Topic: Measures setting limits to medical intellectual property

The United Nations Educational, Scientific and Cultural Organization,

Recognizing that patents are exclusive rights granted for an invention, which grant the owner or creator negotiated control over the production, sale, distribution, and consumption of his/her invention for a limited period of time, generally 20 years,

Aware of the critical role that medical intellectual property (IP) plays in the medical field in areas including biotechnology, research, development, and pharmaceutical drugs, and the importance of providing public access to necessary goods and services with the aim of maintaining health and wellbeing, and facilitating advancements in the field of medicine,

Keeping in mind that the World Intellectual Property Organization (WIPO) defines trademarks as "a distinct sign that identifies certain goods or services produced or provided by an individual or a company" which enables consumers to identify goods or services,

Fully aware of the numerous benefits that intellectual property rights (IPRs) provide for innovators and creators, allowing them to benefit from their own investment, both financially and through other means, in a creation,

Recalling the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), administered by the World Trade Organization (WTO) in 1995, which allows generic manufacturers to produce patented products cheaply for consumers,

Bearing in mind the significant importance of both protecting and encouraging IP and the rights of individuals to benefit from scientific advancements in the medical field as highlighted in Article 27 of the Universal Declaration of Human Rights (UDHR) stating the 'protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author',

Noting that although compulsory licences aren't permitted or legalized in all countries, the issuance of compulsory licenses is often practiced by key industrialized countries,

Fully Aware that although generic medicines are considered legal if made after the patent of a drug expires, and provide people with vital medication at lower costs, they are considered by many to be a violation of patent laws as they create unfair competition and deter innovation in the field of medicine,

Noting with deep concern that companies producing generic medications are often not strictly regulated by relevant authorities,

Recalling the international recognition of patent and copyright in the 1880s by the Paris Convention (1883) and the Berne Convention (1886), which now serve as the underlying documents of modern IPRs,

Recognizing the importance and benefits that IPRs have in relation to enabling further research and development (R&D) in the field of technology or art in which the IPR pertains to, as well as in relation to the assurance to consumers of the reliability of the goods purchased,

Recalling the Doha Ministerial Conference (2001) hosted by the WTO, which proclaimed that "international trade rules could and should not undermine legitimate rights to countries to protect public health", Keeping in mind that the main objective of the World Health Organization (WHO) in relation to medical IPs is to ensure that the principles of the Doha Ministerial Conference are upheld, and currently, the WIPO, WTO and WHO have formed a trilateral agreement to cohesively respond to issues in relation to medical IPs,

Noting with concern that despite the intention of medical IPRs being to incentivize the market and push for further progress in the field of medicine, medical IPRs have frequently been the source of contention in the national, regional, and international level,

Fully aware that the WHO deems the access to essential medicines as one of the fundamental human rights,

Noting with deep concern that a significant percentage of the population in developing countries do not have access to essential drugs and medicines whose high costs restrict citizens from purchasing the drugs and medicines needed, as these drugs or medicines are often patented by pharmaceutical companies who hike the price,

Recognizing that the WHO reports that an estimated 1⁄3 of the world population is currently unable to regularly access essential drugs, resulting in an increased prevalence of communicable diseases in populations without this access,

Deeply disturbed by the data collected over the decade, which reveals an upward trend in rising healthcare costs,

Viewing with deep concern that the high prices of medicine in certain countries may also be partially the result of implemented taxes or tariffs, port charges, and importer's margin, greatly benefiting the market and economy of these countries by promoting locally produced generic medications,

Alarmed by the results of a study conducted by the Global Forum for Health Research , which indicates that less than 10% of worldwide resources were used for research towards health in developing countries, whereas over 90% of preventable deaths worldwide occur in developing countries,

Keeping in mind that the reason for the above discrepancy lies in the fact that when pharmaceutical companies invest in R&D of new drugs or medical products, they tend to target those with purchasing power, mainly found in developed countries, which leads to significantly less research being devoted to Neglected Tropical Diseases (NTD) such as malaria, tuberculosis and helminthiasis, which are commonly found in developing countries,

1. **Urges** negotiations supported by the WTO to make medication vital to the health of large amounts of the population more affordable, without cutting revenue for firms producing these goods by:
    a. Recommends for governments to remove import and export bans on vital medicines unless:
        i. Against the moral values of the country, or sufficient evidence
        ii. The government can justify the band by providing of negative impacts
    b. Decreasing or abolishing import/export taxes/tariffs on medicine which is desperately needed in nation which cannot afford this medicine otherwise, this need would be determined by the country in question with the help of the WTO and WHO;

