

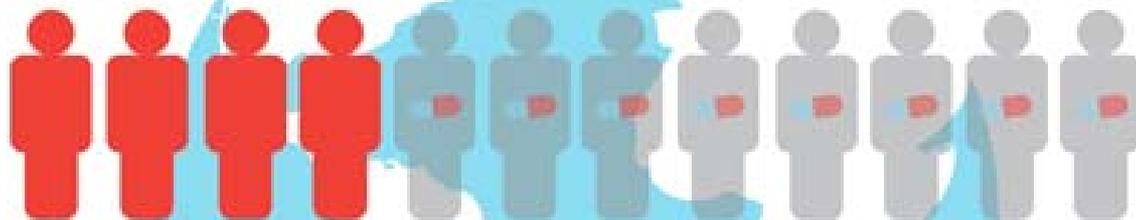


UNIVERSITIES ALLIED FOR ESSENTIAL MEDICINES

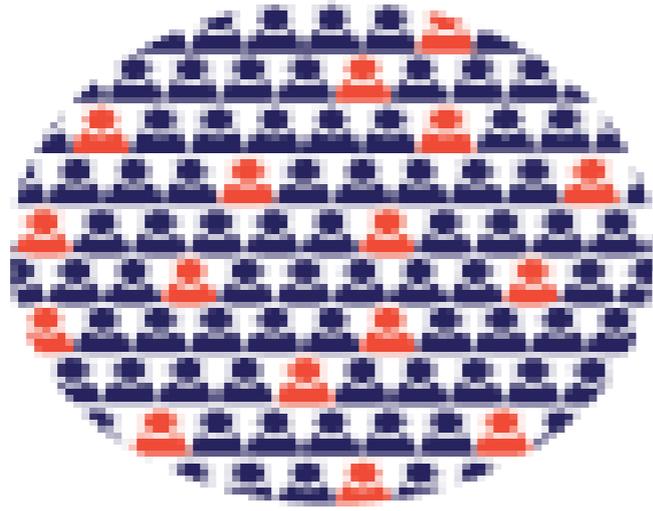
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1/3 OF ALL PEOPLE



**IN THE DEVELOPING WORLD
DON'T HAVE AFFORDABLE ACCESS TO MEDICINES
THAT COULD SAVE THEIR LIVES.**



ONE

in SIX

people in the world
suffer from one or more
Neglected Diseases

research gap

+

access gap



the access gap

infrastructure

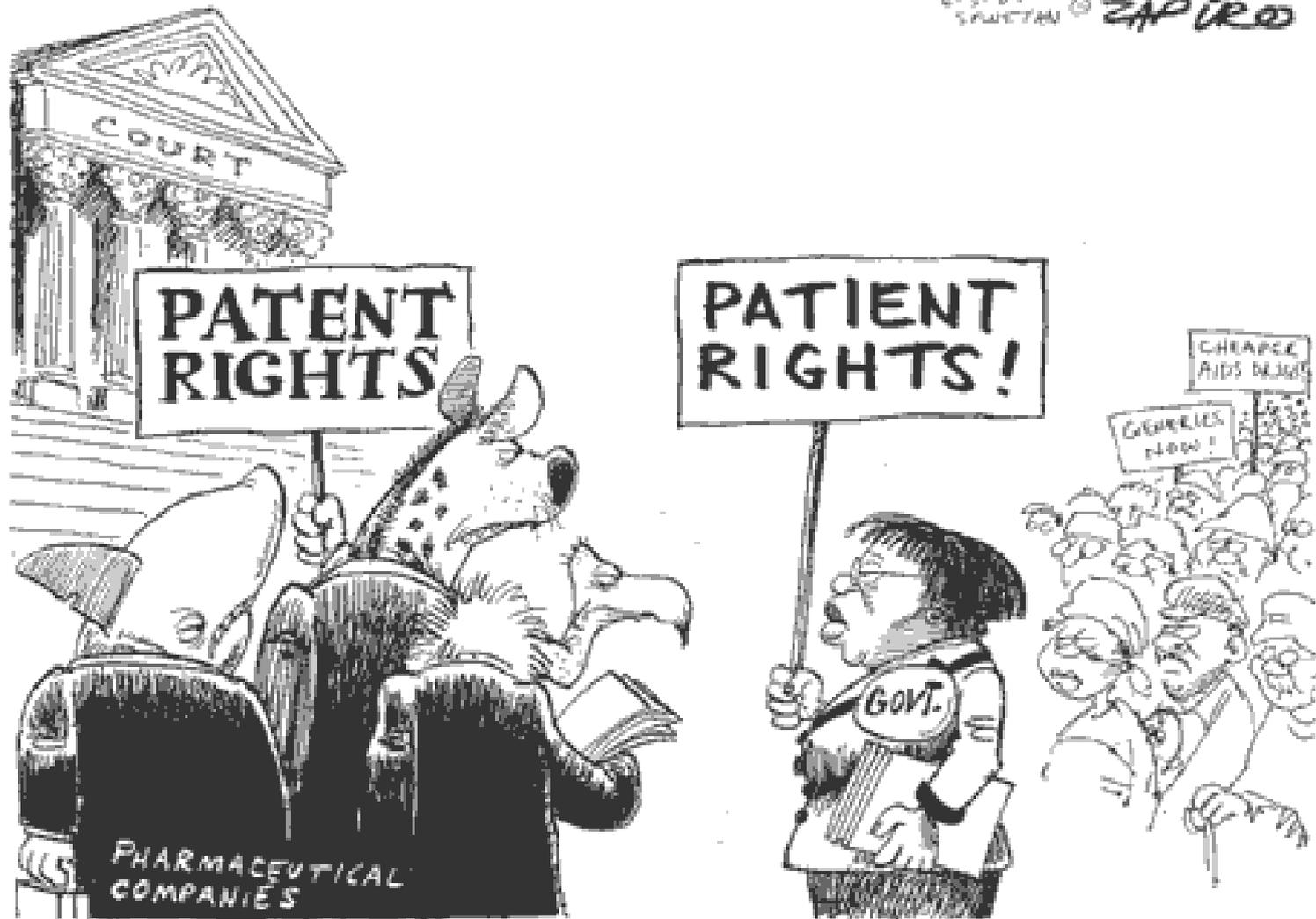
**International Trade System
(IPR protection in TRIPS-Agreement, FTAs)**

