AARDA would like to add our comments to the draft document "Human Rights for Pharmaceutical Companies in Relation to Access to Medicines." These comments are as follows:

1. AARDA *agrees in principle with the statement that all people have a right to access to an attainable standard of health. We would also agree that access to medicine is a central feature of attaining health. However, the document focuses too narrowly on this issue while ignoring the other components that are equally central to high quality health care worldwide. The real problem of access to health is much more complex than just access to medicines. Overwhelming poverty, corruption within the government and social systems, lack of state-financed health care, lack of medical personnel, and inadequate transport and distribution infrastructures are the biggest barriers to access. Lack of innovation is also an access issue.*

Additionally, the use of the word "Highest" is subject to interpretation and the difficulties of determining whose interpretation of standards would be used as the measurement of quality health.

2. We do believe that the pharmaceutical industry has a responsibility for finding solutions for the humanitarian issues surrounding the lack of access to lifesaving drugs for sick in resource-poor countries. Finding these solutions needs to be incorporated into each company's business plan. Industry needs to work collaboratively both within the industry and with all other stakeholders to address these needs. Industry should continue to build on the successes of the substantial private-public projects that have resulted in significant improvements in access to medicines and research into diseases that disproportionately affect developing countries. Any threat to innovation will jeopardize this successful approach to access.

3. The problem of access to a high standard of health and well-being is a multifaceted one that will require a multifaceted solution. Approaching the problem too narrowly (access to medicines) will not only not solve the problem for the millions in need but also jeopardize the successful advances that innovation has brought to the sick worldwide. Access to medicines is dependent upon innovation, and innovation is dependent upon access.

4. We would agree that the right to health requires that there is an opportunity for the active and informed participation of the individuals and communities in decision-making on issues that bear on their health. This approach would be based on patient-centered health care. We do find it distressing that in the development of this draft we cannot find any consultation with any patient group. By patient groups we mean groups that directly have members who are patients as this seems to be what viii aspires to.

5. We agree that transparency should be the culture of all decision-making stakeholders, including all international governing bodies, NGOs and other involved groups. The draft focuses on transparency only on the part of industry. All stakeholders, including key opinion leaders, patient

associations, consumer groups, international NGOs, political parties, trade associations, governing entities, research centers and others should have an internal best practices guideline document outlining the rules for engagement and the mechanism for separating funding and public policy development.

In conclusion, we think that the document is too narrow in the areas of access and the causes of lack of access to health and too instructive in the demands on industry while ignoring the role and responsibilities of other stakeholders in this multifaceted problem.

Because much of the draft also implicates intellectual property rights as a roadblock to health, I have attached a summary of our comments to the IWIG draft resolution now before WHO.

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