TAKE BACK OUR MEDICINES

Campaign Roadmap for advocating at your university

UAEM
UNIVERSITIES ALLIED FOR ESSENTIAL MEDICINES

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2020
More information at http://www.uaem.org
For any inquiries regarding the content of this roadmap, please contact
the UAEM European Coordinating Committee under
ecc@essentialmedicine.org

Version 02 - 26.01.2020

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1 HOW TO USE THIS ROADMAP

This roadmap is a comprehensive document that can be used by everyone and anyone in UAEM to help inform and guide them on UAEM Europe's new 2 year campaign, starting November 2019: "Take back our medicines!" - or "TBOM" for short. We recommend that you start by reading the whole document from start to end, including additional resources linked to this document. Should you still have questions after reading through everything, please get in touch with us at **ecc@essentialmedicine.org.** We are here to support each and every chapter as much as possible and can't wait to help you launch this campaign!

> `WHAT WE GIVE IS
> NOT WHAT WE GET -
> TAKE BACK OUR
> MEDS!'

2 SUMMARY: TBOM IN A NUTSHELL

As we all know, universities are naturally a hot-bed for research and drug discovery. This is often publicly funded research, however the end products of this research are then frequently handed over to private pharmaceutical companies. Whilst this technology transfer can look very different in certain cases, one fact remains the same: universities have a moral responsibility to **manage public research funding** they receive **conscientiously** and in the best interest of the welfare of the public. However, often times universities are handing over their findings without ensuring they will be used to make a medicine that remains **affordable and accessible**.

Of course this is overly-simplified, but our mission still stands, universities need to make greater efforts to ensure their research findings are used in the most effective and socially responsible manner possible to ensure they help those it is intended to. At UAEM we are the perfect actors to help make this happen by using our unique position as students to stimulate this change from the inside-out. UAEM was started by just one group of students realising this and taking it upon themselves to be the change they wanted to see, let's continue this legacy and go back to our (grass)roots. We are not 'just' students, we are all part of a movement made up of capable, powerful and dedicated individuals. Let us all bear this in mind over the next 2 years of this campaign and make some real change!

'MAKE PUBLICLY FUNDED DRUGS AVAILABLE TO THE PUBLIC!'

3 WHAT IS THE PROBLEM?

Globally, estimates show that two-thirds (1) of all research and development costs for drugs are paid by the public, and half of all new medicines that come on the market directly or indirectly originate in universities and public research institutions.

Additionally, the development of many medicines by pharma companies builds on a large body of scientific work coming from and being financed by taxpayers. However, very few publicly funded European research programmes, including those at universities, attach sufficient upstream safeguards or conditions to public funds to ensure the accessibility, affordability and availability of medical products that result from public investment (2). As a result, there is no guarantee of an equitable public return on this public investment, meaning there's no guarantee that these publicly funded medicines will be accessible to the public at affordable prices. In many cases, the European taxpayer effectively pays twice for drugs, first through tax payer funded R&D, and then by paying high prices for the developed medicines when the ownership has been transferred to pharmaceutical companies.

The high prices of new medicines are becoming increasingly unsustainable, even for health systems of high-income countries in Europe.

The effects of this development can already be felt by taxpayers in the UK for example, where the use of a number of effective cancer drugs that were developed in public research institutions have been restricted by the British National Health Service (NHS) due to their high prices.

Monoclonal antibodies, being celebrated as huge breakthroughs for their effectiveness in the treatment of cancers and autoimmune diseases, are virtually inaccessible in lower resource settings due to their high prices and put the health budgets of high-income European countries are under considerable strains. Examples of such drugs are **Abiraterone, Alemtuzumab, Adalimumab** and **Infliximab**, which were all developed at universities and are now marketed at unaffordable prices.

In summary, despite the public funding that goes into the development of many of these medicines, the end products are often not accessible to all. Even in high-income settings, where this effect might not be as evident on an individual basis, the countries' health budgets are being put under enormous financial strains and the long-term sustainability of health systems is at risk.

4 THE PUBLIC AS EARLY INVESTORS WITHOUT ADEQUATE RETURN ON INVESTMENT

Funding for pharmaceutical research and development (R&D) is in most cases a mix of private and public sources.

