

UNIVERSITIES ALLIED FOR ESSENTIAL MEDICINES UBC CHAPTER

The issues

An estimated ten million people—most of them in developing countries—die needlessly every year because they do not have access to existing medicines and vaccines. Countless others suffer from neglected tropical diseases for which there are still too few safe or effective medicines.

In both cases, respectively known as the access and research gaps, universities are well-placed to make a difference. University scientists are major contributors in the drug development pipeline, and at the same time, universities have an avowed commitment to advancing the public good. As university students, we have a unique opportunity to affect these problems by calling attention to our universities' responsibilities when it comes to essential medicines.

What can you do?

- Visit consensus.essentialmedicine.org and sign the **Philadelphia Consensus Statement**, a concrete but accessible document which lays out a comprehensive set of policy proposals for universities to address the access crisis. It focuses on three main points:
 - I. Universities should promote equal access to research.
 - II. Universities should promote research and development for neglected diseases.
 - III. Universities should measure research success according to impact on human welfare.
- Students: talk to your classmates and professors about the issues
- Professors: talk to your students and colleagues about the issues
- Ask UBC administrators what the university is doing in this area
- Ask your Member of Parliament to support legislation addressing these issues, including an amendment to the Jean Chrétien Pledge to Africa Act of 2004
- Join the UBC chapter of UAEM: help us spread the word and advocate for change

The stakes are extremely high: universities can save millions of lives, if they choose to. You can help universities make the right choice. We encourage you to take action today.



Learn more on the Web

UAEM home page: www.essentialmedicine.org
UBC chapter: www.ubc-uaem.org

Addressing the access gap

One of the most significant barriers to access in low- and middle-income (LMI) countries is the high cost of drugs: especially patented brand-name drugs, which can cost as much as ten times more than identical generic drugs. Patents—exclusive manufacturing rights—are granted so pharmaceutical companies can recoup the costs of research and development, but monopoly pricing keeps people in these countries from being able to afford life-saving treatment.

If, however, patents were waived in LMI countries, any qualified manufacturer could provide generic versions of such drugs at a much lower competitive price. The cost to pharmaceutical companies (and thus the effect on research and development) would be minimal since countries that are unable to afford brand-name drugs currently represent only a very small part of pharmaceutical industry revenues.

Pharmaceuticals rely on publicly-funded discoveries made in universities: universities do initial research, and then license their intellectual property rights to pharmaceuticals who do the follow-up R&D necessary to bring a drug to market. In negotiating licensing agreements, universities can require the inclusion of terms that ensure low-cost access to health-related innovations in the developing world.

Addressing the research gap

Neglected diseases are those for which treatment options are inadequate or do not exist, and for which drug-market potential is insufficient to attract a private-sector response.

Universities can also adopt policies that remove barriers to neglected diseases R&D. Proposed policy changes include: engaging with non-traditional partners, such as public-private partnerships or developing country institutions; creating new opportunities for drug development; and carving out neglected disease research exemptions in any university patents or licenses.

About UAEM

UAEM is a coalition of students and faculty at more than 40 major research universities across North America and Europe. Our mission is (1) to push universities to ensure that biomedical end products, such as drugs, developed in campus labs are accessible in developing countries, and (2) to facilitate and promote research on neglected diseases: those diseases which predominantly affect people who are too poor to constitute a market attractive to private-sector R&D investment.