (UACT)
64. Universidades Aliadas por Medicamentos Essenciais (UAEM Brasil)
65. Universities Allied for Essential Medicines (UAEM)
66. Wemos (The Netherlands)
67. Yale Global Health Justice Partnership
68. Yolse (Switzerland)
69. Young Professionals Chronic Disease Network (YP-CDN)

개인 (알파벳 순서)

1. Aidan Hollis. Professor of Economics, University of Calgary.
2. Amy Kapczynski, Professor of Law, Yale Law School.
3. Anthony Robbins, MD, MPA, Professor, Tufts University, School of Medicine, Boston, MA, USA, Co-Editor, Journal of Public Health Policy.
4. Beverley F Snell, Medal of the Order of Australia (OAM), Coordinator - Health Action International Asia Pacific.
5. Brian Citro. Assistant Clinical Professor of Law, Northwestern Pritzker School of Law.
6. Brook K. Baker, Professor at Law, Northeastern University School of Law
7. Dinesh Abrol, National Working Group on Patent Laws, India.
8. Dr. Ellen 't Hoen, Medicines Law & Policy.
9. Dr. Jennifer Sellin, Assistant Professor of International & European Law, Maastricht Centre for Human Rights, Maastricht University, and Visiting Professor Dalla Lana School of Public Health, University of Toronto.
10. Dr. Katrina Perehudoff, post doctoral researcher, University of Toronto &

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11. Dr. Krisantha Weerasuriya, Independent Consultant, WHO Retiree and Former Secretary of the Expert Committee on Selection and Use of Essential Medicines.
12. Dr. Mogha Kamal-Yanni, Public health and access to medicines consultant, United Kingdom.
13. Dr. Rafael J. Pérez Miranda, Universidad Autónoma Metropolitana – México.
14. Fifa Rahman, Board Member Unitaid NGO Delegation and PhD Candidate (International Trade and Intellectual Property), University of Leeds.
15. Gilberto de Lima Lopes Junior, MD, MBA, FAMS. Associate Professor of Clinical Medicine, Medical Director for International Programs, Associate Director for Global Oncology, Co-Leader, Lung Cancer Site Disease Group, Sylvester Comprehensive Cancer Center at the University of Miami and the Miller School of Medicine.
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20. Jordan Jarvis. London School of Hygiene & Tropical Medicine.
21. Lawrence Gostin, University Professor, Georgetown University, Washington, DC
22. Marcus Low, Spotlight, South Africa.
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25. Melissa Barber. PhD student, Harvard University.
26. Meri Koivusalo, Prof Global Health and Development, Tampere University, Finland.
27. Michael H. Davis, Professor, Cleveland-Marshall College of Law.
28. Mohan Rao, Former professor, Centre of Social Medicine and Community Health, JNU, New Delhi, India.

29. Ophira Ginsburg, MD. Associate Professor, Department of Population Health, Associate Professor, Department of Medicine, Director Perlmutter Cancer Center High-Risk Cancer Genetics Program, New York University.
30. Oscar Lizarazo, Associate Professor, Universidad Nacional Colombia.
31. Peter S. Arno, PhD, Senior Fellow and Director, Health Policy Research, Political Economy Research Institute, University of Massachusetts–Amherst, Amherst, MA.
32. Phyllis Freeman, JD, Professor Emerita, University of Massachusetts, Boston, MA, USA, Co-Editor, Journal of Public Health Policy.
33. Prof. Dr. H.D. Banta, former director of the Health Program US Congressional Office of Technology Assessment and former Deputy Director of the Pan American Health Organization.
34. Radha Holla Bhar (India).
35. Reshma Ramachandran, MD, Family Medicine Physician
36. Rohit Malpani, Alternate Board Member, Unitaid NGO Delegation.
37. Salomé Meyer, Cancer Alliance (South Africa).
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40. Suerie Moon, MPA, PhD. Director of Research at the Global Health Centre, Graduate Institute of International and Development Studies, Geneva and Adjunct Lecturer on Global Health at the Harvard T.H. Chan School of Public Health.
41. Thomas Schwarz, Executive Secretary, Medicus Mundi International.
42. Uma Suthersanen, Advocate and Solicitor to the Supreme Court of Singapore and Professor of International Intellectual Property Law, Queen Mary, University of London.
43. Wilbert Bannenbergh, Public Health Consultant, The Netherlands.