



Dear [ECONMED](#) participants,

In this occasion we are glad to share a brief information note on the [medicines patent pool initiative](#), an innovative mechanism to overcome the eventual obstacles which the patent-based regime of intellectual property might pose to access to essential medicines, most specially Anti-Retrovirals.

- In July of 2008, [UNITAID](#), an international procurement mechanism, set up the [Medicines Patent Pool](#), a voluntary instrument whereby patent holders of new medicines can cede rights and monopolistic advantages on their drugs which are then licensed out to generic manufacturers able to produce them at lower costs and sell them at more affordable prices.
- The concept of the patent pool is not new. Talks on creating a patent pool for antiretrovirals (ARVs) began in 2006 with a [joint proposal](#) by two Non Governmental Organizations (NGO), [Médecines Sans Frontières](#) and [Knowledge Ecology International](#). The need for such an instrument was discussed at the Intergovernmental Working Group on Intellectual Property, Innovation, and Public Health (IGWG 2006-2008) and was acknowledged in the resulting Global Strategy and Plan of Action ([GSPA WHA61.21](#) being implemented in the Americas through resolution [CD. 48r.15](#)) as a possible “*mechanism to promote transfer of and access to key health-related technologies.*” ([GSPA WHA61.21](#), (4.3.a)) Pressure from [organized civil society groups](#) and the [scientific community](#) were also critical in pushing the process forward and making the patent pool a reality.
- Other actors are currently developing patent pools on medicines, including [GlaxoSmithKline's Pool for Open Innovation against Neglected Tropical Diseases](#) aimed at increasing access to medicines for diseases that are especially endemic in low-income countries.
- UNITAID, which counts on the support of a wide variety of international actors, including governments, civil society groups and the private sector, was officially [launched](#) in September of 2006 to “*scale up access to treatment for HIV, malaria, and tuberculosis in low-income countries.*” Two of its [founding countries](#) are Latin American nations (Brazil and Chile) and one of its most innovative features is that most of its funding (70%) comes from a [levy on airline tickets](#).
- Up to now, the US government through the National Institutes of Health ([NIH](#)), which [endorsed the pool at the 128th Session of the Executive Board of the World Health Organization \(WHO\)](#), has been the only entity to have [placed a patent](#) in the pool for an ARV drug, Darunavir, (developed through partial funding from the federal government.) But because other Darunavir patents are held by multiple pharmaceutical companies, massive production of the drug cannot begin until other patent holders get on board.
- According to the Pan American Health Organization (PAHO) Report, [Challenges Posed by the HIV Epidemic in Latin America and the Caribbean 2009](#), a number of Latin American countries see less than 50% of its HIV/AIDS patients currently receiving ARV therapy (in many cases thanks to legal action taken on the basis of the threat to the fulfillment of the human right to health) and in some countries ARV prices are still too high for their low-income populations.
- Furthermore, as evidenced in PAHO's 2009 publication, [La Situación Farmaceutica en las Americas](#), although the region has a relatively limited pharmaceutical production capability, a total of six countries – up from four countries in 2003 - reported having developed a national pharmaceutical production capability in 2007.
- We commend the distribution of materials worthy of [ECONMED](#) participants interest on the Health Reform in Chile and Chronic diseases in Latin America published by [Health Affairs](#) and the [National Academy Press](#) report on accounting for health and health care, all of them forwarded by our colleagues in [PAHO- Bolivarian Republic of Venezuela](#) and soon available in [ECONMED](#) web page.
- [ECONMED](#) counts on the contribution (through requests of information, sharing of best practices, dissemination materials of interest ...) of its participants to keep building up collaborative spaces of work between public health professionals in the Americas. You can submit your communications on any topic

related to the legal and economic regulation of pharmaceutical products for approval to econmed@listserv.paho.org

