



# A Beginner's Handbook



2014-2015

[uaem.western@gmail.com](mailto:uaem.western@gmail.com)

Dear UAEM Member,

Welcome to Universities Allied for Essential Medicines Western Beginner's Handbook 2014-2015! We hope that you will find this to be a useful resource as you begin your work with UAEM. We know that getting introduced to a new organization and all that it stands for can be confusing so at UAEM Western, we have decided to condense the information for you. Please feel free to refer back to this document as you work to advance UAEM's goals.

In 2001, a group of Yale University law students, together with Médecins Sans Frontières, helped convince Yale and the pharmaceutical company Bristol-Myers Squibb to permit generic production of a critical Yale-discovered HIV/AIDS drug in sub-Saharan Africa, triggering dramatic 30-fold price reductions. This was the first such concession on an HIV/AIDS drug; price cuts on other medications soon followed. This enabled a major scale-up of HIV treatment throughout the continent. The campaign showed those students that, as major contributors to drug development, universities are well positioned to influence the way medical technologies are developed and distributed, and thus can do much to help alleviate the access-to-medicines crisis.

Since this initial victory, UAEM has grown into a worldwide student organization with chapters at over 40 research universities, and a membership which includes students of medicine, science, public health, economics, and many other areas. The focus of the organization has expanded from only asking how universities can best license their innovations to promote global access, to also asking how universities can best direct and measure their research to have the greatest social impact worldwide, and promoting these ideals at the national and international levels. We work continuously to raise general awareness of these issues, and conduct independent research about them to empower our fellow students to tackle these challenges.

This handbook is intended to provide the guidance and basic tools that you need as a member of a UAEM chapter to contribute to solving the global crisis in access to medicines. On the following pages you will find information on the issues and challenges that UAEM students like you are tackling and much much more. While we have tried to provide you with a good coverage of UAEM's vision and values, more supplementary resources can be found on the UAEM international website: [www.uaem.org](http://www.uaem.org).

Thank you for your dedication and support for UAEM's cause. If you have any further questions or comments, please feel free to contact us.

The UAEM Empowerment Team

Anita Dabirzadeh  
Alex Petrescu

[adabirza@uwo.ca](mailto:adabirza@uwo.ca)  
[alex\\_petrescu@live.com](mailto:alex_petrescu@live.com)

# UAEM'S MANDATE

---

our mission | our values | our vision

---

## What is UAEM's mission?

---

Every year 10 million people die because they are unable to access **existing** drugs and vaccines. Comparatively, 7.6 million people die from cancer worldwide each year. Furthermore, only 10% of research and development money goes towards research into 90% of the world's health problems. This is mainly because many diseases affecting millions of the world's poorest remain entirely overlooked because these destitute sick do not constitute a sufficient market opportunity to attract commercial research and development.

During the fifteen seconds that it took you to read the previous paragraph, five people have died from entirely preventable causes. At UAEM, our mission is to work towards a world where this doesn't have to happen, a world where all people have access to life saving medicines.

As a non-profit organization rooted in a global movement of university students, UAEM aims to promote affordable access to life-saving medicines and medical innovations in low and middle income countries by changing the norms and practices around university academic patenting and licensing. We empower students to respond and advocate for the access and innovation crises and we ensure that university medical research works to meet the needs of people worldwide.

## What are UAEM's values?

---

As students who passionately believe in social justice and health equity, we believe that it is unacceptable that millions of people are disproportionately denied adequate access to live saving medical technologies that are readily available in developed nations. We strongly believe that universities such as Western have a social contract with society and, as an educational and research institution, they have the responsibility to promote and manage the deployment of innovation for the public benefit. Our work is guided at all times by principles of non-partisanship, democracy, transparency and respect.

## What is UAEM's vision?

---

UAEM's vision is that universities and publicly funded research institutions such as Western will be a part of the solution to the access to medicines crisis. We believe that this can be accomplished through the promotion of medical innovations that are in the public interest and ensuring that all people regardless of their income have equal access to medicines and life-saving technologies.



## Yale and Stavudine\*

"In 1960, scientists at Yale University discovered the first Aids drug, a molecule known as Stavudine. Within a few years of its release, stavudine had revolutionized AIDS treatment and helped change HIV/AIDS from a rapid death sentence to a manageable-if difficult-condition

But-as the drug's discoverer wrote in the editorial pages of the New York Times- it soon became clear that stavudine "was not reaching millions of desperately suffering people because they lacked the money to purchase it."

Working with students on campus, Medecins Sans Frontieres (MSF) urged Tale, as the patent holder, to help increase access to the urgently needed drug. MSF's request exploded into a student campaign that gave birth to Universities Allied for Essential Medicines.