Governments (through taxpayer money) mainly support basic and early-stage research, e.g. through research grants, publicly-owned research institutions and funding of higher education institutions. The pharmaceutical industry translates knowledge generated by basic research to develop products, and invests in large clinical trials required to gain market approval. The industry also receives direct R&D subsidies or tax credits in many countries (3).

Public funding of research conducted at public research institutions and universities can therefore be seen as an early investment, with the public serving as early investors at the riskiest stage of the drug development process. While it might appear obvious to most of us that any sensible investor would make sure that there is a guaranteed or at least a high chance of return of the investment before making such an investment, this is unfortunately not the case with public funding of research. In the current system, no conditions or safeguards are in place that would guarantee an adequate return on investment for the public. One possible form of an adequate return would be guaranteed access to affordable medicines.

While the investment of public money is directed to address key public health challenges, in the current system without **conditions or safeguards** to the investment, it is out of the public's control which drugs reach final development. The market favours drugs which potentially yield large revenues as opposed to those dictated by public health needs, thus the public has no control over the prioritization of the development of urgently needed new drugs. As a result, many urgently needed drugs are simply not available because their development is not pursued due to a lack of potential profitability.

In short, as an early investor, the public is putting tons of money into the development of drugs which then become privatized preventing us, the taxpayers, from receiving a return on that investment in the form of **accessibility, affordability** and **availability** (6).

5 THE ROLE OF UNIVERSITIES

As long as modern medicine has existed, universities have played an important role in discovering new drugs.

Many important drugs have been developed entirely at universities. But the role of universities reaches much further even. By developing the basic science breakthroughs, universities and public research institutions provide the necessary background knowledge and lay the groundwork for the further development of effective treatments.

Overall, It is estimated that over 50% of novel drugs originate directly or indirectly from university labs or public research institutions (7, 8). Universities also play a role in the direction of biomedical research funding, which should be done in a manner that maximises public health returns.

Currently, universities do very little to address the issue of ensuring adequate return on the public's money that they are entrusted with, despite the obvious obligation they have to ensure the end products of the publicly funded research conducted at their institution remains affordable and accessible for those it is intended to benefit.

Whilst the original compound of a medicine may have been discovered at a university or public research institution, they often lack the resources required for large clinical trials to scale-up the drug ready for market (5). This means the compound in its initial stages is sold to for-profit companies who then convert it into a marketable drug and acquire the exclusivity rights, allowing them to market the drug for the highest price they can obtain.

In the majority of cases the innovations or drugs are transferred without any conditions that ensure affordability and access for those it is intended to benefit. One of the most common ways of transferring innovations is through the means of licensing a drug to a private company. However, there are more ways universities engage in technology transfer. Universities often encourage and support researchers to form spin-off companies to further develop promising discoveries.

Technology transfer offices (TTOs) play a major role by scoping for such innovations, helping researchers with the patent applications and providing support for the establishment of spin-off companies.

Moreover, another way of technology transfer applies when universities form research partnerships or collaborations with private companies. Such cases create ethical questions about the ownership of the innovation, with universities often giving most or all of the rights of the innovation to the partner stakeholder, which are often private companies.

For each of these instances, the university draws up a contract with the private company.

In the case of research partnerships or collaborations with private companies contracts are primarily drawn before the research is started. In the case of licensing and the creation of spin-off companies contracts are primarily drawn after a discovery has been made to develop it further. Depending on the type of engagement with technology transfer these are the moments we believe are crucial and where universities need to increase their oversight to ensure that the end products of research conducted with public money at their institutions remains affordable and accessible for those its intended to benefit.

'WE PAY TOO MUCH FOR MEDS WE ALREADY PAID TO INVENT!'

6 CASE STUDIES

UAEM has developed a number of case studies to demonstrate instances in which public funding and university research has resulted in the development of medicines. These case studies are useful advocacy tools to support our message on public investment in the development of medicines and the roe of universities. You can use the case studies below or better create your own using examples from your country or university.

