2024.07.23 @itpcglobal Tuesday

MAKE MEDICINES AFFORDABLE 10-YEAR RETROSPECTIVE

10 Years of Community-led Action Against Pharma Greed

A ten-year retrospective on community-led approaches to addressing patent barriers and its impact on access to treatment

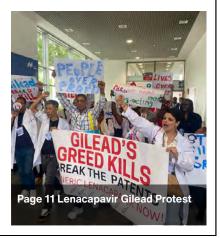


The Make Medicines Affordable
Campaign's 10th anniversary represents
a major milestone. Established in 2014,
the campaign has advocated for
equitable access to medicines (A2M) by
eliminating intellectual property (IP)
barriers in 17 low- and middle-income
countries.

The symposium was an opportunity to reflect on a decade of work, celebrate achievements and strategize for the future fight against HIV and beyond. Participants reflected on progress and challenges related to Intellectual Property and Access to Medicines (IP and A2M). Continued on page 2







10 Years of Patent Opposition



Continued from page 1. Participants assessed progress and challenges related to IP and A2M, explored strategies to remove patent barriers, highlighted the vital role of civil society and community organizations in reducing costs and expanding treatment options, shared best practices and lessons learned, and discussed how they fostered collaboration among stakeholders.

The symposium brought together treatment advocates, policymakers, healthcare professionals, researchers and individuals to exchange knowledge, inspire action and renew the collective commitment to making medicines affordable for all.



MMA: A Beacon of Hope

Today we are commemorating a significant milestone - the 10th anniversary of the Make Medicine Affordable campaign, launched by ITPC in 2014. The campaign has been a beacon of hope and advocacy, championing equitable access to medicines by tackling intellectual property barriers across 24 low- and middle-income countries.

Over the past decade, we have witnessed remarkable progress driven by the tireless efforts of community organizations, civil society, policymakers and healthcare professionals.

Today's symposium was a unique opportunity to reflect on our journey, celebrate our achievements and strategize for the future in our ongoing fight against HIV and other health challenges.

Today we delve into the progress and challenges related to IP and A2M. We explore innovative strategies to remove patent barriers, with an emphasis on the crucial role of civil society and community organizations in reducing costs, expanding treatment options and sharing best practices and lessons learned.

We hope the symposium will foster deeper collaboration among all stakeholders to inspire action and renew our collective commitment to making medicines affordable for all.

The role of communities in an increasingly fragile world

ITPC Executive Director Solange
Baptiste discussed the role of
communities in an increasingly fragile
world, reflecting on MMA's growth from
4 countries to 24, as they continue to
challenge IP laws to increase access to
generic meds.

She highlighted the unequal access to HIV and TB treatments like DTG and Bedaquiline despite WHO recommendations and the inequities in access to vaccines and medicines, particularly for low-income countries.

Baptiste emphasized the importance of community-led interventions in addressing intellectual property barriers to access to medicines as she highlighted the accomplishments of the Make Medicines Affordable (MMA) campaign.

She noted the ongoing challenges and inequities in accessing healthcare technologies, particularly for people living in low- and middle-income countries and stressed the need for people-centred approaches that prioritize affordable healthcare.

She emphasized the importance of local production and access to healthcare, particularly in the face of climate change and conflict.



The horror of the Ukraine war has not prevented a second war from starting - the horrifying war in Palestine.

Tens of thousands are dead; the bombing of nearly all hospitals, the enormous threat of diseases and collapsed healthcare make an already devastating situation worse.

I hope as activists we can all call for immediate ceasefires in Palestine and Ukraine at this conference.

Solange Baptiste

10 Years of the Make Medicines Affordable Campaign



Looking back at the 10-year history of the Make Medicines Affordable Campaign, Sergiy Kondratyuk, ITPC Senior Project Manager, emphasized how intellectual property laws hinder access to medicines, highlighting the divide between voluntary and compulsory licensing approaches.

Major successes

In 17 middle-income countries, community-based organization filed 94 patent depositions, saving governments \$900M in medication costs. Kondratyuk highlighted MMA's law reform efforts, how they challenge IP barriers, and increased access to affordable medical products in 14 countries.

Ongoing challenges

Colombia granted a compulsory license for dolutegravir but now faces a lawsuit from pharma association. He called on ViiV/GSK to drop the case.

Health is a constitutional right in Brazil

Susana van der Ploeg highlighted how in May 2021 the Brazilian Supreme Court ended the TRIPS plus measure which had allowed for patent term extensions. This landmark decision declared patent term extensions unconstitutional. This was a major public health achievement in Brazil.

