

LETTERS

US INCENTIVE SCHEME FOR NEGLECTED DISEASES

Legislation governing the US incentive scheme for neglected diseases needs to be amended, urges MSF

Jennifer Reid *researcher*¹, Julien Potet *policy adviser (neglected tropical diseases, vaccines)*², Katy Athersuch *medical innovation and access policy adviser*³, Maisy Grovestock *policy intern*³, Judit Rius Sanjuan *US manager and legal policy adviser*¹

¹Médecins Sans Frontières—Access Campaign, 333 7th Avenue, 2nd Floor, New York, NY 10001, USA; ²Médecins Sans Frontières—Access Campaign, 8 Rue Saint Sabin, 75011 Paris, France; ³Médecins Sans Frontières—Access Campaign, Rue de Lausanne 78, CH-1211 Geneva 21, Switzerland

As a medical humanitarian organisation diagnosing and treating people with neglected diseases for almost 30 years,^{1,2} Médecins Sans Frontières (MSF) understands only too well that the dearth of research and development for new tools to treat these diseases³ is directly attributable to insufficient funding and incentives.

Innovative incentive mechanisms for research and development, including “pull” mechanisms, such as the US Food and Drug Administration priority review voucher, are crucial to spurring innovation in areas lacking conventional market pull of revenue derived from high prices of products and high volumes of sales. However, the priority review voucher awarded to Knight Therapeutics for a product Knight neither developed nor manufactures—and which is not easily procured at affordable prices—highlights the shortfalls of the voucher as it is currently designed. Its effectiveness is limited by its failure to ensure it rewards genuine innovation, a lack of obligations to guarantee affordability and patient access to treatments, administrative restrictions that might limit its potential value to innovators, and a limited list of explicitly eligible diseases.

MSF is urging US Congress to amend the legislation governing the priority review voucher to correct these shortfalls. Changes could include restricting awards to treatments not previously developed or registered elsewhere, conditioning awards on the implementation of access policies, adopting previously proposed updates to rules of how the voucher is used, and making eligible

all neglected tropical diseases listed by the World Health Organization, and other neglected conditions.⁴

Amendments to the legislation governing the priority review voucher are necessary for it to fulfil its role in stimulating meaningful investments in neglected disease research and development. The voucher is not enough to deal with unmet medical needs for neglected diseases, however. Congress must also consider additional incentive mechanisms for research and development that promote research collaboration, “de-link” costs of research and development for treatments for neglected diseases from the price of the end product, and ensure access and affordability of treatments.⁵

Competing interests: None declared.

Full response at: www.bmj.com/content/349/bmj.g4665/rr/761920.

- 1 Doshi P. US incentive scheme for neglected diseases: a good idea gone wrong? *BMJ* 2014;349:g4665. (21 July.)
- 2 Médecins Sans Frontières. An overview of the current innovation and access challenges MSF faces for NTDs. www.msfaaccess.org/our-work/neglected-diseases.
- 3 Pedrique B, Strub-Wourgaft N, Some C, Oliaro P, Trouiller P, Ford N, et al. The drug and vaccine landscape for neglected diseases (2000-11): a systematic assessment. *Lancet Global Health* 2013;1:e371-9.
- 4 World Health Organization. Neglected tropical diseases. www.who.int/neglected_diseases/diseases/en/.
- 5 Médecins Sans Frontières. PUSH, PULL, POOL: Accelerating innovation and access to medicines for tuberculosis. www.msfaaccess.org/our-work/driving-medical-innovation/article/2157.

Cite this as: *BMJ* 2014;349:g5861

© BMJ Publishing Group Ltd 2014