



## The Raffles Dialogue on Human Wellbeing and Security

In *The Lancet Global Health* (August, 2015),<sup>1</sup> Tikki Pang and colleagues emphasise that “we must find the right balance between the roles of government and markets so that all those in need can access affordable medicine and health care”.<sup>1</sup> Probably the biggest imbalance between role of government and market is in drug discovery and development. There is almost no way to finance large clinical trials of old, unpatentable drugs repurposed for treatment of deadly diseases. It has been the case for phase 3 clinical trials of paromomycin, an old antibiotic for visceral leishmaniasis, which were funded by the Bill & Melinda Gates Foundation, the WHO, and other institutions, but not by governments.<sup>2</sup> At the same time, such clinical trials may lead to very efficient and low-cost drugs developed in the public interest. The cost of paromomycin is €4.19 for a 21 day course for a 35 kg patient.<sup>3</sup>

Recently, *The Oncologist* published results of a clinical trial of an old drug used in alcohol-aversion therapy, disulfiram, in patients with metastatic lung cancer.<sup>4</sup> The drug is unpatentable, inexpensive, and widely affordable, but there is no financial interest in its further clinical development. The governments, especially those of rich countries, should systematically monitor positive side-effects of existing drugs and invest in their clinical development as non-profit drugs.<sup>5</sup>

I declare no competing interests.

Copyright © Cvek. Open Access article distributed under the terms of CC BY.

**Boris Cvek**

**cvekb@seznam.cz**

Olomouc University Social Health Institute (OUSHI),  
Olomouc 771 11, Czech Republic

1 Pang T, Chong YS, Fong H, et al. Yes we can! The Raffles Dialogue on Human Wellbeing and Security. *Lancet Glob Health* 2015; **3**: e496–500.

- 2 Sundar S, Jha TK, Thakur CP, et al. Injectable paromomycin for Visceral leishmaniasis in India. *N Engl J Med* 2007; **356**: 2571–81.
- 3 Davidson RN, den Boer M, Ritmeijer K. Paromomycin. *Trans R Soc Trop Med Hyg* 2009; **103**: 653–60.
- 4 Nechustan H, Hamamreh Y, Nidal S, et al. A phase IIb trial assessing the addition of disulfiram to chemotherapy for the treatment of metastatic non-small cell lung cancer. *Oncologist* 2015; **20**: 366–67.
- 5 Cvek B. Nonprofit drugs as the salvation of world's healthcare systems: the case of Antabuse (disulfiram). *Drug Discov Today* 2012; **17**: 409–12.