RABEXIMOD AND T20K

LUTETIUM OCTREOTRAAT - NETHERLANDS

ALEMTUZUMAB- GREAT BRITAIN

ZOLGENSMA - FRANCE

CLICK HERE

7 OUR SOLUTION: WHAT IS ETAF AND WHAT CAN WE DO?

To help universities remedy this, and to ensure the public return of public investment in biomedical research undertaken at universities and public research institutions, UAEM has developed the Equitable Technology Access Framework (ETAF), a policy framework universities can implement into their licensing policies to improve their responsible knowledge stewardship through Socially Responsible Licensing (SRL).

SRL is the general term for licensing that can be considered socially acceptable by containing access provisions. Every university-developed technology with potential for further development into a drug, vaccine, or medical diagnostic should be licensed with a concrete and transparent strategy to make affordable versions available also in resource-limited countries for medical care.

ETAF is a step-up from our previous SRL policy work. Technology transfer at universities does not just involve direct licencing of a patented innovation to a pharmaceutical company. This transfer is also done via spin-off companies and research collaborations, therefore a more extensive framework covering a wider range of technology transfer modalities was needed.

ETAF is a policy framework to support universities in improving the access and affordability aspects of their current technology transfer processes. It will help universities lay out strategies so that when this transfer does happen, it can be done in a way in which the university itself retains as much oversight as possible over what happens with the end products of its initial research findings.

By doing so it will put the university in a stronger position to try and ensure that the end product remains as affordable and accessible for those it is intended to help. This perspective is the crux of the very essence of our work at UAEM, not only do we want to hold universities more accountable for their role in access to medicines, but we also want to aid them in becoming more socially responsible and it is ETAF that can help them get there.

A download link to the ETAF document will be provided to every UAEM member wishing to work on the TBOM campaign, just e-mail us via ecc@essentialmedicine.org.

8 STEP-BY-STEP GUIDE ON HOW TO GET STARTED WITH THE CAMPAIGN

Each chapter is at different stages in terms of their campaign capabilities, for example some chapters may already have strong relationships with their university and are ready to implement ETAF, for others they still need to make that initial contact. Whichever stage you're at, this roadmap is intended to cater for all.

Step 1

DO YOUR RESEARCH

- This roadmap provides you with the necessary background knowledge to successfully get started with the campaign at your chapter. Be sure to read thoroughly through this document and all of the additional resources.

- The resources listed here are not exhaustive, feel free to dig deeper yourselves and be sure to share any useful resources with all of your UAEM colleagues! You can send them to ecc@essentialmedicine.org and we will make sure that everyone can benefit from them.

Step 2

FIND THE RIGHT PEOPLE TO TALK TO

Different universities in different countries will have different governance structures, but there are some generalisable aspects that most universities will share:

- Most universities will have a body responsible for the transfer of its research to external bodies, often with a name like "**Technology Transfer Office" (TTO).** *As the bodies directly responsible for technology transfer, these bodies are ultimately the ones whose actions we are seeking to change. However they may be resistant to change, and may sometimes have limited capacity for decision-making independent of higher university authorities.*

- There may also be **research boards** responsible for overseeing research in specific areas, such as medicine and biochemistry.

Certain sub-areas of research will often have more **informal groups** for researchers and academics with shared interests - for instance a group may exist for researchers involved in global health & neglected disease. *These groups may be the easiest to initially contact, and are a good source of information and allies, but their influence is limited.*

Most universities will have some manner of decision making body that allocates **funding** to different projects and areas. This may be a standalone body, or its role may be incorporated into other bodies (such as research boards).

Higher up power structure, most universities will have more general decision makers such as **University Deans** of academic units (e.g. the Dean of Medicine) and a person responsible for oversight of the university as a whole (often referred to as a **Vice-Chancellor**, **President**, or **Principal**). *These individuals may be more difficult to secure meetings with, and may be reluctant to directly intervene in research governance. Nevertheless, if you are able to identify a potentially sympathetic Dean or even Vice-Chancellor, they could be an incredibly useful ally.*

Universities are often labyrinthine in structure, and it can be a daunting prospect trying to work out who pulls the strings in which areas. Although the examples given above will generally hold true, each country, and each university, will have their own differences. When first trying to work out who makes decisions, and who to talk to in a university, one of the most useful first steps is often to **identify a sympathetic member of university staff.** This could just be a lecturer or researcher who you've encountered during your course or at a UAEM event. These allies can be invaluable in explaining to you how your particular university works. They can often give you pointers to who might be sympathetic and who will be best to speak to, as well as potentially linking you to other allies within the university. Even if the first one you find isn't that useful, they can often introduce you to someone who is.