This landmark decision was handed down during a horrific time when thousands of Brazilian people were dying from COVID because they didn't have access to vaccines.

This crucial victory was secured through the collective work of the civil society coalition led by our working group on intellectual property, and ABIA, which faced the powerful, well-funded Pharma lobby.

The Supreme Court decision highlighted that people's lives are more important than business interests. Patents can no longer be granted for more than 20 years. We should be very proud of this decision, which was a major victory for public health in Brazil. It underscores the importance of our qualitative work against this colonial IP system.



COVID-19: Generic treatment, local production and decolonization

Timothy Wafula Makokha emphasized the importance of local production and decolonization, citing lessons learned in Kenya during the COVID-19 pandemic. These included the need for increased local production and measures to promote access to medicine. He highlighted the ongoing IP problem as a recurring issue that hinders access to medicine, particularly in the face of public health emergencies.



Ukraine: Treatment access in war... and in peace



100% Life's Veronika Kochubei discussed the challenges of accessing life-saving drugs in Ukraine during the ongoing conflict. She emphasized the importance of ensuring access to medicines during times of crisis, such as war or pandemics. Efforts to address access issues include delivering medication through unconventional means and advocating for long-term solutions, such as legislative changes, to ensure the availability of essential medicines in Ukraine.





Thailand: Challenging patents and strengthening public healthcare



Chalermsak Kittitrakul discussed challenges in accessing affordable medicine due to patent barriers, with a focus on Thailand's success in addressing these challenges through compulsory licensing. He emphasized the importance of government and local manufacturers collaborating to produce generic versions of life-saving medicines. He also highlighted the need to continue defending life, dignity, and human rights in the face of authoritarianism and threats to democracy. He argued that collaboration and innovation were vital to overcoming patent barriers and access challenges, and called for continued advocacy and support.

Human rights and treatment access: Time for solidarity from donors

Veriano Terto Jr started by remembering comrades we've lost over four decades of activism for treatment access. He reminded the audience that MMA is part of a much longer history of community advocacy for access to treatment going all the way back to ACT-UP's die-ins in front of Wall Street in 1987.

MMA demonstrates how community activism and global solidary can yield unimaginable gains against tremendous odds, but he cautioned that this hardwon progress is under threat from rising authoritarianism and right-wing governments scaling back funding and criminalizing dissent.



Funders committed to human rights must support us to resist these reactionary forces, maintain the progress we've achieved and make new gains.

Terto ended the symposium by calling for the audience to demonstrate solidarity and keep defending life – always working for lives with dignity and human rights for all.

COMMUNITIES ARE EXPERTS PLENARY PROTEST

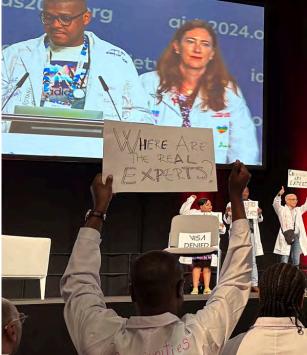
Experts in our own right not just research subjects

First, we are wearing these alternative white coats to reclaim who is considered an expert in our movements. Community mobilization is an expert skill. Advocacy is an expert skill. Community data matters. Community Leadership matters. We are not only the subjects of research, we are experts in our own right with our own community data.

Second, we wear the stethoscope to symbolize our unique role in the HIV movement. We have our finger on the pulse of our communities. Communities can pinpoint problems in HIV services and programs more quickly and develop workable solutions more rapidly than traditional research methods alone. Collaborate with us as equal experts.

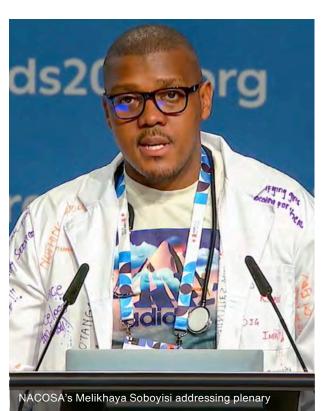






COMMUNITIES ARE EXPERTS PLENARY PROTEST

Communities are experts



We leave behind an empty chair. It represents the missing community experts - those who are not on this 'expert' panel because they don't have a PhD or medical degree. It represents those who are not here in person because of visa denials. Our movement needs to expand the definition of who is considered an expert. Without communities, you are leaving good ideas and smart solutions on the table. I dare you to find a problem that communities can't solve.













THE LAW, HUMAN RIGHTS AND ACCESS TO MEDICINES

Using TRIPS flexibilities in MENA countries to improve access to ARVs

In the MENA region, most countries encounter challenges in accessing high-quality antiretroviral drugs (ARVs).

