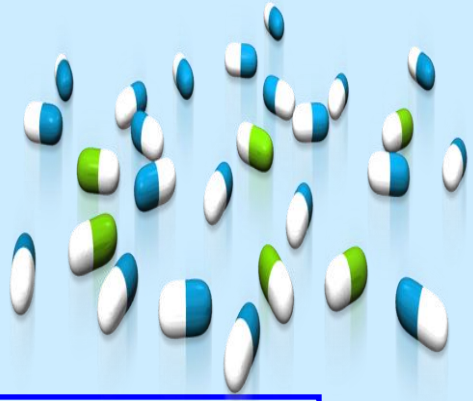

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Issues to cover

1. What are the problems of the current IP system?
2. What if countries use IP tools?
3. Is the system sustainable?
4. Conclusions

Basic facts to agree on:

- **Wellbeing is more than health service: water, sanitation, education, jobs, ... and level of inequality**
- **Healthcare is more than medicines: infrastructure, health workers, HIS, and medical products**
- **Medicines have to be: available, affordable, quality, appropriate, reach the patient when she needs it**
- **Governments and other stakeholders have responsibility –pharma is one actor**

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The current IP system: the theory

IP is meant to :

1. **Be a balance between public health and commercial interest**
2. **Lead to innovation : Medicine to prevent/treat the diseases we have**
3. **Produce products that are affordable to payers**

The current IP system: the reality

- Balance is tipped towards commercial interest
- 10% of funding for medical research goes to diseases affecting 90% of the world population- sleeping sickness, Ebola
- Hardly any RD on antibiotic-resistant infections
- Unaffordable price of effective medicines: Hep C, cancer →block controlling diseases →loss of socio-economic development potential

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The HIV treatment story

Pharma PR disaster: South Africa 2001

ARVs: "the medicine is not where patients are!"

Fluconazide story: why was it expensive in South Africa?

Is HIV unique?

http://fireintheblood.com/trailer

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Has the story ended?

- HIV new effective medicines are very expensive
- The wider problem of corporate power and monopoly on price (cancer, hepatitis C,..)
- CS Dilemma: do we have to campaign for every disease and for every medicine?

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Another example: Hepatitis C

- **Profitable market in US and EU-now MICs**
- **So RD →→effective medicine that can cure the disease – effective control**
- **The catch: $1,000/pill/day**
- **Gilead deal with Egypt ($900):** Treating half the patients (5m) cost nearly 2/3 of its total health budget (US $4.5 billion out of the current total health budget of US$ 7.22 billion for 2014/15)
- **Gilead license in India: but control API!**

http://www.globalhealthcheck.org/?p=1630

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What if countries use IP tools?

- **Thailand used CL for HIV, CVD and cancer medicines:** pharma hit the roof! Lamy's threatening letters to govt, US 301 list
- **India CL on one medicine (Nexavar)** slashing price from $5,500 to $175 /month
- Pharma attacks on India IP law because it puts public health before commercial interest. Mounting pressure on new govt

- Yet: US threat of CL over cipro was OK!

Why is it legal and acceptable for US/EU to protect its industry's profit but bad for India to protect health??

http://www.oxfam.org/sites/www.oxfam.org/files/file_attachments/bp-trading-away-access-medicines-290914-en.pdf

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Is the current IP/RD system sustainable?

- 3 reasons:
- Price is too high even in HICs: Roche cancer medicine rejected in UK due to price. US insurance companies are rationing Hep C medicine
- Price is too high for the “new” markets
- People are mobilised and will not accept pharma-govts current deals

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HIV lesson:Listen to People!

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But Why should pharma invest in Ebola

- Within the current RD system- perhaps no reason (perhaps unlocking science of infection)
- Time for new innovative thinking on R&D

Conclusion

We need

- **A new diverse menu of mechanisms to finance R&D, including more and systematic governments' funding**
- **Delinking financing R&D from price**
- **Public health not commercial interest dictates the R&D agenda**

Thank you

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TRADING AWAY ACCESS TO MEDICINES – REVISITED

How the European trade agenda continues to undermine access
to medicines

http://english.ahram.org.eg/NewsContentP/4/111544/Opinion/No-treatment-Ebola,-high-prices-for-hepatitis-C-dr.aspx

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