Health Action International (HAI) is an independent, global network, working to increase access to essential medicines and improve their rational use through research excellence and evidence-based advocacy.

Statement on Medicines Patent Pool

14 October 2011

HAI Global and HAI Europe congratulate the Medicines Patent Pool (MPP) on the licensing agreement with generic companies, most notably Aurobindo. The sublicenses are a major step forward in the development of an effective MPP and will have a tangible impact on the lives of many patients and promise the prospect of real improvements in global Access to Medicines.

While acknowledging that these licences are an important step forward, with the potential to deliver real improvements in global Access to medicines, HAI also supports efforts for an inclusive and transparent dialogue with MPP, in order to ensure that persons living with HIV, the broader public health community and the MPP work together, and that everyone has an opportunity to be informed and consulted on core policy choices.

We have followed the discussion on the MPP Gilead licence and have been saddened at the discord to which it has led, both in and between the Access to Medicines network. There is no doubt that the opinions on the DPP differ; even within the HAI network we acknowledge disagreement on the MPP mechanism and its worth. We also recognize that there are outstanding issues and questions on the MPP and the Gilead license, for example we are particularly disappointed the license terms limit production to India.

Despite differences on specific substantive and process issues, HAI has confidence in the competence and integrity of the MPP Staff and Board, and sees value in the MPP as one of several mechanisms to improve public health and bring greater transparency to the patent system. As part of international civil society, HAI will continue to campaign for strategies alongside the MPP, like supporting the use of TRIPS flexibilities and opposing TRIPS plus trade policies, addressing conditions and circumstance that cannot be addressed by the MPP. HAI will also continue to follow broader voluntary licence trends, such as opaque licensing negotiations between companies that exclude other stakeholders and we will campaign for alternative R&D models and incentives that de-link the cost of R&D from the price of the product. However, the MPP is an important contribution to contemporaneous access issues whilst we work towards perfect solutions.

There is a need for constructive dialogue between all stakeholders around the MPP issues in contention, without it frustrating or derailing the efforts of the MPP team in bringing us to this point. An informed and critical content discussion with MPP is important and should lead to improvement. What should be avoided is an accusative and aggressive tone which is unnecessary and not conducive to further fruitful cooperation on Access to Medicines. It will take time to have a clear view on the contributions and faults of the MPP, and critical voices from different regions will help the pool to develop. For now though, we are impressed by what the MPP staff has achieved and are anxious to see how it further develops.

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