



Contact: Dave Chokshi
225-354-6673
daveash@med.upenn.edu

FOR IMMEDIATE RELEASE
November 14, 2006

Students Across North America Call for Universities to Stop Abetting Access-to-Medicines Crisis in Poor Countries *International Leaders Voice Support for Student Activists*

PHILADELPHIA, Pa. – For five years, students across North America have been calling on their universities to make the life-saving drugs discovered in campus laboratories available in the developing world. Now, a chorus of stentorian voices has joined their cause, including a South African Supreme Court Justice, four Nobel laureates, and humanitarians such as the UN Special Envoy for HIV/AIDS in Africa and the co-founders of Partners in Health.

The idea that universities must have a role in ameliorating the access-to-medicines crisis in poor countries owes its origins to a 2001 campaign at Yale University. Students, scientists, and the organization Doctors Without Borders asked Yale to help increase access to the AIDS drug *d4t* in South Africa. Yale scientists discovered and patented *d4t*; the university subsequently licensed the drug to Bristol-Myers Squibb, which marketed it for \$1,600 per patient per year. Under pressure from students, faculty, and the general public, Yale and Bristol-Myers Squibb agreed to allow generic manufacturers of *d4t* to compete in certain markets, thus lowering the price of the drug to \$55 per patient per year—a 96 percent reduction.

Unfortunately, the Yale-*d4t* case was an isolated one. In the five years since Yale's decision, other universities have missed similar opportunities by failing to negotiate prospectively for equitable-access terms in their pharmaceutical licenses. Last year, for example, in a deal with Gilead Sciences and Royalty Pharma, Emory University sold its royalty rights to emtricitabine, an active ingredient in the HIV antiretrovirals Emtriva, Truvada and Atripla. The scale of the deal (the largest-ever such transaction for an academic institution) caught the attention of student activists at Emory, who investigated Gilead's provisions for access in developing countries and found them lacking.

“Although Gilead's Access Program promises to supply 97 developing countries, the drugs are only available in a fraction of them,” said Stephanie Doan, a student at the Rollins School of Public Health at Emory. “Learning from this experience is critical. In future negotiations with pharmaceutical companies, the University must require expanded access to Emory-developed drugs in poor countries.”

Expanding access in poor countries does not require universities to sacrifice their bottom line. Because patients in developing countries aren't currently able to afford the drugs that they so desperately need, they do not factor into pharmaceutical company revenue or university royalties.

Meanwhile, at Yale University, the situation has come full circle. Students there discovered this summer that Yale had exclusively licensed a compound known as *Ed4t* to a Japanese pharmaceutical

company without any provisions for access. *Ed4t* is closely related to *d4t*, but in early tests has proven both more effective and less toxic than its predecessor. Yale refuses to disclose in exactly what countries it is patenting the molecule, but its international patent application designates 76 low- and middle-income countries “for every kind of national protection available.” The list includes countries like Lesotho, where almost a quarter of the population is infected with HIV. Meanwhile Lesotho’s entire annual GDP is less than yearly returns on Yale’s endowment.

“Ed4t calls into question Yale's commitment to seeing their drugs reach the poor,” said Michael Steffen, a student at Yale Law School. “When Yale pushed to make d4T available to poor HIV patients in Africa, it sent a message: ensuring access to Yale’s discoveries goes to the heart of what it means to be a great research university. But the public filings suggest that history has been forgotten with Ed4T. What are the university's plans for this promising new HIV drug in the developing world? If it completes clinical trials, will it be available? They won't say, and that's deeply disappointing.”

More recently, these students and others from more than 35 major research universities in the U.S. and Canada convened in early October at the annual conference of the student group Universities Allied for Essential Medicines (UAEM, www.essentialmedicine.org). There, they discussed how to bring about systematic change to pharmaceutical licensing policies across their campuses.

The outcome of this discussion was the adoption of the Philadelphia Consensus Statement, a document that lays out a comprehensive set of policy proposals by which universities can address the access crisis. The Consensus Statement is organized along three main points: (1) promoting equal access to university research; (2) promoting research and development for neglected diseases; and (3) measuring research success according to impact on human welfare.

“The Philadelphia Consensus Statement represents a watershed moment for universities to *collectively* do the right thing when it comes to making their innovations available to those who need it most,” said Justice Edwin Cameron, who serves on the South African Supreme Court of Appeal. Justice Cameron was the first senior South African official to state publicly that he is living with HIV/AIDS.

“For too long, life-saving medical tools that are the fruits of university-led discovery have been denied to poor people in poor countries. If our universities really are to be institutions for the public good, this must change,” said Dr. Paul Farmer, co-founder of the humanitarian organization Partners in Health and Presley Professor of Medical Anthropology at Harvard University. Dr. Farmer and Justice Cameron are among dozens of initial signatories to the Philadelphia Consensus Statement, all of whom are listed at <http://consensus.essentialmedicine.org/>.

The issue of university research and the access crisis has also attracted the attention of policymakers at the national level. Senator Patrick Leahy (D-VT), ranking member on the Judiciary Committee, recently introduced legislation requiring all federally-funded research institutions to ensure that the drugs they develop are supplied to poor countries at the lowest possible cost. The *Public Research in the Public Interest Act of 2006* (S. 4040) reflects a growing consensus that universities have failed to act on an issue uniquely within their power.

"Universities are, before anything else, institutions dedicated to the creation and dissemination of knowledge in the public interest. The Public Research in the Public Interest Act of 2006 is designed in the spirit of that commitment," said Senator Leahy. "I have introduced this legislation because the leaders of universities have not yet been able to come together around a different approach. Regardless of how it is achieved, I believe that increasing the availability of the medical innovations that come from publicly-funded research centers is a sound solution to a pressing global health concern."

About Universities Allied for Essential Medicines

UAEM is a coalition of over 35 student chapters across North America dedicated to using university action to ameliorate the access-to-medicines crisis in developing countries. Universities Allied for Essential Medicines has a two-fold mission: (1) to determine how universities can help ensure that biomedical end products, such as drugs, are made more accessible in poor countries and (2) to increase the amount of research conducted on neglected diseases, or those diseases predominantly affecting people who are too poor to constitute a market attractive to private-sector R&D investment. In both cases, universities are well-placed to make a difference. University scientists are major contributors in the drug development pipeline. At the same time, universities have an avowed commitment to advancing the public good. As members of these universities, our fundamental goal is to hold them to this commitment. Please see <http://www.essentialmedicine.org/> for more information.

About the Philadelphia Consensus Statement

The Philadelphia Consensus Statement was adopted by Universities Allied for Essential Medicines following the 2006 annual conference held in early October at the University of Pennsylvania. Initial signatories include four Nobel laureates, nine of the most distinguished professors in the field of intellectual property law, and international luminaries including Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa; Zackie Achmat, founder of South Africa's Treatment Action Campaign; and Jim Yong Kim, former Director of the Department of HIV/AIDS at the World Health Organization.

The text of the statement and a full list of initial signatories is available online at: <http://consensus.essentialmedicine.org/>

About the Public Research in the Public Interest Act of 2006 (S.4040)

This bill would allow generic manufacturers to supply medicines originating from federally-funded university innovations in developing countries at affordable prices. Because these licensing terms encourage the introduction of reduced-price drugs only in markets too poor to otherwise afford them, its terms do not threaten intellectual property, corporate investments, or profits in wealthy nations. Moreover, under the proposal, both pharmaceutical companies and universities would receive royalties from the sale of generics in developing-world markets.

The text of S.4040 is available online at: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s4040is.txt.pdf