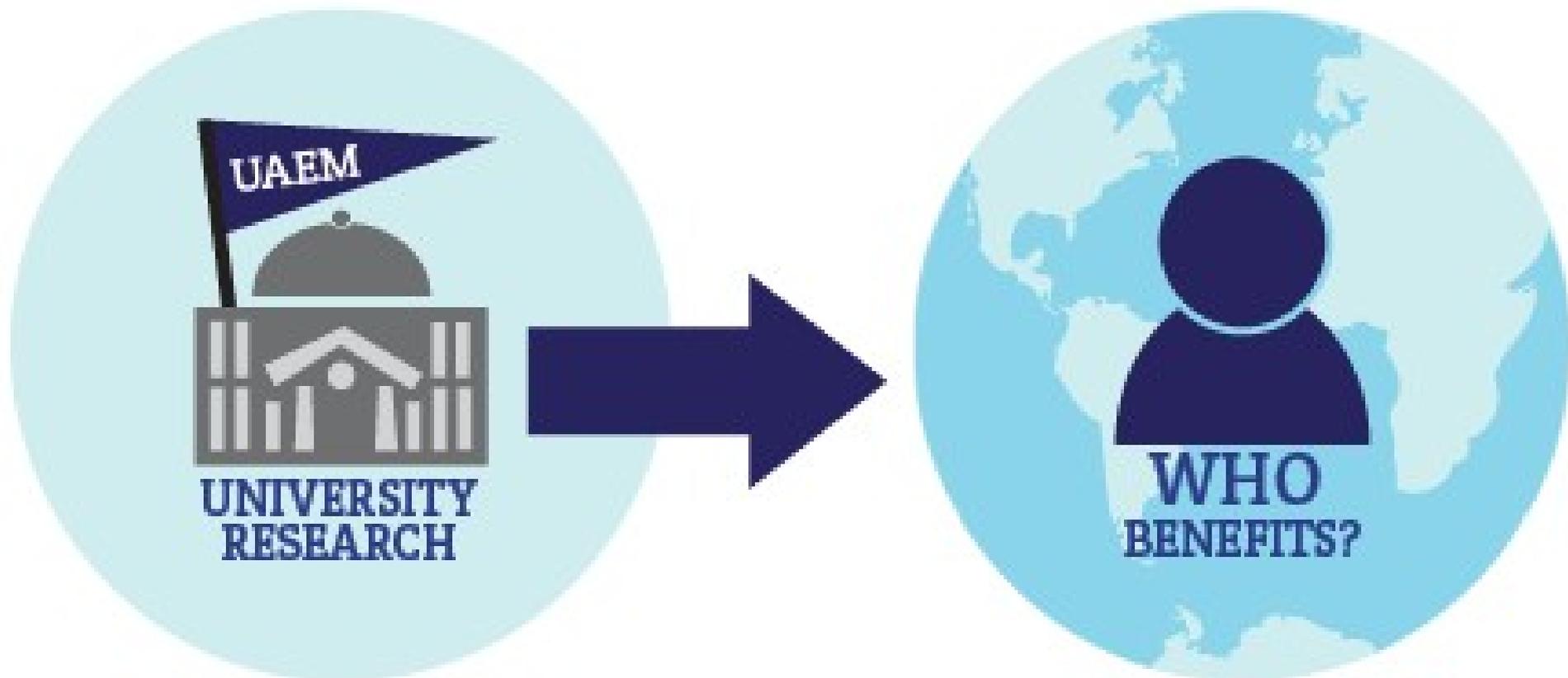
lack of health systems

human resources

**licensing practices at individual research
institutes and universities**

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The d4t story

Figure 2: The impact of generic competition on the price of basic triple combination therapy: d4T (stavudine) + 3TC (lamivudine) + NVP (nevirapine).

