

People's Health Movement

Global Secretariat

Health for ALL NOW!!



12 July 2013

Dear Dr Chan,

We write, on behalf of the People's Health Movement, regarding discussions during the recent Executive Board meeting of the WHO and specifically the handling of the psoriasis resolution at EB133.

The People's Health Movement is a global network which brings together grassroots health activists, civil society organizations and public health academics from around the world, particularly from low and middle income countries (L&MIC). We have a presence in around 70 countries. PHM is committed to the vision of Health For All and we see a strong, independent WHO as critical for this. More about PHM on our [website](#).

Since 2010, in association with a number of other civil society organisations, PHM has put in place our WHO Watch project, through which we study the agenda of WHA and EB meetings, publish our analysis of the key issues, follow the debate and contribute statements to the debate on priority issues. More about the WHO Watch project [here](#).

At the EB meeting, during the debate on Item 5, 'WHO reform: WHO's engagement with non-state actors' around 28 member states spoke, all of them expressing their support for rigorous mechanisms to manage the risks inherent in WHO's relations with various different kinds of non-state actor. We are strongly in support of your concluding remarks after this debate, where you said:

There are multiple NSAs that want to engage with us, but we need to be very selective. This is also strongly linked to the policy on COI, I have asked to review the COI policy. Without transparency, and I agree with the last speaker from People's Movement, we can't talk about accountability. I heard your comments on typology of actors, typology of interactions and risk, I will take care of this. Concerning BINGO/PINGO, I need your help, I'm prepared to make a map of all NSAs but some people will still hide information so you need whistle blowing. We're developing a risk register including 'reputational' risk.

Later in the EB meeting the Board considered Item 6.2 'Psoriasis'. The Board was invited to consider a resolution (which had not been posted on the EB website), EB133/CONF/REV./1 'World Psoriasis Day'. The resolution, as adopted (B133.R2), encourages member states to publicise World Psoriasis Day and calls upon the DG to publish a global report on psoriasis and include information about psoriasis on the WHO website.

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We wish to draw your attention to the very real risk of conflict of interest embedded in the resolution's de facto endorsement of the World Psoriasis Day. [World Psoriasis Day](#) is sponsored by the [International Federation of Psoriasis Associations](#) which is supported by, among others, Pfizer, Novartis, Lilly, Leo, Celgene and Abbvie. The home page of the IFPA website prominently displays the logos of these corporations. Furthermore, 22 of the 42 member associations with active websites (13 June 2013) acknowledge drug company support on their websites (including Abbvie, Leo, Janssen, Pfizer, Abbott, Ducray, La Roche-Posay, Pierre Fabrie Dermatologie, Janssen-Cilag). At least one national association receives drug company support of several million USD per year. It seems likely that most of the others also receive such support, in many cases through the IFPA. The [Psoriasis Association \(UK\)](#) (whose representative spoke under the banner of the International Association of Patients Organisations, IAPO) is supported by grants from AbbVie, Dermal Laboratories Ltd, Forest Laboratories Ltd, Galderma (UK) Ltd, LEO Pharma, MSD and T&R Derma. IAPO also receives extensive support from pharmaceutical companies, individually and through the IFPMA ([see](#)).

We would urge you to consider that the WHO's *de facto* endorsement of an event planned and organised by an organisation such as the IFPA, which is funded and promoted by the pharmaceutical industry, contravenes WHO's stated position regarding engagement with non-state actors. WHO would be lending its name to and endorsing an event that is planned in association with, and funded by, the pharmaceutical industry.

Psoriasis is a common and sometimes debilitating disease and is, in many situations, associated with discrimination. The WHO has a legitimate role in raising awareness about the condition, in promoting access to treatment and in harnessing research capacity towards finding better remedies. However, WHO's endorsement of the World Psoriasis Day cannot be seen as an appropriate way to pursue these objectives.

It is reasonable to speculate that the involvement of drug companies in supporting the IFPA (and its member associations) and their support for World Psoriasis Day are part of a marketing strategy directed to expanding the global market for their products. Drugs for treating psoriasis are among the top revenue-earning drugs in the world. Three of these – adalimumab (marketed by AbbVie as Humira), etanercept (marketed by Pfizer as Enbrel), and infliximab (marketed by Janssen as Remicade) – have been identified by Forbes in 2012 as being among the top ten revenue earning drugs ever. The combined sales of just these three products was US\$ 25 billion. These high revenues have, in large measure, been sustained by IP protection and monopoly pricing. All these drugs are extremely expensive and are therefore inaccessible in LMICs; on average, a year's treatment with any of these drugs cost about \$20,000. These drugs are also key to the healthy profit margins of the companies involved; Humira sales accounted for 51.7% of the revenues of AbbVie in the first quarter of 2013.



By lending support to the World Psoriasis Day the WHO runs the risk of endorsing a promotional activity of pharmaceutical companies. On the contrary, according to WHO's mandate, it should be concerned about evaluation of existing treatment options for psoriasis and consequently about strategies to promote access to effective treatments. Such strategies would, in certain respects, run counter to the interests of the pharmaceutical companies that are involved in sponsoring the World Psoriasis Day.

The issue at stake is not just a resolution on psoriasis, but the much larger issue of potential harm that could be caused by WHO's endorsement of a big-pharma promoted activity. It also makes the discussion within WHO, of transparency and accountability in dealings with non-state actors, look a bit hollow.

We understand that, in the normal course of events, the resolution on World Psoriasis Day ([EB133.R2](#)), would be presented for adoption by the WHA in May 2014. We would however suggest that rather than being automatically forwarded for adoption by the WHA67, a strong case can be made for a reconsideration of this resolution at EB134 in January 2014 on the grounds that the debate in EB133 was conducted without full knowledge of the provenance of the resolution.

Please be assured of our passionate support for the vision projected in the WHO Constitution. Given the public importance of WHO's perceived integrity for the realisation of that vision we propose to place this letter in the public domain shortly.

Yours sincerely

Sarojini N

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David Legge