

Parallel Session 8 Intellectual

Question	Answer
<p>drug regulatory agencies are more focused on the QSE aspects while competition laws are overlooked by another agency, that's making</p>	
<p>The EU just published a new review of 26 antitrust actions in the EU pharmaceutical market 2018-2022. 30 investigations are ongoing; 40 were closed. See</p>	<p>Indeed. US FTC also has called for expansive and flexible use of march in rights to tackle high drug prices</p>
<p>TRIPS waiver provisions are like difficult to pick fruits and uptakes are so low in even developed countries. so most of the TRIPS waivers on pharmaceuticals to promote access become redundant, how can we</p>	<p>Everyone can play a role, for example participating in and creating networks of students, experts and advocates from various fields, i.e. economics, law and health, to support IP reforms and implementation of TRIPS</p>
<p>One point that is often overlooked in IP and health debates is that the patent system leads to the publication of inventions. This prevents duplication of work and promotes further innovation. Considering that most if not all medicines available today were at some point patented (and now generic), the</p>	
<p>As Viviana said, there's no empirical evidence that IP really boosts innovation. We've seen that during Covid: whilst Pharma claims IP was central, it's rather the massive public funding that was instrumental for the rapid development of vaccines and other health technologies. What is evidenced, however, is that IP leads to big obstacles for universal access to affordable drugs, especially with the multiplication of frivolous, secondary patents delaying the generic competition without added therapeutic value. There are</p>	<p>this is very good point, one of the ways is by patient groups being knowledgeable on IP barriers issues and demanding their constituencies and IP regulators to resolve these issues. Also, dialogue between MoHs, MoT, IP regulators, Ministry of Economy/Industry is very helpful</p>
<p>The claim that COVID-19 vaccines were developed by public institutions should be heavily qualified. No doubt that Sputnik V was developed by the Russian government using known technology, but mRNA vaccines came out of over a decade of R&D performed by Moderna and BioNTech with VC support and contract research commissioned by large pharma companies. This work (and parallel work on lipid nano particles) led to the technology platforms that enabled these companies to develop mRNA vaccines in record time. Most public funding was</p>	<p>Incentives such as operation warp speed and support for clinical trials significantly reduced cost and risk of R&D. See https://pubmed.ncbi.nlm.nih.gov/35121217/</p>

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<p>The claim that COVID-19 vaccines were developed by public institutions should be heavily qualified. No doubt that Sputnik V was developed by the Russian government using known technology, but mRNA vaccines came out of over a decade of R&D performed by Moderna and BioNTech with VC support and contract research commissioned by large pharma companies. This work (and parallel work on lipid nano particles) led to the technology platforms that enabled these companies to develop mRNA vaccines in record time. Most public funding was directed to supporting production at risk and not R&D activities. It should also be noted that the consensus in academia before COVID 19 was that mRNA would probably never be</p>	<p>Fully agree Boris. Globally, the private sector invests the majority “over two-thirds“ of biopharmaceutical R&D investment . This investment enables the journey from discovering a mechanism of action or understanding a disease cascade in a research lab to transforming it into a safe, effective medicine ready to benefit patients around the world. The public sector plays a critical role in investing in basic and early research and ensuring national policies strengthen intellectual property protections and create a conducive and sustainable environment for private sector investment and biopharmaceutical innovation in countries. From a patent perspective, Less than 15 percent of new medicines are covered by even a single</p>
<p>For the source of mRNA vaccines, see BioNTech CTO Sierk Poetting:</p>	<p>live answered</p>
<p>Patent oppositions is a way to limit undue monopolies, see e.g. for CAR-T cancer treatments https://www.publiceye.ch/en/media-corner/press-releases/detail/novartis-drops-the-kymriah-patent-that-was-opposed-by-public-eye. But it requires a lot of technical</p>	<p>Yes, for sure, fully agree on that with you Patrick</p>
<p>Madame chair: we are under huge pressure on what would be our access to medicines in Nepal post LDC graduation from 2026, what would you suggest us to pursue in order to</p>	<p>live answered</p>
<p>Madame chair: we are under huge pressure on what would be our access to medicines in Nepal post LDC graduation from 2026, what would you suggest us to pursue in order to safeguard access to patented pharmaceuticals and immunotherapies?</p>	<p>For LDCs, it is important to prepare to make use of the policy space available for introducing the flexibilities in the WTO TRIPS agreement. Bangladesh provides a good example with their new patent act 2023 incorporating TRIPS flexibilities. You can check our website for</p>
<p>Madame chair: we are under huge pressure on what would be our access to medicines in Nepal post LDC graduation from 2026, what would you suggest us to pursue in order to</p>	<p>pls share your website link for the document</p>
<p>Madame chair: we are under huge pressure on what would be our access to medicines in Nepal post LDC graduation from 2026, what would you suggest us to pursue in order to</p>	<p>www.southcentre.int & feel free to email munoz@southcentre.int</p>