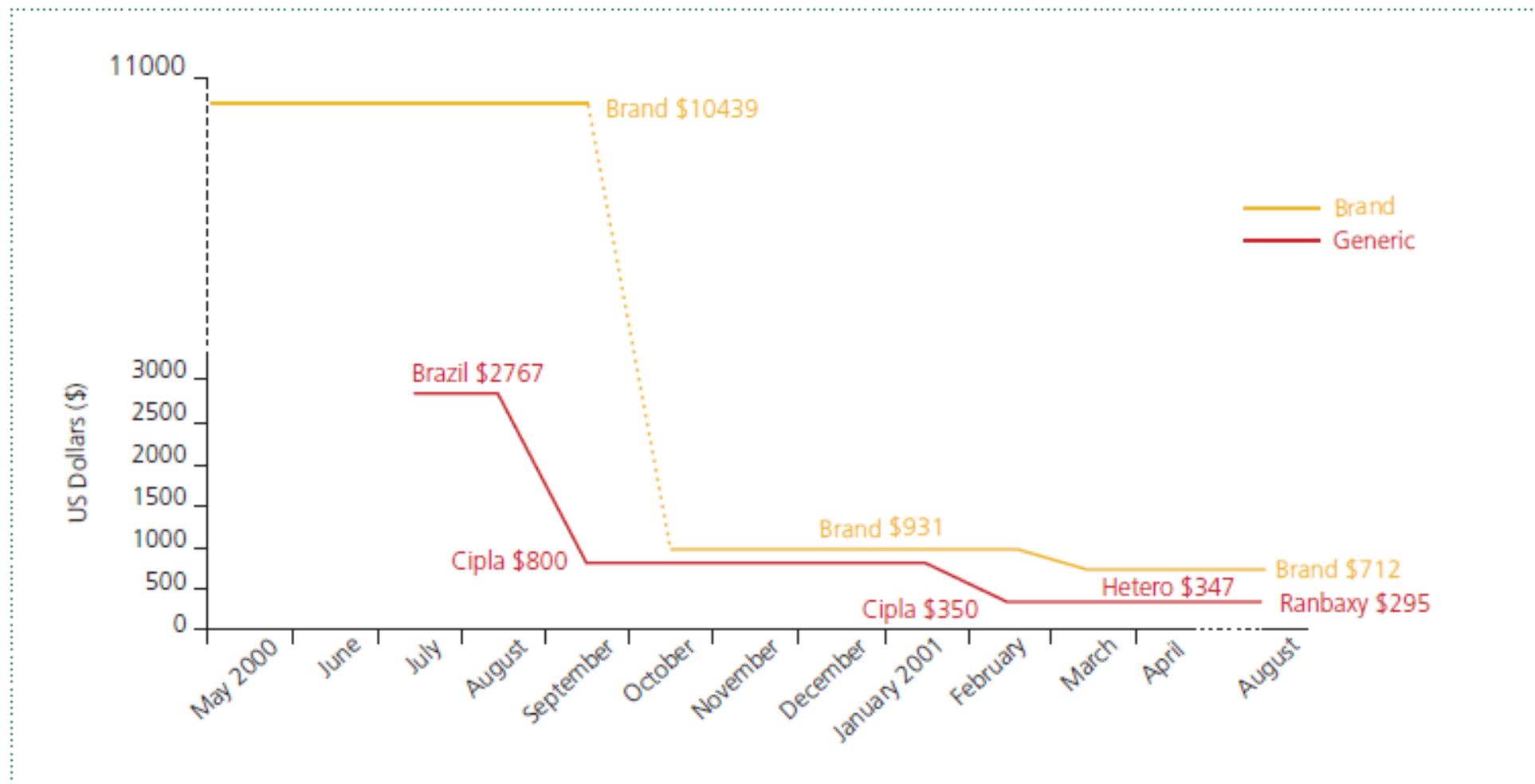


Figure 2 shows the lowest world price per patient per year at each time point. It is reprinted with permission from Avert: www.avert.org. Since August 2001 lowest prices for this combination have dropped still further to \$87 USD.



~~\$1,600~~

\$55

“change was made at Yale without any negative consequences for the University – financial or otherwise.”