2. **Recommends** an implementation of measures for self-autonomy in research facilities in LDCs, so they can collaborate and focus on diseases and illnesses that are relevant in their respective union through by, but not limited to:
    a. Constructing innovative networks that will aim to bridge the research gaps between LDCs and thereby construct a stable and intellectual environment for researchers that would require:
        i. An improved approach towards IP and patents in LDCs to grant research facilities the means to develop New Molecular Entities that meet the needs of the public
        ii. A well-coordinated management system between member states to ensure progress is timely and pertinent
        iii. A transition from short term funding to a sustainable and established form of long term financing through independent durable endowment funds

b. Raising and spreading awareness through campaigns about the lack of cohesion in R&D in developing countries to garner the attention of their respective governments,

c. Either one or two existing research centers in LDCs will be improved in order to make them as likely as possible to make conclusive research, or if in said LDC there are no research centers to implement one, to allow each LDC to contribute to the global fight against NTDs

3. Calls for the formation of a sub-committee of the WHO in partnership with UNESCO to address the issue of compulsory licensing in LDCs which will:

a. Outline when there is an emergency and when one has passed based on:

i. Death count

ii. Groups afflicted

iii. Cost and availability of relevant medicines

iv. Speed and method of transmission and the density of carrier where applicable

v. How quickly mutation has occurred since outbreak

b. Apply for compulsory licenses on behalf of relevant countries and subsidize the reimbursement of the patent holders

c. Streamline and triage the application for voluntary and compulsory licenses

d. Decide upon which companies would be used to produce the generic copies on the grounds of:

i. Cost effectiveness

ii. Previous records;

e. Allow MDCs to produce the medication with the subsidy in place if the country affected by the disease is unable to supply enough medication;

4. **<u>Suggests</u>** the creation of a GC (Good Cause) stamp with 3 levels ("GC1"; "GC2"; "GC3") for drugs sold by pharmaceutical companies, provided and monitored by the WHO, with aims to inform the individuals purchasing the product of its background, only attained if the drug passes all of the following within a specific GC level:

a. Must be sold with a low profit margin after cost of manufacturing, cost of R&D per item sold, and,

i. Lower than 12% for GC1,

ii. Lower than 6% for GC2,

iii. Lower than 2% for GC3,

b. Must be sold in LEDCs,

i. At least 5 member states for GC1,

ii. At least 20 member states for GC2,

iii. At least 30 member states for GC3,

c. Must be financially feasible by poor markets,

i. 30% of globally affected can afford for GC1,

ii. 60% of globally affected can afford for GC2,

iii. 90% of globally affected can afford for GC3,

d. Must be an effective drug, as measured by WHO which would refer to theoretical effectiveness and statistical effectiveness by measuring Absolute Risk or Response Difference (ARD), Percentage Response Ratio (PRR), Mean Difference (MD) and Standardized Mean difference (SMD),

i. Average 20% of takers get healed for GC1,

ii. Average 40% of takers get healed for GC2,
iii. Average 60% of takers get healed for GC3,

e. The drug rating would be revised by the WHO every 5 years;

5. **Calls Upon** nations to ensure the legitimacy and quality of locally produced medicine, through means including but not limited to:

a. periodically check on all medicine manufacturers and distributors for licenses authorized by the patent holder of the product unless it is generic or if the patent expired, at least once per year is recommended,

b. to create reasonably high standards of quality to be met by manufacturers before they are granted permission to manufacture a certain medical product, in accordance with including but not limited to:

i. standards described by the patent holder,
ii. international agreements, such as CADREAC (The Collaboration Agreement of Drug Regulatory Authorities in European Union Associated Countries),
iii. the International Norms and Standards Guideline for Pharmaceuticals, provided by the WHO,

c. to impose stricter punishments for manufacturing and selling substandard or counterfeit products, in the form of:

i. fines in value no less than the profit made from these unauthorized productions,
ii. confiscation of licenses in the case of substandard production,

d. to report in detail the situation in the aspects above annually to WIPO,

e. monitoring efforts above should be funded by fines collected from unauthorized manufacturers and distributors,

f. Increasing awareness on the dangers of falsified medicines through national campaigns and specific teaching in schools,

e. Developing dispensaries role in distributing controlled medicines with the aid of NGOs and UNESCO;

5. Sets regulations for countries that make use of Medical Intellectual Property, which:

a. Include the establishment of an optimum selling price as defined by individual countries based on their GDP per capita and firm's average average prior margins, in conjunction with the World Health Organization (WHO) allowing:

i. Firms to still operate at previous manufacturing levels and receive subsidies from the UNESCO and WHO,
ii. Availability of the product to a majority of the country's population,

b. Will be reinforced through a re-evaluation of levels of requirement of the MIPs conducted by the World Trade Organization every 5 years unless urgently required by the local government;