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<p>Madame chair: we are under huge pressure on what would be our access to medicines in Nepal post LDC graduation from 2026, what would you suggest us to pursue inorder to</p>	<p>thank you ma'm</p>
<p>Madame chair: we are under huge pressure on what would be our access to medicines in Nepal post LDC graduation from 2026, what would you suggest us to pursue inorder to safeguard access to patented</p>	<p>Agree with Viviana. It is important to benefit from experiences worldwide and incorporate flexibilities in national legislation. Here is also a TWN resource which might be useful: https://www.twn.my/title2/IPR/ipr17.htm</p>
<p>as Viviana explained patents should not be confused with innovation, and corporate practices like evergreening actually end up</p>	
<p>The claim that there's no empirical evidence about the link between IP rights and biopharma innovation is not supported by ... empirical evidence:</p> <ul style="list-style-type: none"> - The source of about all medicinal innovation has been and still is the countries with strong IP rights. It is clearly not sufficient by itself, but it's a must. - India's historical decision not to allow patent protection medicines enabled the development of a vibrant generic industry, but little if any in terms of R&D - In line with their strategic plan to take over the US as the primary source of innovation, China copy/pasted the US IP legislation. It 	
<p>Do we have a benchmark in the world of a government-funded laboratory that is delivering innovation at a higher rate than</p>	<p>live answered</p>
<p>Do we have a benchmark in the world of a government-funded laboratory that is delivering innovation at a higher rate than private-funded manufacturers? Thank you</p>	<p>I am not aware. We should not expect a single institution to deliver "innovation". For lack of agreement on definitions (innovation) and data (that can be verified) I dont think this assessment is currently possible.</p>
<p>How can the difficult equilibrium between incentivation and protection be maintained while recognising that development is much faster now a days and thus the protection</p>	<p>live answered</p>

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<p>Could you please comment on the the recent study published by the World Intellectual Property Office (WIPO) into inequity in the access to COVID-19 vaccines which concluded that, "on present evidence, there is no reason to single out patents or trade secrets as the primary cause of inequity in the COVID-19 response. Further, WIPO the found that IP protections enabled developers of COVID technologies to share and advance technical information, and without it the developers would not have been able to in-license scientific contributions or out-license to contract</p>	<p>live answered</p>
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<p>When deploying a critique of the patent system, one should fairly consider the alternative, ie, what would happen if such legal protection wasn't provided to secure innovative activities?</p> <p>Do you have examples of a sustained source of biopharma innovation from countries that do not provide patent protection in the last 80 years?</p> <p>Do you believe that resorting to trade secrets</p>	

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<p>The statement that "public money supports R&D" raises a series of questions:</p> <ul style="list-style-type: none"> - Which country exactly? Lacking some global pool of funding, one should assume that any such claim can only be made by the country/ies that actually provided any sort of funding. - Are royalties being paid? Any significant R&D funding is linked to IP and licensing. Any Office of Tech Transfer can confirm this. - What was the compensation provided by the research company for public research centers to perform their research? - Was the clinical development work related to regulatory approval? If not, it wasn't 	
<p>let's focus the discussion on how we can get access to, and fair prices of new medicines.</p>	
<p>My specific question is : should the pprotection period be the same now than it was in the XX century, considering that the development times and failure ratios have</p>	
<p>What is the percentage of therapeutics coming from the alternative models in the Essential Medicines List?</p>	<p>Since 2001, 944 new active substances and vaccines have been launched thanks to the patent system. Alternative models should be pursued and the industry is partnering with organizations involved (MMV, DnDI, etc.)</p>
<p>On the source of biopharma innovation:</p> <ul style="list-style-type: none"> - Flier J., Academia and industry: allocating credit for discovery and development of new therapies, Journal of Clinical Investigation, 20 May 2019. https://blogs.sciencemag.org/pipeline/archives/2019/05/28/where-drugs-come-from-a-comprehensive-look - Derek Lowe, Where Drugs Come From: A 	

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The duration of clinical development is different across therapeutic innovation, but it has been increasing. This is evidenced by the European Commission / Technopolis report showing that actual exclusivity period has	
great response by Mustaqeem on balancing private rights with the need for public goods - the TRIPS flexibilities recognise the need to	
I agree with Mustaqeem - medicines should not be understood as goods as any other. While I understand that the source of funding is the same as for other industrial sectors in a way, there's a blatant inherent contradiction with this. I don't have the response, but we	
During COVID-19, some countries have experienced significant vaccine hesitancy. The single focus on IP rights as the key to access was misplaced, as shown by South Africa's call to stop vaccine donations as they couldn't store them and were faced with low	
Title	Link
Competition Policy	policy.ec.europa.eu/sectors/pharmaceuticals-health-services_en
The tangled history of mRNA vaccines	https://www.nature.com/articles/d41586-021-02483-w
What drives innovation? Lessons from COVID-	https://pubmed.ncbi.nlm.nih.gov/35121217/
BioNTech CTO Sierk Poetting	https://youtu.be/oa1eU3j7A7U?t=2741
Novartis drops the Kymriah patent that was opposed by Public Eye	https://www.publiceye.ch/en/media-corner/press-releases/detail/novartis-drops-the-kymriah-patent-that-was-opposed-by-public-eye
Product Patent Protection, the TRIPS LDC Exemption and the Bangladesh	https://www.twn.my/title2/IPR/ipr17.htm
The dawn of China biopharma innovation	https://www.sciences/our-insights/the-dawn-of-china-biopharma-innovation
Derek Lowe, Where Drugs Come From: A Comprehensive Look, Science, May 2019	https://doi.org/10.1172/JCI129122
Flier J., Academia and industry: allocating credit for discovery and development of new therapies, Journal of Clinical Investigation, 20	https://blogs.sciencemag.org/pipeline/archives/2019/05/28/where-drugs-come-from-a-comprehensive-look