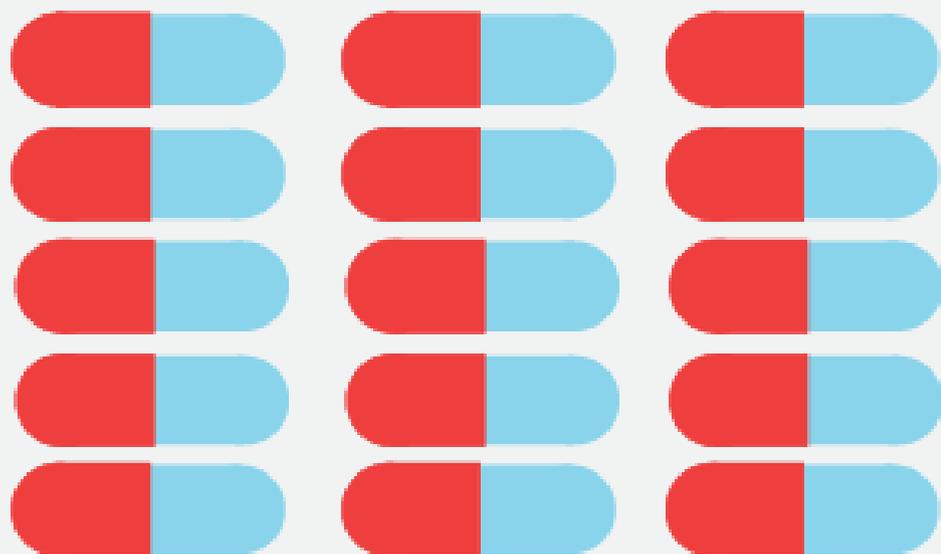
BETWEEN

1/4  **1/3**

OF NEW MEDICINES

ORIGINATE

IN A UNIVERSITY LAB

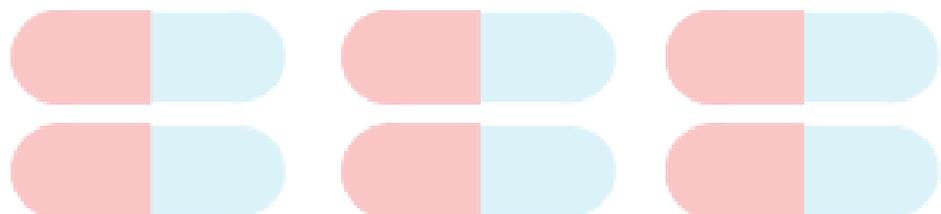


15
of the 21

DRUGS

**WITH THE GREATEST
THERAPEUTIC IMPACT**

were developed through
publicly-funded research,
most of which takes
place at universities.



universities can make a difference:

40 % of global biomedical R&D is **publicly funded**

15 of the 21 drugs with the **greatest therapeutic impact** were developed through publicly financed research

almost all **vaccines** that have been brought to market during last 25 years involve contributions from **university research**

more than **1/3 of HIV drugs** introduced between 2002 and 2006 involve a **university patent**

universities and the public interest

public universities and research institutions have a clear **mandate** to serve the **public good**

they also have to navigate at the junction of legal / political / economic imperatives:

- national exploitation schemes / Bayh-Dole equivalents
- universities calling for cost-effective KT activities
- political wish for vitalization of private sector through KT

In this environment, **specific policies** and **instruments** are needed to enable **socially responsible knowledge transfer**

Strategies for the equitable dissemination of knowledge

Open Access publishing

Medicines Patent Pool

Public Domain, e.g. WIPO Re:Search

Global Access Licensing
(aka Socially Responsible Licensing / Equitable Licensing)

THE LOW-ACCESS WAY:



The university patents this research, meaning no one else can use it without their permission.



The university gives one drug company an exclusive license to use its patented research - in exchange for \$\$\$.



The company tests, develops, and sells the new HIV/AIDS treatment - but because it has exclusive rights, it charges a very high price.



Millions of HIV/AIDS patients in developing countries can't afford the new treatment, even though it could save their lives.

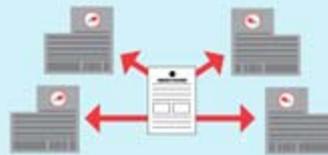
THE GLOBAL ACCESS WAY:



Millions of HIV/AIDS patients in developing countries can afford generic versions of the new treatment thanks to the university's socially responsible actions.



Since there are no patent or license restrictions on the university's research in low- or middle-income countries, generic drug makers in places like India can produce the new HIV/AIDS treatment at a much lower price.



The university licenses its research to a drug company, but the license is either not exclusive to that company or only applies in high-income countries.



The university only seeks or enforces research patents in high-income countries.

GAL – basic principles

Global Access Licensing builds on the **commitment of individual universities** to evaluate KT in broader terms than revenue generated

It is aimed at pursuing broad aims in the **public interest**, e.g. better global access to **essential medication**

It can help the issuing institution to secure access to **downstream research results** (via grant back / share alike)

(Godt , GRUR Int. 2011)

