

Making Medicine for People, Not Profits

One university group is working to make university-derived medicines more widely available to those in need **BY TIMOTHY MINH AND MARCELLA EVANS**

JUST TWENTY YEARS ago, an HIV/AIDS diagnosis was an impending death sentence. Today, medical advances enable physicians to increase the average AIDS patient's life expectancy by years. Yet in 2007, 1.99 million people died of AIDS worldwide, with 80 percent of these deaths in sub-Saharan Africa. Many of these people simply could not afford the AIDS medications. Unfortunately, this is not unique. Ten million people die each year from lack of access to existing medicines and vaccines. But within major research universities worldwide, Universities Allied for Essential Medicines is working to change that.

We would like to see the fruits of university-derived research made available to those in need. But the current system is flawed. Even if a university researcher discovers an effective disease-fighting compound that passes clinical trials, current drug licensing policies often do not ensure worldwide availability. And universities do not typically demand clauses in their research contracts to require pharmaceuti-

cal companies to produce and distribute medicines in the global south—even though more than 50 percent of the basic science and much of the preclinical drug development is performed at universities.

Consider the cases of HIV drugs stavudine and enfuvirtide, known by the brand names Zerit and Fuzeon, respectively. Stavudine was discovered in 1984 to be efficacious against HIV at Yale University, which then gave an exclusive patent license to Bristol-Myers Squibb. Seven years after the FDA's 1994 approval, the humanitarian organization Doctors Without Borders estimated that only 1 percent of HIV/AIDS population in South Africa received necessary antiretroviral therapy—largely due to high costs. Similarly, two key anti-HIV technologies developed at UCSF and Duke University were licensed to Timeris and Roche, which now market enfuvirtide. Although it became FDA-approved in 2003, enfuvirtide is still not available in many parts of the globe.

Yet we have hope of change. In the case of stavudine, students and Doctors Without

Borders confronted the Yale administration and brought public attention to the access gap. As a result, BMS lowered stavudine's brand-name price from \$1600 to \$55 per patient-year, and allowed generic production in South Africa. These students established UAEM, a non-profit organization promoting global access to university-derived biotechnology. With more than 40 chapters at major research institutions, UAEM asks universities to ensure global access to life-saving medications by wielding their upstream research position in negotiations with pharmaceutical companies.

Dec. 1 was the twentieth anniversary of World AIDS Day, and here at the UC System, UAEM is working to make a real difference. Since May 2008, we have been petitioning the UC Regents and UC president, with a goal of having a global access policy in place by June 2009.

Marcella Evans and Timothy Minh are first- and third-year MD/PhD students at UC Irvine, respectively. ■