

優先医薬品のその後：残された課題

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The aftermath of the priority medicines project: On its remaining problems

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Abstract

Background : In July 2013, a report entitled “*Priority Medicines for Europe and the World 2013 Update*”(2013 Report) was issued by the World Health Organization (WHO) . The report was an update to the original 2004 report “*Priority Medicines for Europe and the World*”(2004 Report) including descriptions of changes in global health and pharmaceutical innovation since 2004.

Objective : To review the 2013 Report in order to verify the concept and methodology concerning priority medicines.

Method : Critically appraising the 2013 Report from public health point of view.

Results : The 2013 Report assiduously followed the methodology and framework of the 2004 Report which inevitably asserted the legitimacy of their conclusions. Though the 2013 Report was copious, it was not clear whether the public funding stemmed from the 2004 Report yielded any fair return in pharmaceutical innovation. The list of 24 priority diseases, which was the main product of the 2013 Report, was conventional and multifocal without creating opportunities for ingenious public investments. There is no declaration of conflict of interests of authors in both the 2004 and 2013 Reports.

Discussion and conclusion : Though both the 2004 and 2013 Reports claimed the commonality of interests between developing countries and industrially advanced nations to justify the investments to develop newly innovative drugs for chronic noncommunicable diseases (NCDs), it is not sure the innovative drugs for NCDs are affordable for the developing countries. In the globalized world, double burden of disease with NCDs and communicable diseases exists not only in developing countries but also in industrially advanced nations because unprecedented and unpredictable infectious diseases might affect worldwide. Before publishing the 2013 Report written as an update of the 2004 Report, disinterested and independent parties should review the 2004 Report and check its consequence.

Key words

priority medicines, pharmaceutical innovation, critical appraisal, global health

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