

From Melanie Bertram, WHO:

Professor Anthony Culyer's open letter to Dr Tedros, WHO DG elect raises interesting questions, but also some concerns about re-hashing settled debates. Prof. Culyer's assumption that the WHO Secretariat based in Geneva sets its own agenda may be at the root of some of these misconceptions. The WHO Secretariat has a clear mandate – that is, to respond to the requests of Member States, encapsulated in resolutions passed at the World Health Assembly.

In 2014 the WHA passed a [resolution](#), proposed by a group of Member States, titled “Health intervention and technology assessment in support of universal health coverage”. The renaming of HTA as “HITA” was a specific request from the Member States of WHO. While there may be no confusion at the University of York as to the definition of “technology” in this context, the 194 Member States of WHO evidently had a different view. This resolution came with no funding; nevertheless, the WHO Secretariat has worked in the intervening 3 years to respond to the requests made to the Director-General posed within it. Since then, there has been the first ever [global survey on HTA](#) and the development of [country profiles](#), [stakeholder consultations](#) with geographically representative groups to understand the needs of [Member States](#), many technical assistance requests responded to and global, normative guidance products are currently in the pipeline. These products go beyond the how-to of cost-effectiveness analysis (which, should not be confused as a synonym for HTA), the most academic aspect of the HTA process, and instead focus on the full ecosystem needed for success in public decision making in health.

Predating this by more than a decade, the WHO Commission on Macroeconomics and Health, chaired by Professor Jeffrey Sachs, proposed that a year of life might be valued at 1 to 3 times GDP per capita. The findings of this Commission of eminent economists was used within the WHO Secretariat's global [normative work](#). Unfortunately, it was also subsequently misused in country contexts and by academics alike. However, the [WHO Secretariat](#) has recently clarified its views on the misuse of such thresholds as decision making rules. Continued criticism is arguably keeping alive a debate that is now well past its expiry date.

Recently, at the 70<sup>th</sup> World Health Assembly held in May this year, during which Dr Tedros was elected as the new Director-General, one of the most active debates was on the agenda item on access to medicines. A major barrier to pharmaceutical access is the price countries pay. The World Health Assembly is not a room full of health economists who implicitly recognize the meaning of value-based pricing, or the distinction between the price of a *year of healthy life* and the price of a *life*. On the contrary, value-based pricing is generally understood as something that attempts to put a price on life – which our Member States are not prepared to say they do. Economic theory, in other words, has to compete for its space on the policy agenda of governments, and debates about the finer nuances are not necessarily productive. We know there is a need to “change the game” in medicine pricing, and to ensure that countries can access the technologies they need at a price they can afford.

In practice, WHO -which is the collective of its Member States, and not the staff at its Secretariat- promotes the need for a global focus on pricing strategies that are acceptable to Health Ministers, planners and manufacturers, although not necessarily and at all time to the complete satisfaction of the diverse and multifaceted community of economists .

For more information, check <http://www.who.int/choice/en/>