

Empowering People who are Living with Chronic Diseases

Incentivising innovation, assuring access

- 1. Why do we need private as well as public and voluntary sector investment in biomedical and other forms of health related innovation?
- 2. Can we tell in advance what research is likely to benefit us humanity as a whole most?
- 3. What incentivises investors to take the financial risks inherent in trying to discover new treatments that are relevant to meeting unmet health needs in both richer and poorer communities?
- 4. Is linking the price of new medicines to the 'cost per QALY' they produce the answer to assuring adequate future investment in discoveries the world needs?
- 5. Why not just focus on using what we already know to best effect?



Empowering People who are Living with Chronic Diseases Incentivising innovation, assuring access

- What went wrong with HIV medicines supply in the 1990s and early 2000s, and can we make sure it does not happen again?
- Are intellectual property rights for innovation treatments desirable from a European patient perspective, or would we be better off without them?
- Would poor people in countries like India be better off if there
 were stronger IPRs for products like new medicines, coupled
 with a robust universal health care system and a structured
 global approach to differential medicines pricing?
- Should patients and the public in countries like Belgium, Germany and the US accept that they ought to pay much more for new treatments than poor people in countries like, for instance, the DCR?





Jenner and Pasteur

*UCL



The cow-pock by Gillray (1802)

David.G.Taylor@ucl.ac.uk

David Taylor, Professor of Pharmaceutical and Public Health Policy, UCL School of Pharmacy