

TACD

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TACD resolution on global access to health care

1. The United States and the European Union have both undertaken serious and constructive reviews of trade policy as it relates to access to medicines, and these reviews have produced many important and beneficial changes in trade policy, as well as increased attention to problems of access to medicines, and the need to enhance research and development on important public health concerns.

2. The United States and the European Union and its member countries should enter into agreements with the World Health Organization, UNAIDS, UNICEF and other global public health organizations, to enable these organizations to use patents that were developed with public support, to expand access to health care in poor countries.

3. The US and the EU should communicate to the WTO TRIPS council that they will support policies to ensure that compulsory licensing of medicines will also benefit small market countries. Specifically, that mechanisms to enable production of medicines for export markets will be supported where such exports benefit public health and where the legitimate rights of patent owners are protected in the markets where the products are used.

4. The US and the EU should communicate to the WTO TRIPS Council that they support an exemption from the TRIPS obligation to provide patents on medicines for the least developed countries, as is permitted under the TRIPS agreement.

5. The US and the EU should ask the World Health Organization to report on the capacity of poor countries to evaluate patent claims on medical inventions, the costs of doing so, the costs of patent litigation in poor countries, and the policy implications of the capacity of poor countries to examine and litigate patent claims.

6. The US and the EU should support the NGO call for a global convention on supporting Research and Development (R&D), including support for AIDS and malaria vaccines, low cost diagnostic technologies and other appropriate

technologies, new drugs for tuberculosis, malaria and other neglected diseases, as well as other global R&D efforts, such as basic research, development of drugs for severe illnesses, and other research that benefits public health. Such a convention should include agreements to provide public funding for such research and development, as is appropriate given the immense suffering and economic costs of these diseases. Also, the inventions from such funding should be licensed in a manner consistent with the greatest global public health benefit.

7. The US and the EU should ask WIPO, WHO and the WTO to propose alternative methods of burden sharing for R&D for poor countries that cannot effectively manage a European and US patent system.

8. The US and the EU should ask the G7 countries to support sufficient levels of donor support for health care needs in poor countries, and that this donor support not be tied to country policies on patents or other intellectual property concerns.

9. In expanding access to medicine, the U.S. and the EU should avoid patent extensions, corporate subsidies and other donor programs that have anticompetitive consequences, lack transparency, and are not economically efficient.

10. The US and the EU should support true technology transfer policies with the developing countries, and not undermine national efforts to develop domestic pharmaceutical and biotechnology industries.

11. The US should withdraw its WTO action against Brazil on the Brazil compulsory licensing legislation. If the US wants to test local working issues in the context of the TRIPS it should address this issue in disputes with OECD member countries that have such provisions in their own national laws.

12. The US and the EU should not insist that countries adopt protections under Article 39.3 of the TRIPS that would be anticompetitive or undermine compulsory licensing.

13. The US and the EU should report to the TACD on the efforts that are being undertaken to improve the quality of generic drugs in poor countries.