



Statement by MSF at WIPO GA September 30, 2004

Thank you Mr Chairman for giving me the opportunity to address the General Assembly of the WIPO.

I am speaking on behalf of Médecins sans Frontières' access to essential medicines campaign. MSF is a medical humanitarian organisation that works in over 80 countries around the world.

Some of you may wonder why a medical organization is interested in intellectual property matters and specifically in the work of WIPO.

We developed this interest when we found ourselves increasingly confronted in the field with problems of access to essential medicines. Intellectual property and specifically patents affect prices and availability of desperately needed medicines.

The HIV AIDS epidemic has made the effects of patents on access to medicines painfully clear. New medicines are often priced out of reach of poor people who need them.

Effective medicines that dramatically increase the life expectancy of people living with AIDS became available in Europe and North America a decade ago. Today in

the developing world 40 million people are infected with HIV. 6 million people need access to these same medicines NOW. Only 400.000 do.

MSF is treating 15.000 patients with antiretroviral drugs in 25 countries. We have been able to start treatment projects when prices started to decrease. In the last 4 years we have seen a drop from 15.000 US\$ per patient per year to 150US\$ per patient per year for triple therapy as a result of generic competition. First line generic ARVs are available because diverse national patent systems and practices exist. We are however looking with concern to the future when our patients will need access to second generation medicines, while the supply of affordable versions of new medicines may no longer exist.

We cannot accept a world in which the fruits of innovation can only be enjoyed by the wealthy. This principle has been acknowledged in the *WTO Declaration on TRIPS and Public Health* adopted in Doha in 2001.

A second problem I would like to raise is the lack of R&D for neglected – mainly tropical – diseases. Pharmaceutical innovation is skewed towards areas that promise a profitable return. This is a logical consequence of a patent driven R&D mechanism our societies rely on these days. However this system leaves huge health needs unmet. In the last 20 years of the 1300 new chemical entities registered in the world only 13 were for tropical diseases. Diseases such as African Trypanosomiasis, Chagas disease, Buruli ulcer, leishmania affects hundreds of thousands of people in the developing world – yet no sufficiently effective treatments are available or in the pipeline.

In some aspects even AIDS is a neglected disease. For example we desperately need better adapted formulations to treat children with AIDS.

MSF is a partner in the Drugs for neglected diseases initiative – a not for profit drug development initiative that aims at developing medicines for the most neglected diseases. However we are aware that the DNDi's contribution to the R&D crisis can only be modest. Much more needs to be done.

When WIPO was established in 1967 its main mission was to encourage creative activity promoting the protection intellectual property. The mission was expanded in 1974, when WIPO became part of the United Nations, under an agreement that asked WIPO to take "appropriate action to promote creative intellectual activity," and facilitate the transfer of technology to developing countries, "in order to accelerate economic, social and cultural development."

However in reality WIPO seems to embrace a culture of IP without sufficient regard for the social and health consequences. We believe that WIPO as an UN Agency should change the way it goes about its business and adopts an approach that recognizes the public as a whole as beneficiaries of the patent system. The IP system is a social policy tool that should benefit society as a whole. IP is a means to an end, not an end in itself.

We do not ask that WIPO abandon efforts to promote the appropriate protection of IP, or abandon efforts to improve IP laws. But we insist that WIPO work from a broader framework described in the 1974 agreement with the UN and take a more balanced view of the social benefits and costs of IP, as a tool, but not the only one, to support creative intellectual activity and innovation.

We specifically urge WIPO to:

- Reform its technical assistance programmes to provide tools to countries and others to fully implement the Doha declaration on TRIPS and Public Health, to use to the full the flexibilities of the TRIPS agreement to

promote access to medicines for all. And work with other UN agencies in this field.

- Engage in the debate how to stimulate health needs driven R&D, especially for neglected diseases, including mechanisms to make the fruits of medical innovations available to all who need them
- Engage in exploring alternative and additional models for R&D priority setting and financing.
- Do not move ahead with patent law reform without an independent assessment of the likely affect on public health.

Your upcoming discussion on the need for WIPO to adopt a development agenda offers a unique opportunity to address these issues and I hope that you will take our submission into account.

We look forward to working with WIPO on ways to increase access to essential medicines and ways to ensure innovation that addresses health needs of people in developing countries.

MSF is one of the 500 signatories of the *Geneva Declaration on the Future of the WIPO*. I would take up too much of your time to read out the full text but I would be more than happy to make that text available to you as part of the record of this meeting.

Mr Chairman, delegates, I thank you for your attention.