Once you've started to understand how the university works, it's time to start thinking about your first meeting. This might be with your TTO, with a Dean, or even with the Vice-Chancellor/President! Whoever it is, there are a few key points to remember:

- **Don't wait until you're "100% ready":** The chances are just by familiarising yourself with ETAF you already know more than most university staff about technology transfer, and often more than even the TTO!

- **Know what you want:** What are you goals for this meeting - is it to introduce the concept of ETAF? To establish an ongoing relationship? To gain an ally? Whatever it is, plan it out beforehand, and make sure you're working towards it during the meeting.

- **Maintain lines of communication:** If you've managed to get a meeting with someone, you've opened a valuable line of communication. It's important to maintain that relationship and not let them forget about you. A good idea is to finish each meeting with a specific "ask" for the person you're talking to - this both means that they can't instantly forget about the meeting, and also gives you an excuse to email them after the meeting, and keep the relationship going.

- **Don't panic if it doesn't go well!** No matter how prepared we are, we all have meetings that don't go as well as we'd hoped. Sometimes we make mistakes, and sometimes people just aren't interested in our cause. Whatever it is, take away what lessons you can, and start planning your next steps. Remember, no meeting is the be-all-and-end-all - you won't sabotage your campaign with one meeting. There are always other influential bodies to contact, always second and third opportunities to make your case, and always alternative routes to get to your goals - get creative!

`WE ARE GIVING AWAY OUR DRUGS - NO STRINGS ATTACHED'

■ **The university should be our friend, not our foe.** Like with any working relationship, our relationship with universities should aim to be as transparent and as amicable as possible. Of course, it is also our responsibility to call universities out when we feel they are not doing enough to help people around the world achieve access to medicines. But, it is also important to remember that if we want to achieve our mission to change the norms in the R&D system then we also need to work with universities. Bear this in mind whenever you have contact with your university and it hopefully your relationship will prosper!

Step

3

RUN YOUR CAMPAIGN

What does a TBOM campaign look like?

When starting a new campaign, it is very useful to spend some time thinking about how your overall campaign will be structured.A good tip is to start your campaign with a strategy meeting, where you can get together with your chapter and plan out your campaign, making a timeline where you can set out the different phases of the campaign, and what you want to have accomplished by what points. It can be tricky when starting a new campaign to think of ideas for events and actions to keep the momentum going. With that in mind, here are some suggestions - these are only a few examples, so we encourage you to get creative!

Host a joint event with a larger society, aimed at explaining and promoting ETAF to both staff & students.

Make a stall on campus with graphics.

Invite a guest speaker from the access to medicines world to gain more attention, ensure they fit the UAEM and the campaign mission.
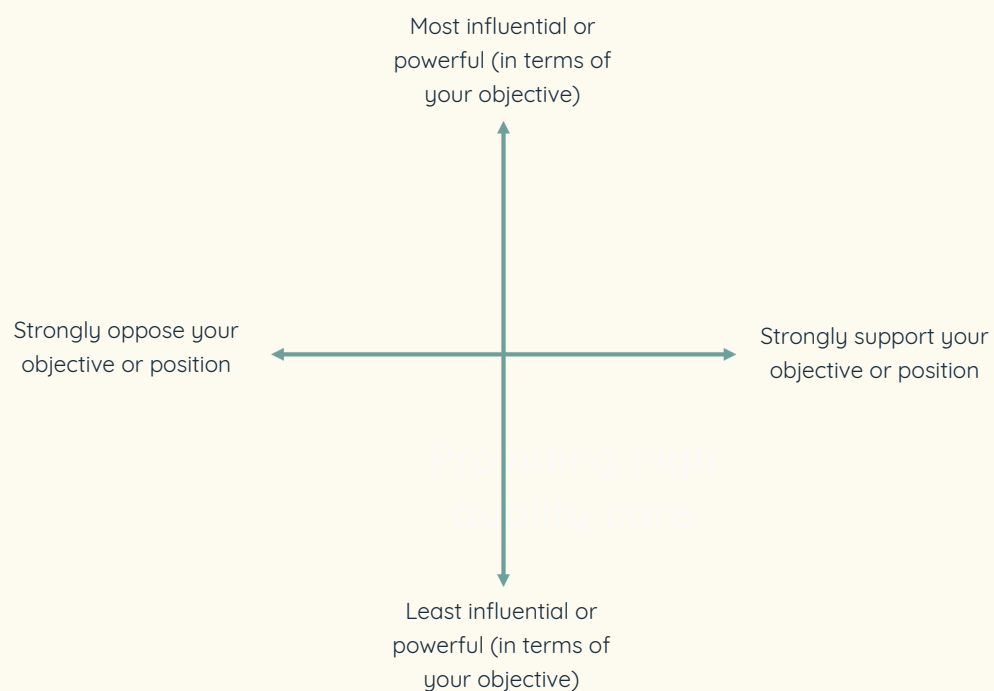
Run a social media campaign.

