

Catherine Royce (7/12/2007)

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Dear Rajat,

I read this document with great interest as I think it could be very important for companies and campaigners.

A few comments

1 'accessible' needs to be more clearly defined (point v-p3) as it covers several elements in addition to cost, eg quality, deliverable to the community,(infrastructure) appropriate to be used by the community ie ease of use, formulation, storage and administration

2. in point ix p3 add developed states have responsibility 'to provide assistance' towards realisation of health...

3. in point 5 on p4 add 'eg by overpricing' to the text

4. in the section on pricing etc p 8 elaborate more in section 29 ii eg link to GDP or average per capita income and in iii) start with the neglected tropical disease which are acute and potentially fatal and where the need is greatest. This has the added benefit of being a 'manageable' area for companies as a starting point.

Daily costs for malaria treatment and monthly costs for ARVs are now well-established and could be used as benchmarks for 'acute, short course treatment' diseases with different ranges for LICs and MICs. The inclusion of the non-communicable, chronic diseases will be the major sticking point particularly in MICs because these diseases represent emerging market growth for companies.

I hope these thoughts help with polishing the final version

Sincerely

Catherine Royce