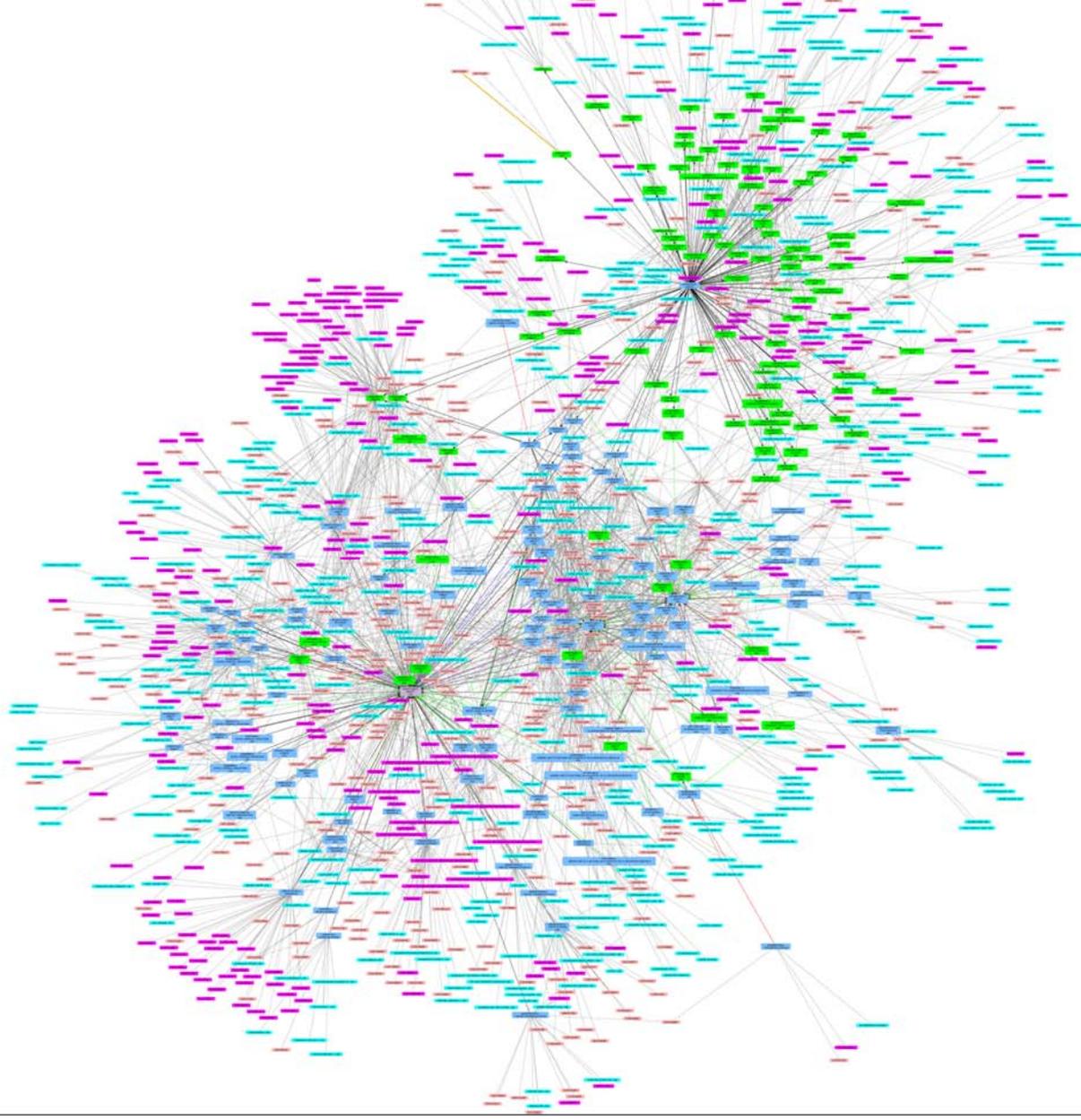
GAL: flexible tools

non-exclusive licensing as a default option

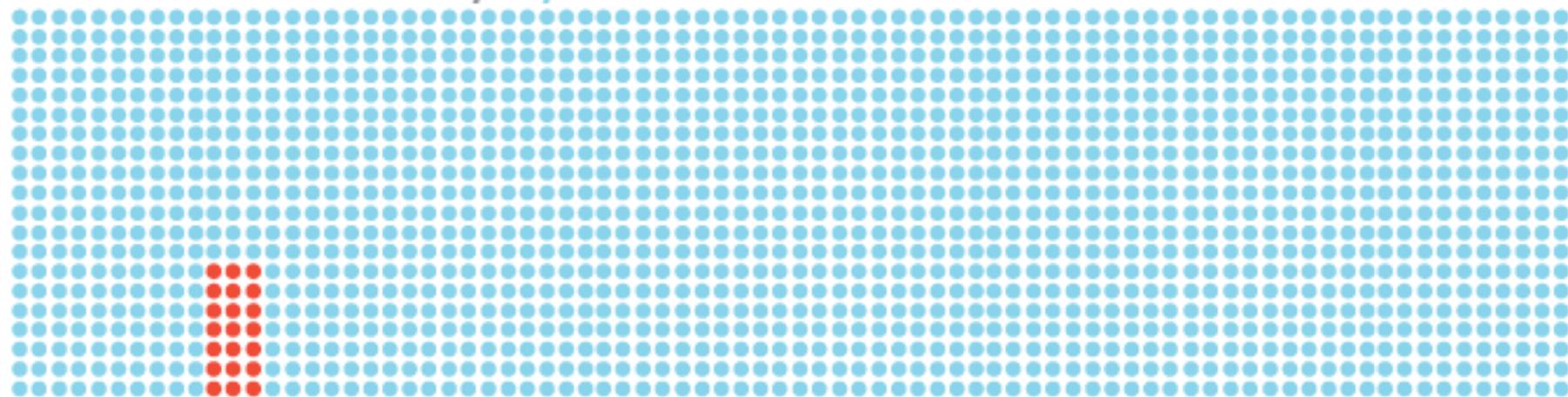
differential pricing obligations

non-assert clauses for certain geographic indications

realization plan (e.g., including technology building in target countries) and monitoring



IN 29 YEARS, **1,556 DRUGS** WERE CREATED.