Under pressure, Yale and Bristol-Myers Squibb jointly announced that they would allow generic manufacturers of stavudine to compete in markets of certain poor countries, thus lowering the price of the drug from \$1600 per patient per year to just \$55- a96% reduction.

Today due to UAEM's advocacy, many schools are beginning to head the call to ensuring access to affordable medicines."

\* Taken from UAEM's Chapter Handbook

## *The Global Access Licensing Framework*

The Global Access Licensing Framework, also known as GALF, creates the foundation for how Universities can become actively involved in the access to medicines crisis. This framework, developed by UAEM, creates a systematic way for technology transfer offices at every university to draft their own policy to ensure global access to bio-medical innovations developed in their university labs.

The main goals laid out in the framework:

- ✦ The primary purpose of the transfer of technology is to ensure access to medicines and health-related technologies for all
- ✦ The GALF should apply to all low and middle income countries based on the World Bank's List of Economies (classified based on gross national income per capita and revised each year.)
- ✦ The best way to ensure access to medicines in underdeveloped countries is through generic provisions of medicines. As such, the legal barriers imposed by pharmaceutical interests should be removed. In cases where the generic provision is seen to be technically or economically infeasible, "at-cost" requirements should be used as a supplement but should never replace the terms of generic provision.
- ✦ Universities must proactively licence their technology to ensure that follow-on patents and data exclusivity cannot be used to prevent the generic production of medicines.
- ✦ University licensing should be systematic and sufficiently transparent to verify its effectiveness.

To read more about GALF, please visit:

<http://uaem.org/archive/global-access-licensing-framework-galf-v20>

## Frequently Asked Questions...

### *Why are the prices high?*

The reasons behind the high cost of medicines around the world are incredibly complex. Just as the biomedical industry has been making enormous advancements in effective medicines over the past several decades, the cost of research has also grown proportionally. From the first stage of a drug's creation in a university research lab to the final stage of long-term development, a drug needs to be stringently and repeatedly tested before it can reach the general public. In order for it to be economically feasible for private companies to develop and test these medicines however, countries grant companies patents on new therapeutics that they choose to invest in. This patent essentially gives the said company the exclusive right to prevent the production and sale of a product in the country that the patent was issued in. This patent allows the owner of the exclusivity to reclaim the money that they invested in research and development by setting the price for the product (often at much more than the actual manufacturing cost.) This system works relatively fine for developed countries where the market can absorb these high prices however, in developing countries these high prices leave access to medicines limited to the select few who can afford to pay these exorbitant prices.

### *What role does my university have?*

Many of the drugs that are currently on the market were initially discovered as new

chemical entities (NCEs) at academic laboratories and between 1/4 and 1/3 of all new medicines originate in a university lab. Furthermore, drug targets/therapeutics, vaccine candidates and diagnostic technologies are all universally patented by the universities in which they were developed. However, universities themselves do not have the resources or the capacity to develop and distribute medical technologies to the market due to the costs associated with testing and mass production. As such they license their patented technology to a pharmaceutical firm thus transferring their patent rights to the licensee. Most research universities have special departments in place called a technology transfer office (TTO) that negotiates the business and legal agreements between the researcher who develops the technology and the licensee who gets to exclusively manufacture and sell a product to people who can afford it. On the surface, this agreement seems to work for both parties involved however, the typically high prices that

**BETWEEN**  
**1/4**  **1/3**  
**OF NEW MEDICINES**  
**ORIGINATE**  
**IN A UNIVERSITY LAB**

IN A UNIVERSITY LAB  
 ORIGINATE

manufacturers choose to set frequently put most life-saving mechanical technologies out of the reach of the poor. By implementing global access licensing however, universities can directly address this market failure by simply allowing other licensees to provide generic substitutes for these “neglected” and undeserved market populations.

*How can my university change?*

At UAEM, we propose that universities such as Western should commit themselves to simultaneously licensing their medicine and medical technologies to pharmaceutical companies who can earn profits selling to high income countries and to generic companies who could produce the drug for people living in low and middle income countries. UAEM strongly believes that the increased production and availability of generic medicines is one of the key factors to solving the current access to medicines crisis. Many universities around the world have already adopted socially responsible licensing policies and with your help, we can ensure that Western University follows suit.

**BY INCREASING**  
*their FOCUS*  
 on innovative  
**NEGLECTED DISEASE Research**

---

*then*

**SHARING**  
 OR "LICENSING"

---

*that*

*Research*  
**IN GLOBALLY ACCESSIBLE WAYS**

---

*Universities can help save countless lives worldwide.*

*countless lives worldwide.  
 Universities can help save  
 IN GLOBALLY ACCESSIBLE WAYS*