The latest generation treatments are often patented, and many countries in the region, classified as "developing countries," are increasingly excluded from voluntary licenses granted by pharmaceutical laboratories. In response to this issue, a solution exists – using the TRIPS flexibilities provided by the WTO. However, these flexibilities are relatively unknown in the region, despite their potential to save millions of lives.

For over 6 years, ITPC MENA has undertaken extensive evidence-collection efforts, conducting numerous studies to substantiate our advocacy and expose certain barriers hindering the use of these flexibilities.

These barriers include international agreements and validation agreements signed by some countries in the region with the European Patent Office (EPO), demonstrating their impact on access to medicines.

Subsequently, based on this evidence, extensive awareness campaigns were conducted targeting civil society, key populations, decision-makers, local generic manufacturers, and patent offices. Finally, more tangible actions were taken, such as patent oppositions (e.g., TAF for HIV, Baricitinib for Covid-19).



Following this approach (data collection, raising awareness, and concrete actions), we successfully conducted a robust advocacy campaign grounded in evidence, convincing the majority of stakeholders who did not hesitate to express their support.

Today, we can affirm that the program has borne fruit. For the first time, TRIPS flexibilities are being utilized in Morocco, thanks to successful advocacy and awareness efforts targeting decision-makers. The next step is to replicate the same journey for Morocco in other countries within the region, starting with Tunisia as early as this year.

THE LAW, HUMAN RIGHTS AND ACCESS TO MEDICINES

Voluntary Licenses: A Double-Edged Sword

Voluntary licenses in the field of access to medicines can be a double-edged sword. While they can facilitate access to specific medicines for particular populations, in specific countries, for specific diseases, they may also have unintended consequences. These include disrupting market and pharmaceutical business dynamics, weakening and dividing the access to treatment movement, and being exploited by the pharmaceutical industry for public relations and publicity. Additionally, such licenses could undermine the ability of governments to effectively use the flexibilities commonly agreed upon in the TRIPS agreement.



It is crucial to take a step back and collectively reflect on these measures to assess their real impact on access to medicines. More importantly, we must consider the collateral damage these licenses could inflict on efforts to create systemic change aimed at improving the current system.

TODAY'S POSTERS

Life-mapping through Citizen Journalism



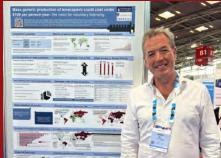
The lead author of this poster presentation, Life Maps Manager Ruby Ng'ong'ola Zolowere was unable to attend the conference and present the poster because her visa was denied.



Gilead: Profit Over People









Gilead chooses profit over people's lives. Research conducted by the University of Liverpool, in partnership with ITPC-MMA, revealed that Lenacapavir (LEN) could be produced at \$26-\$40 per person per year. In the United States, it is priced at over \$40,000 per person per year.















UNAIDS CONSULTATION

Participation in consultations around the sustainability and financing of community-led responses.

"When we talk about finance sustainability, we have to take a step back and consider the complex. multifaceted environment that we currently operate in. It's not only about money; it's also about navigating the rippling effects of the burdens we did and did not anticipate that now affect our approach". ITPC Strategy Lead, Dr Charlene Omrawo, shared her thoughts on the UNAIDS consultation process at AIDS2024. When asked what she would like to see in an advocacy brief about sustainability, Charlene made three points she feels are worth taking note of:

- 'Community-Led response' is exactly that; Community LED. And leadership comes with a particular skill set and level of expertise. "Community collects data. Community gives insights into the data for granularity. Community input can inform differentiated service delivery models. So why is community science not considered a sustainable and credible science? Our engagement in community science is equally valuable as the science produced in peer review articles, and we carry solutions to real-time problems. It's time we acknowledge community scientists and give them a seat at the round table."
- From an organizational standpoint, Charlene challenged UNAIDS and other delegates to start thinking about ways to fund CSOs, NGOs and network organizations to capacitate them to become financially self-sustainable in the future. "Countries typically base their net worth on GDP," Charlene said. "How much do non-profits operating on charity-driven funding models contribute to this GDP? Minimally."
- Lastly, related to her previous point, Charlene spoke about the importance of Human Resources. She mentioned that to continue efforts and ensure sustainable outcomes, especially those that are community-led, you need to build HR capacity. Strategic grants must consider HR, including organizational staffing structures and equal-pay-for-equal-work. We talk about economic freedom and debt relief as major stressors to progress... the solution starts here."



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