To help with this process, we have set out a basic overview of what an ETAF campaign might look like - but as every campus is different, and you'll want to make your own variations for your own context:

Power Mapping

- When starting your campaign, one of the first things you need to do is work out who makes the decisions, and who might be supportive of you. One of the best ways to do this is through a process called "Power Mapping".

- Get your chapter together, and start by drawing a grid, with the X-Axis measuring how influential any particular individual (or group of individuals) within your institution are, and the Y-Axis measuring how likely they are to be supportive of your cause:

Most influential or
powerful (in terms of
your objective)

Strongly oppose your
objective or position

Strongly support your
objective or position

Least influential or
powerful (in terms of
your objective)

- The next step is to brainstorm all the people of note at your universities, including Deans, Vice-Chancellors, Heads of Faculties, members of Technology Transfer Offices, lecturers - anyone!

- Once you've brainstormed these people, discuss them and plot them on the graph:

  The holy grail are those who are both **highly influential and highly supportive** - these are rare, but if you have one, they should be your top priority to get in contact with.

  Highly supportive but less influential people can make for good allies - whilst they cannot directly influence the policies of your institution, they can often be a good source of insider information, and can put you in touch with new allies and other, more difficult to reach contacts.

  Highly influential but less supportive people are typically those in higher leadership positions who are by default resistant to new ideas, and changes to the workings of the university. You may need to influence these people in the long run, but it's best not to start with them. You'll want to have secured a strong base of support from elsewhere in the university first, otherwise they simply won't take you seriously. If you can circumvent them entirely, so much the better - but if their support is essential, these may be the people who respond better to pressure than persuasion (more on that later).

  Those who are **non-influential and non-supportive** can be crossed off your list straight away - you should not waste any time trying to bring these people round to your side.

- Once your power-mapping is done, you should have a better idea of who you need to start getting in contact with, and getting on board - and this will form the backbone of your campaign approach.

🔹 Making Allies

In your campaign, you are very likely going to need allies: These can be members of university staff, other students and student groups, or even people from outside your university. Forming these alliances is one of the most important parts of the campaign - and it should be an ongoing process throughout the campaign. Your power-mapping should have helped identify these allies, but more will likely show up as you become more familiar with the university environment, and make more connections.

- Allies - be they groups or individuals - can help with many aspects of the campaign, for example:
    - **Running events** with them, bringing your cause to a wider audience.
    - **Supporting your actions & stunts**
    - Adding their names to **open letters and petitions**
    - **Arranging meetings** with decision-makers
    - **Introducing you to decision-makers** and allies you were not aware of
    - **Educating you** regarding the internal processes and workings of your institution

- Once you have a list of potential allies - start reaching out to them, either through email, social media, or in person at events you know they will be attending. Arrange to have a friendly meeting with them, and explain your cause, and how it relates to them. Make this personalised as much as possible, and tailor your description to their interests.

