UHC and Access to Medicine

Salomé Meyer

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Collective Voices for Cancer in South Africa

SOUTH AFRICA
TWO TIER HEALTH = inequitable

For Cancer Services:

- Private sector service 16% of Population = 84% of Health Care Professionals

- Public sector service 84% of Population = 16% of Health Care Professionals

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Patent blocks equitable access and leads to excessive pricing

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ASKS of FIX THE PATENT LAW COALITION

1. Stricter patentability criteria to combat patent evergreening
2. Patent examination to ensure criteria are met prior to granting of patents
3. Implement patent opposition procedures
4. Adopt more workable procedure for granting Compulsory Licenses

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RESEARCH: PATENT BARRIERS OF CANCER MEDICINES

- Patent status and length
- Affordability
- Accessibility

= Patents block generic availability, inequitable access for those who need most, high pricing

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LENALIDOMIDE:
Generic unregistered @ US $408

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LENALIDOMIDE:

Registered product @ US $ 6126 pm

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Advocacy strategy

- 8 Medicines linked to burden of disease to improve access
- Individual approach for each medicines
- Close relationship with clinical community
- Collaboration with National Health Department – regulatory and EML
- Legal assistance for CL/parallel importation or patent revocation

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What are NCD (Cancer) issues

High cost of medicines	Removing IP Barriers Delinking R&D costs,
Generic Availability	Medicine Pooling Regional cooperation
Generic Competition	WHO Biosimilar guidelines/ WHO EML Regulatory approvals in line for S/E/Q
Cancer Pharma dominance	Global Fund for Cancer/NCD's
Inequitable Access	Acknowledge Human Rights – delink economic dependency on pharma

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UNHLP – Access to Medicine (1)

- First report that recognises that A2M is an issue across countries of all incomes and affects all medicines, diagnostics and vaccines
- Recommendations pave the way for improving access to medicines
- Focus on R&D: New innovation models that do not rely on IP as well as the need for a global R&D agreement.

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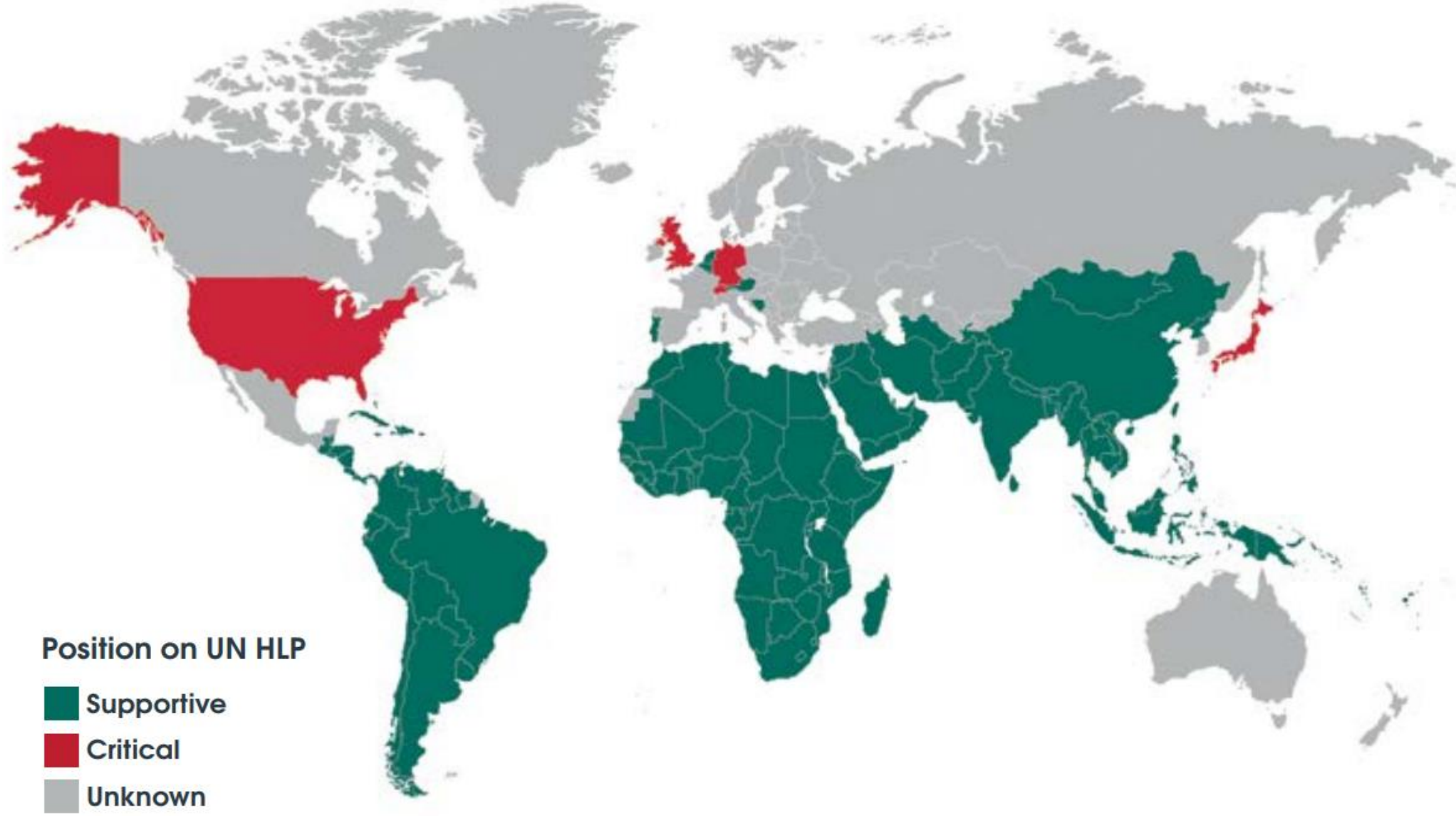
Position on UN HLP
Supportive
Critical
Unknown