ONLY 21 WERE MADE FOR NEGLECTED DISEASES

the research gap

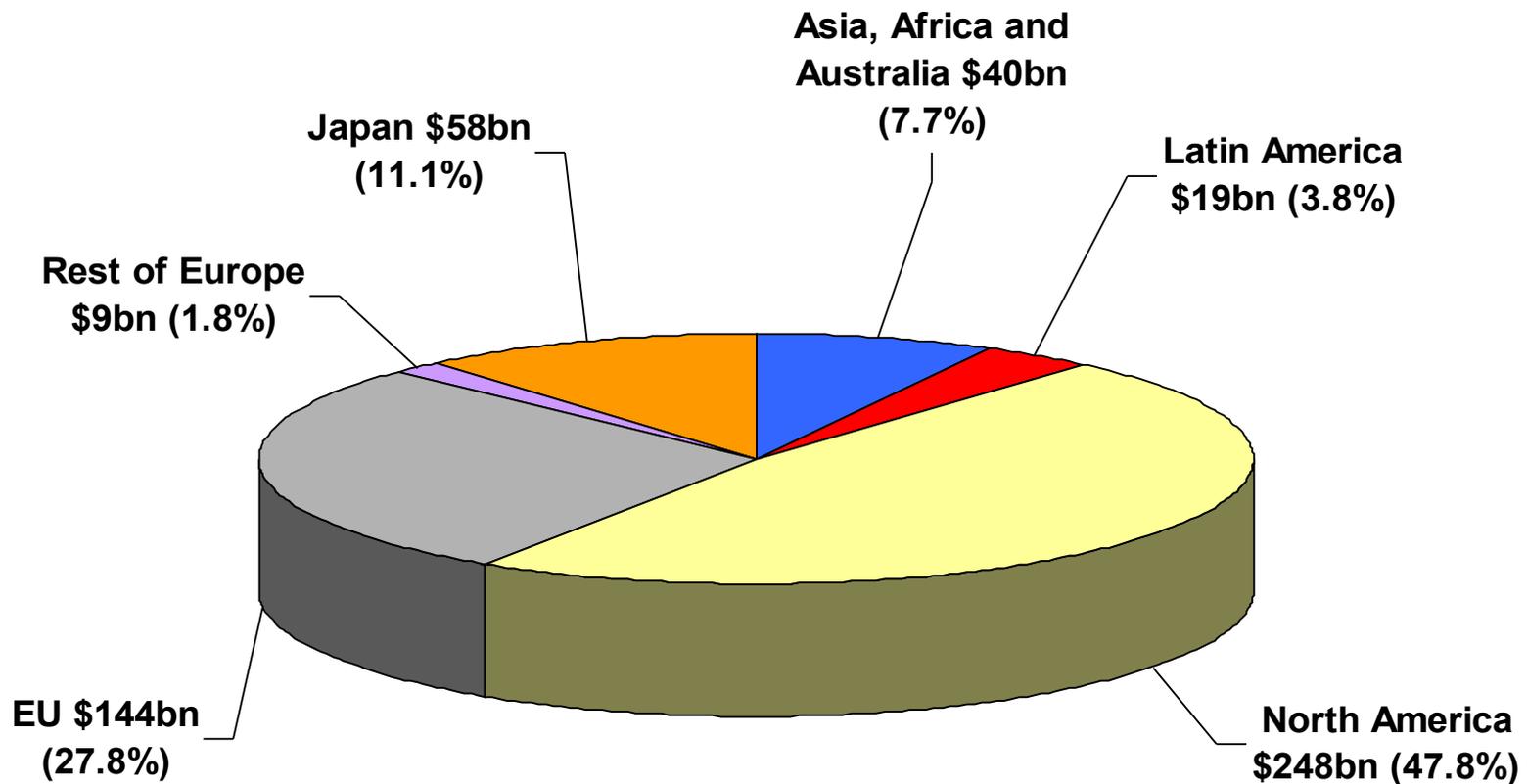
Poverty Related and Neglected Diseases (PRNDs)

...mostly affect patients in developing countries /
poor

examples: Malaria, Chagas disease,
Leishmaniasis, Schistosomiasis, Tuberculosis,
African sleeping sickness...

the research gap

Worldwide pharmaceutical market (total: 518 billion US \$ in 2004), per region:

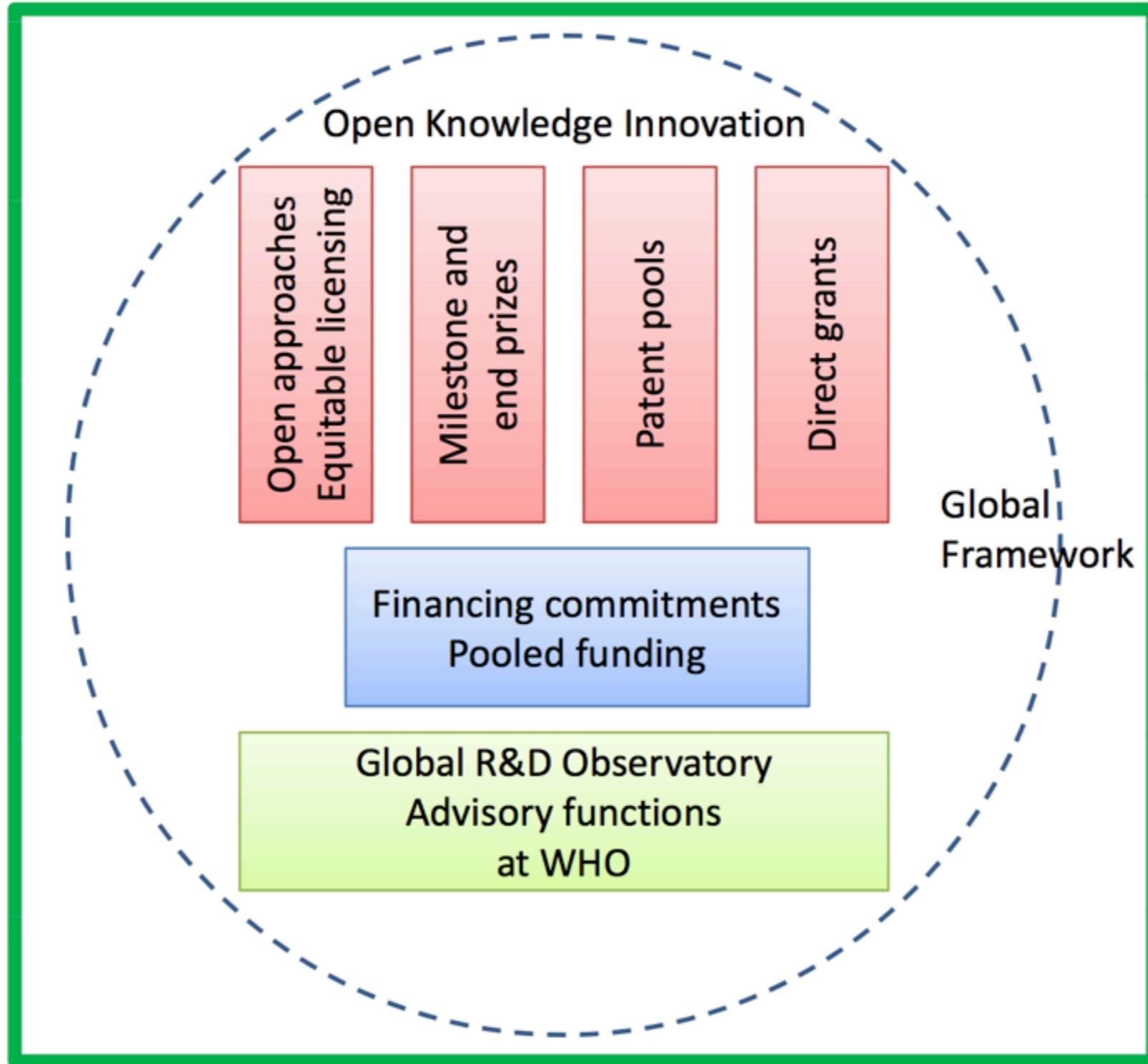


the research gap

Company	Revenue (Net Sales in Millions of Dollars)	Percent of Revenue Allocated to:		
		Marketing/ Advertising/ Administration	R & D	Profit (Net Income)
Merck & Co., Inc.	\$47,716	13%	5%	15%
Pfizer, Inc.	\$32,259	35%	15%	24%
Bristol-Myers Squibb Company	\$19,423	27%	12%	27%
Abbott Laboratories	\$16,285	23%	10%	10%
Wyeth	\$14,129	37%	13%	16%
Pharmacia Corporation	\$13,837	44%	16%	11%
Eli Lilly & Co.	\$11,543	30%	19%	24%
Schering-Plough Corporation	\$9,802	36%	13%	20%
Allergan, Inc.	\$1,685	42%	15%	13%
Total* (Dollars in millions)	\$166,678	27% \$45,413	11% \$19,076	18% \$30,599