- Make sure that when you first meet these potential allies, you have a specific "ask". This can be anything from coming to your next event, to signing onto an open letter. This will ensure they are invested in your campaign, and will give you a reason to continue an ongoing dialogue with them to keep them interested.
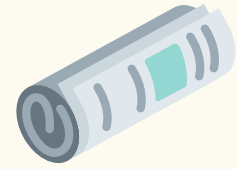
💊 Making contact with Decision Makers

Once you've gathered a few allies, it's time to make first contact with the decision-makers of your university. These are the ones who have some degree of power in actually getting the university to actually adopt a policy in line with ETAF. Your power-mapping, combined with advice from allies and supporters within the university, should have given you a reasonable idea of who these people are.

- Unless you have the good-fortune to have a highly influential person within the university who is already likely to be sympathetic to your cause, it is best to start with a group or individual a bit further down the pecking order.

- Once you've arrange your meeting with them (either by yourself, or with the help of an ally), sit down with your chapter and decide who will go to the meeting, what your objectives are, and what your approach will be. Keep in mind that you don't always need to send the most experienced people - less crucial meetings are a great opportunity to train up newer members, there's no better way to learn!

- Unless your university is very progressive it is unlikely that the decision-makers will agree to your proposal straight away. Be respectful and friendly, explain your proposals, and why they would be of benefit to the university, and society as a whole. Try to not to make any concessions in this first meeting, but take careful note of any and all arguments they make against your proposal - they will likely come up again in different meetings, and after the meeting you can start brainstorming detailed counter-arguments to them.

- Try to finish the meeting with the decision-maker agreeing to do at least one thing for you. No matter how small this is, you can use it to keep open that channel of communication, and make sure the decision-maker isn't able to simply leave the meeting and forget all about you.

- If in your meeting you were able to get the decision-maker to agree to your proposal, well done! The next step will be to use them to sway the next decision-maker up the hierarchy, and so on. Often, however, simple persuasion will not be enough - you will need to put pressure on the decision makers. You might also think about trying a different decision-maker, and seeing if you have more luck with them.

🔵 Media outreach

An effective way of increasing pressure on the university, whilst also strengthening your own campaign, is through media. Get in touch with student newspapers, local newspapers, and even national newspapers. Write articles for these papers explaining the access to medicines issue, and making the case for ETAF at your university. Highlight the social benefit that the university could achieve with ETAF, and the damage that they are doing in failing to implement socially responsible licensing. Use the existing case studies we have developed or create your own to strengthen your message. Local and student newspapers in particular are always interested in new material, and will jump at the chance to publish something.

🔵 Public Actions

Public actions on the university campus are another effective way of increasing the visibility of your campaign, thus increasing the pressure on the university to engage productively with you. These can take any form you like - let your creative activist side go wild - and are a good time to call in the support of allies to boost your numbers.

Step

4

TRACK YOUR ACTIVITIES AND PROGRESS - USE THE CAMPAIGN TRACKER

We strongly encourage all chapters who run the TBOM campaign to use the

CLICK HERE

CAMPAIGN TRACKER

It is a simple tool and very easy to use: just fill out the spreadsheet with together with your chapter's name and be sure to update your activities regularly! Seeing what other chapters are doing boosts motivation for all of us, as well as allowing you to see where other chapters have faced difficulties and how they were able to overcome them. It is an easy way to stay connected and exchange experiences, and enables us to make our work much more efficient.

9 ARGUMENT BANK

Try to anticipate arguments universities might raise when you meet with them, this list is not exhaustive but is a good place to start!

> "Our university doesn't have a great input into drug development. Why is it important for us to take on ETAF?"

Response: If a university doesn't contribute as much as another, then it is still important to adopt these principles. In doing so, the university has the potential to influence those universities that do produce more health-related intellectual property at little risk to itself. Also, it takes only one accidental discovery and having ETAF in place can make all the difference when it comes to access later on.

Response: For a majority of universities technology transfer is not that lucrative. For example, at 87% of universities the administrative costs of licensing patents through a dedicated TTO were greater than the money that came in from licensing (9).

