

Medicines Patent Pool

A side event on the Medicine Patent Pool was held from 1:15-2:45 pm on Wed 18 May at WIPO, sponsored by Medicines Patent Pool. The moderator, Hans Hogerzceil (WHO director of essential medicines and pharmaceutical policies) opened the presentation with a brief explanation of the idea of a patent pool¹.

Sophie Logez (manager of quality assurance and data management at the Global Fund and ex WHO) spoke about the Global Fund's experience in procurement and accessing information about patents. She opened with a summary of the current outcomes of GF expenditure: 3m on ARVs, 7.7m on DOTS and 160m insecticide treated bednets distributed. While 90% of pharmaceuticals dispensed are generic the prices vary widely. Recipients are responsible for procurement and because of domestic IP policies and different trade agreements some countries (eg El Salvador) pay much more than others for ARVs.

Some recipient countries face significant procurement bottlenecks also; in some cases due to weaknesses in forecasting of needs but often because of weaknesses in managing patent matters. Countries often prepare procurement plans for funding without having sorted out relevant patent restrictions and only late in the cycle find complications. Other problems include: poor cooperation between ministries of health and other ministries such as finance, trade and industry; confusion regarding registration status, IP barriers to improved formulations.

There is a pressing need for simplified options for accessing IP information.

The second speaker was Jorge Bermudez (Executive Secretary of UNITAID, also ex WHO). He described how UNITAID collects funds to pay for AIDS treatment through the air ticket levy (provides 80% of funds donated). France, UK, Norway and Spain are the large donors. UNITAID supports the Medicines Patent Pool. Now 11 countries contribute through air ticket tax. A total of 29 countries contribute. UNITAID has raised around \$2bn in the 5 yrs since its establishment. Some 94 countries receive UNITAID funds via WHO, GFATM, UNICEF, FIND, CHAI and UNAIDS.

The Medicines Patent Pool is a core element of UNITAID's strategy. It aims to

- Improve access to quality affordable effective well adapted treatments;
- Push prices down;
- Influence global patenting of medicines;
- Promote the strategic use of IP.

1 The Medicines Patent Pool website (<http://www.medicinespatentpool.org/WHAT-WE-DO>) provides the following description of the medicines patent pool:

The Pool is an innovative 'one-stop shop' for patent holders, manufacturers of generic drugs or other organisations interested in engaging in research and development. With the patent pool model, multiple patents are 'pooled' and licensed out by one entity, in order to cut down on transaction costs for all parties involved. In the case of medicines, this allows more affordable and more adapted versions of patented drugs to be produced as generics, long before their 20-year patent terms run out. Not only will the Pool help speed up the process of getting urgently-needed newer and improved HIV medicines to people who need them at much more affordable prices, it will also foster the development of needed products that do not yet exist, such as certain 'fixed-dose combination' (FDC) pills containing two or more newer medicines in one pill, adapted medicines like those that can be used in hot climates without refrigeration, and HIV medicines for children.

The patent pool mechanism was first suggested in the 2006 report of the Commission on Intellectual Property, Innovation and Public Health. It is a voluntary pool, established in 2010 and received its first licence in 2010 (from the US NIH).

Some leading areas of work are the development of fixed dose combinations and preparations for children. The Pool is seeking to encourage big pharma to join the pool. Some large corporates have agreed to cooperate. Some are not so enthusiastic.

The next speaker was Dr Zaffir Merzza (from the WHO Department of Public Health, Innovation and Intellectual Property). He explained that the role of the Dept PH,I&IP is to ensure coordination of implementation of the Global Strategic Plan of Action on IP which is one of the most significant of WHO strategies, to promote innovation and improve access.

He spoke about the importance of technology transfer and described both North South and South South networks and pathways for such transfers and expressed the hope that more and more IP owners will be cooperating and making available their technologies to promote access and assist in the development of new technologies.

Ellen 't Hoen, the Executive Director of the MPP described the concept of a MPP. The partners supporting the MPP include UNITAID, WHO, WIPO, the GF, and others.

She reviewed the global experience in the treatment of AIDS over the last decade. 6m people are now on treatment; a further 10m do not have access to treatment. The numbers will rise no matter what scenario; 20m will need treatment by 2025.

Generic competition has been central to the treatment scale up over the last decade. Meanwhile while there has been widespread patenting of new drugs the promised fixed dose combinations and paediatric formulations which are urgently needed are not being developed.

Some companies are engaging with the MPP and agreeing to license their technologies. Some are less cooperative.

She described the patent status data base developed in collaboration with WIPO and national patent offices which is now available on the MPP website. WIPO looking at patent landscape for ARVs.

The final speaker was Shree Baboo Chekitan Servansing, the Ambassador and Permanent Representative of Mauritius, representing the African Union. He spoke about his experience as the AU representative on UNITAID and about the disease burden in SSA. He regretted the high drug prices and spoke about the urgent need for newer drugs, fixed dose combinations and new preparations.