Key recommendations

Convention on Global Health R&D



access to medicines: levels of engagement

**International Trade System
(WTO, TRIPS-Agreement etc.)**

**EU politics:
e.g. Framework Program „Horizon 2020“**

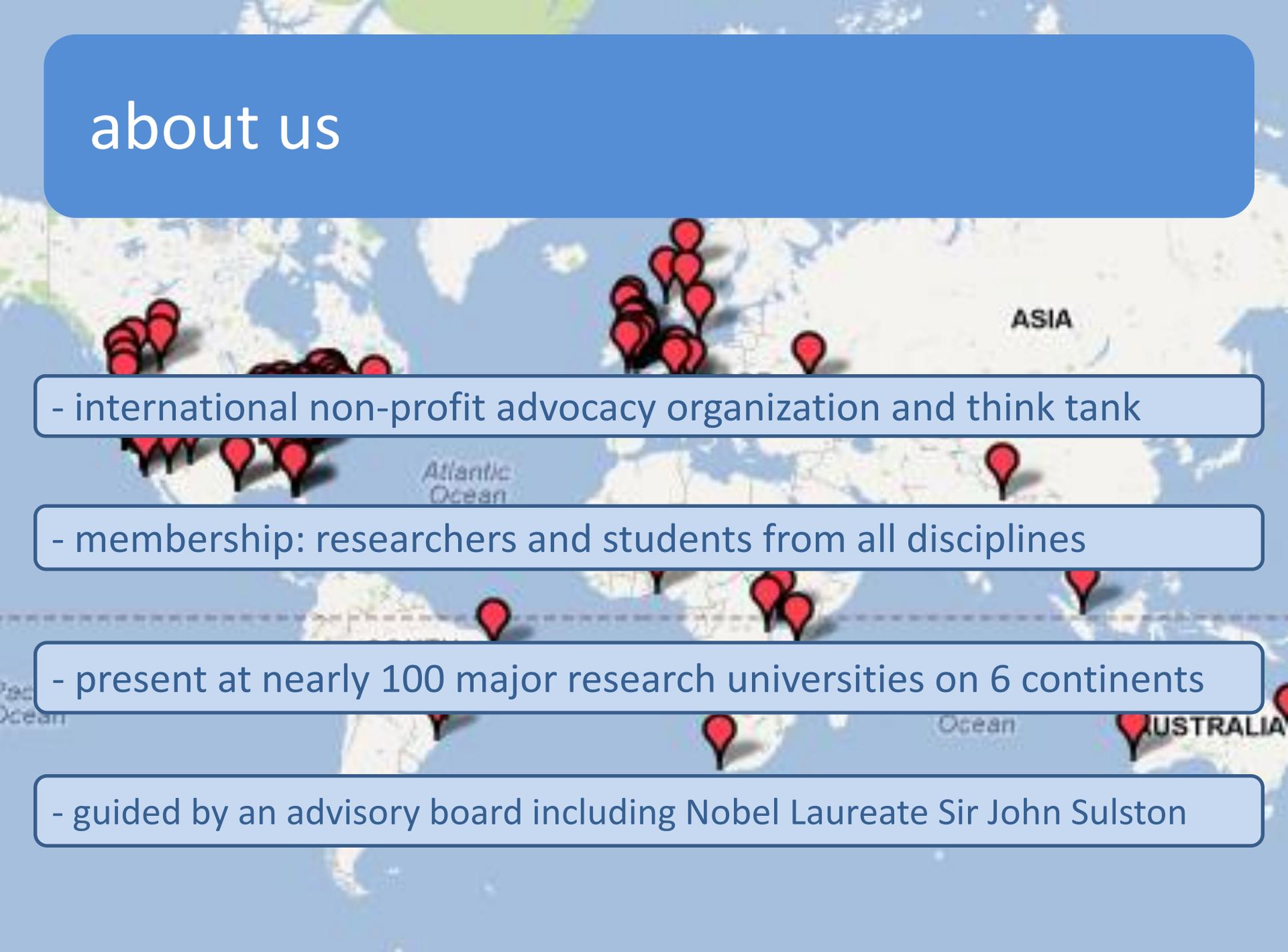
national (research) policies

**tech transfer and research commitments
of individual research
institutes and universities**

FAQs

- parallel imports?
- quality?
- innovation incentives? / IP system as a whole?
- what are the odds?

about us

A world map with numerous red location pins placed across all six continents, indicating a global presence. The map is partially obscured by text boxes.

- international non-profit advocacy organization and think tank

- membership: researchers and students from all disciplines

- present at nearly 100 major research universities on 6 continents

- guided by an advisory board including Nobel Laureate Sir John Sulston

aiming to...

... promote access to medicines and medical innovations in low- and middle income countries by changing norms and practices around academic patenting and licensing

access

... ensure that university medical research meets the needs of people worldwide

innovation

... empower students to respond to the access and innovation crisis

empowerment

Join the Movement

- starter pack and mentoring
- UAEM European Conference in Basel (CH)
(April 25-27, 2014)
- sign up: European and national mailing lists
- join European working groups

First steps

→ **take action at your university:**

- organize information events
- get in touch with researchers and admin
- introduce a socially responsible licensing framework



Hovedindgang

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Our
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