> "Implementing access conditionalities like ETAF may harm the university's potential to patent and financialize its research findings, jeopardising our ability to conduct future research due to the lack of funding"

"At universities, most research is in the early phases of drug development. This limits the influence we can have regarding access to end-products"

Response: It is true that from the basic research to the end product there is still a long way to go and sometimes more than one company gets involved. But every time a technology gets transferred from a university to a non-public institution, the university can have an impact on creating an accessible product by attaching respective licensing conditions early on. Furthermore, universities often have specific know-how on certain parts of basic research that big pharma companies rely on. This can give universities unique influence and more leverage in negotiations.

Response: The problem of lacking access to medicines is a complex topic that needs to be tackled from various sides. Of course poverty and the lack of healthcare infrastructure are important issues that need to be improved.

"Patents aren't very important when it comes to improving access to healthcare in the developing world. Poverty and the lack of healthcare infrastructure are the real barriers to access"

But poverty should not be a reason to suffer or even die from treatable diseases. So to make sure that a lack of money doesn't mean a lack of access to treatment the university should implement SRL strategies.

"The development of a medical product is usually done by not only one company but many sub-companies and suppliers. It is difficult to keep track of adherence to license agreements and to make sure that also these sublicenses are socially responsible"

Response: The contract that will be set up around the licence has to make sure that every license holder acts in line with the license agreement. Since the suppliers will probably not bring their own product to the market this should be easily applicable.

Response: They will have no choice but to sign such contracts if there are only enough universities that demand such conditions. It is the university's chance to act as a role model and shine in the future as one of the first universities that implemented innovative licensing strategies in order to improve people's health care situation.

"Pharmaceutical companies would not sign any contract with such high obligations/conditions"

"If pharmaceutical companies refuse to agree to the licensing conditions the medicines may not be developed at all"

Response: Pharmaceutical companies have a high interest in purchasing findings from universities. Since the universities are usually the patent holders, they are at the longer end of the lever. Nevertheless, in the short run new licensing conditions can lead to delays until enough universities attach and implement SRL agreements to their policies.

> *"Our university receives adjustment payments from the company for the research conducted at the university's laboratories. Hence, public return on public investment is given."*

Response: This is a tricky one. If this is the case, it is necessary to find out to which extent the research expenses are reimbursed. In most cases the adjustment does not even cover the costs from the explicit research conducted for the transferred technology let alone the general financial risk that the university has at doing very basic research with high uncertainty of any usable outcome. Often it means that the public investment merely breaks even but it is rare that there are any gains/profits from the adjustment payment. In the end, the taxpayers will still have to pay for the drug on the market (either directly or via insurance contributions). Hence, they are paying twice. If the initial research was publicly funded then it is tax-payer funded, not university-funded and therefore the benefits, in this case the adjustment payments, should benefit the public. It simply going to the university is not enough. Research into new medicines should not only be discussed in financial terms but also in terms of health impact - the argument that the university receives adjustment payments is in its essence too finance-focused.

10 RESOURCES

Here is a list of some helpful and useful resources for your campaign:

- UAEM RE:ROUTE, A MAP OF THE ALTERNATIVE BIOMEDICAL R&D LANDSCAPE

- HISTORY OF ACADEMIC DRUG DISCOVERY

- PILLS AND PROFITS - HOW DRUG COMPANIES MAKE A KILLING OUT OF PUBLIC RESEARCH

- OVERPRICED: DRUGS DEVELOPED WITH DUTCH PUBLIC FUNDING

- MAPPING OF AVAILABLE HEALTH RESEARCH AND DEVELOPMENT DATA: WHAT'S THERE, WHAT'S MISSING, AND WHAT ROLE IS THERE FOR A GLOBAL OBSERVATORY?

- RECENT EXPERIENCES IN POLICY IMPLEMENTATION OF SOCIALLY RESPONSIBLE LICENSING IN SELECT UNIVERSITIES ACROSS EUROPE AND NORTH AMERICA

- TEN PRINCIPLES FOR SOCIALLY RESPONSIBLE LICENSING

CLICK HERE

'PUBLIC RETURN ON PUBLIC INVESTMENT. OUR MONEY, OUR MEDICINES!'

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TAKE BACK OUR MEDICINES

Campaign Roadmap for advocating at your university

UAEM

Universities Allied for Essential Medicines