UNHLP – what more? (1)

- Discussion on a new IP regime for pharmaceutical products which is consistent with international human rights law and public health requirements, while safeguarding the justifiable rights of inventors.
- The threat of retaliation if governments use or show their intent to use TRIPS flexibilities calls for recommendations of bold punitive actions against governments making such threats, which are missing in the report.

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UNHLP – what more?(2)

- Countries should be free from pressure when they use TRIPS flexibilities including in deciding and using pro- health patentability criteria.

- TRIPS-plus measures in free trade agreements (FTAs) must be halted, reversed and banned.

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UNHLP – what more? (3)

- Governments must be enabled to address access barriers within the current IP system through automatic licensing for essential medicines. Medicines on national lists or on the WHO Model List for essential Medicines should be exempted from IP protection
- The waiver for Least Developed Countries (LDCs) should be extended.

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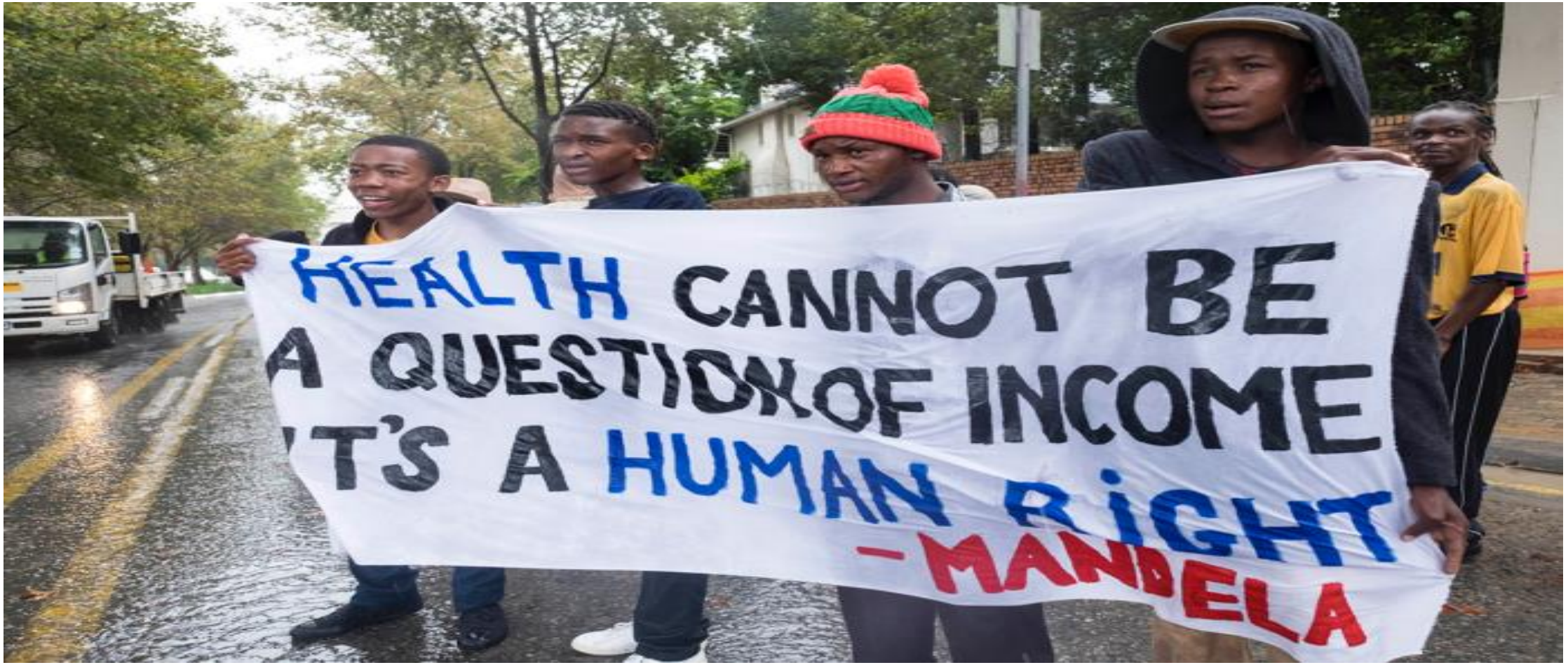
LESSONS FOR LMIC



THANK YOU!

#LetsTalkAboutCancer

Together We Can – It is not beyond us

www.canceralliance.co.za

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