Hello, I am Paul Domanico, Senior Director, Global Health Sciences, Clinton Health Access Initiative

Thank you for inviting me to share some thoughts today.

CHAI was founded in 2002 with the transformational goal to help save the lives of millions of people living with HIV/AIDS and ensure care was equitably administered to people disadvantaged simply by place of birth. Today, our work has expanded to prevent, diagnose, and treat infectious and noncommunicable diseases, accelerate the rollout of lifesaving vaccines, reduce maternal, infant, and child mortality, combat chronic malnutrition, and strengthen health systems.

I am here to support the application of

- Cladribine - a purine analog that has been shown to suppress the role of lymphocytes with multiple sclerosis pathogenicity,
- Glatiramer acetate - an immunomodulator, and
- Rituximab is a monoclonal antibody that shows efficacy against autoimmune diseases and certain cancers

as multiple sclerosis disease-modifying therapies to be added to the WHO essential medicines list.

A remarkable amount of effort has gone into developing this application over the last several years. During that time, several highly-qualified groups, which included a broad representation from patient groups worldwide, worked together to assess roughly 30 MS therapies. Joanna Laurson noted these groups.

They concluded that these three drugs would have the most significant impact on people living with MS. Their work took a disciplined, systematic approach to prioritize these products. The criteria included:

- Efficacy and safety,
- Health equity across disadvantaged populations,
- Confidence in evidence, and
- Feasibility, cost, and cost-effectiveness

I reiterate that the decisions from this process are supported by expert neurological organizations worldwide. CHAI supports these expert decisions and encourages the WHO to add these three medicines to the EML for the treatment of MS.

Finally, and more generally, we recognize the conundrum of assessing the true value or impact of a product prior to evidence that supports sufficient and sustained access to sources of affordable, quality drugs. We encourage the EML to continue its journey to better understand what the prices of medicines will most likely be and ignore the prices - and in fact – COGS quoted from innovators delivering drugs to the global north. These prices/costs should in no way be considered a benchmark as they are based on very different market drivers and country GDPs. CHAI has shown that for many drugs, the prices can be reduced over a hundred-fold over a short period and is committed to working with all key stakeholders to help close the loop on issues such as this.