Policy Statement on Global Access Licensing Framework

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Summary

A third of the world's population do not have access to essential medicines. [1] A contributing factor to this is the unaffordable prices of medicines set by the pharmaceutical industry. Almost a third of medications originate from universities, [2] and as charitable institutions, universities have a responsibility to ensure that medications reach those that require them. The adoption of a global access licensing policy at universities will ensure health related technologies, once licensed to pharmaceutical companies, are accessible to those in low and middle-income countries.

Introduction

There are stark differences in the financial burden pharmaceuticals pose on various countries. In developed countries, drugs represents less than 20% of total public and private health spending in comparison to up to 66% in developing countries. [3] For most developing countries, the greatest public expenditure on health and the greatest household health expenditure are on medications. [4] There are a large number of drugs that have been developed to cure illnesses that are prevalent in the developing world. These include non communicable diseases, which account for 80% of death in low and middle income countries. [5] A lack of access to these drugs largely due to the high prices still remains a serious global health challenge. It is widely recognised that introducing competition through generic manufacturers is the most effective and sustainable way of driving down prices and thus increasing accessibility to life saving treatments. [6] Medical technologies developed using publically funded research, which requires no return on investment, should therefore be licensed in a way that allows generic production in order to maximize their health impact.

Main Text

Public universities play a crucial role in the development of new medical technologies with 31% of all drugs originating from universities. [7] As charitable institutions, universities have a responsibility to ensure that their research output and health related innovations are accessible to all those that it could benefit. As it currently stands, universities license their health related innovations to pharmaceutical companies who continue the research and development process. From here, the monopoly rights to the health innovation lie with the pharmaceutical company thus leading to a lack of accessible medications to those in lower and middle-income countries. In order to meet their responsibility to the public, universities should license their medical technologies with a concrete and transparent strategy to ensure affordability of the technologies in resource limited countries; this can be done through the application of the Global Access Licensing Policy. [8] Whilst the global access licensing policy acknowledges that every license is unique, it provides a framework through which universities can negotiate licenses that protect university's responsibility to public health.

The Global Access Licensing Framework adheres to the following six principles: [9]

<u>Goals</u>

1. Access to medicines and health-related technologies for all is the primary purpose of technology transfer of health-related innovations. This includes protecting access to the final end product needed by patients (e.g. formulated pills or vaccines).
2. Technology transfer should preserve future innovation by ensuring that intellectual property does not act as a barrier to further research.

Strategies

3. Generic competition is the most efficient method of facilitating affordable access to medicines in resource-limited countries. Legal barriers to generic production of these products for use in resource-limited countries should therefore be removed. In the cases of biologic compounds or other drugs where generic provision is forecast to be technically or economically infeasible, “at-cost” or other provisioning requirements should be used as a supplement to generic provisioning terms but should never replace those terms.
4. Proactive licensing provisions are essential to ensure that follow-on patents and data exclusivity cannot be used to block generic production. Other barriers may need to be addressed for the licensing of biologics.
5. University technology transfer programs should facilitate future innovation by patenting only when truly necessary to promote commercialization, utilizing non-exclusive licensing, creating streamlined processes for materials transfer, and reserving broad rights to use licensed technology in future research.
6. A global access licensing policy should be systematic in its approach, sufficiently transparent to verify its effectiveness, and based on explicit metrics that measure the success of technology transfer by its impact on access and continued innovation.

Medsin calls on universities to realise the full potential of the research they undertake by applying global access licensing to all health related innovations. We urge students to push their university to adopt a global access licensing policy through communication with their technology transfer office.

Recommendations

1. Medsin and UAEM members should educate their universities about the Global Access Licensing Framework
2. Medsin and UAEM members should push the technology transfer office at individual universities to pass a global access licensing policy
3. Medsin and UAEM members should ensure universities adhere to the policy through continuous assessment of implementation.
4. Medsin and UAEM members should encourage the technology transfer office in monitoring the efficacy of the use of global access licensing in ensuring access to end product medical technologies.

References

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(8)"Global Access Licensing Framework - Universities Allied for Essential Medicines" 2013. 18 Oct. 2015 http://uaem.org/cms/assets/uploads/2013/03/Framework-V1_2.pdf

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