

Universities Allied for Essential Medicines, Duke Chapter  
Policy Outline  
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Zach Reitman

This document details the policies of Universities Allied for Essential Medicines (UAEM), Duke Chapter. It expands on the group's mission statement by explaining the need for essential medicines, Duke University's role in the medicine access crisis, and the strategy of this chapter.

*The need for essential medicines*

There is an urgent need for accessible pharmaceuticals in low and middle-income (LMI) countries (*definition*, 1). According to the World Health Organization, ten million people in LMI countries die every year because they do not have access to medicines that they can afford (2). For instance, approximately 95% of AIDS-related deaths occur in the developing world (3).

The World Health Organization considers many drugs a basic element of primary health care (3). Unfortunately, access to such essential medicines is often hindered by economic factors in LMI countries. In recognition of this problem, and to move toward concrete solutions, U.S. Senator Patrick Leahy submitted the "Life-Saving Medicines Export Act of 2006" (4).

Not only do people in LMI countries lack access to current medicines, but they also suffer from diseases foreign to high-income countries. Countless suffer from tropical diseases such as sleeping sickness, lymphatic filariasis, and blinding trachoma (2). High-income countries have done relatively little to research therapies for these "neglected diseases," which predominantly affect LMI countries. Despite large investment in medicine research and development, only about ten percent of the world resources are spent on ninety percent of the global disease burden (3).

*Duke's medical research capacity and licensing system*

Given the strength of its pharmaceutical research capacity and medical community, Duke University is in a unique position to support and advance the treatment of underserved people and neglected diseases. The Duke University Medical Center represents a top medical research system with over \$500 million in annual funding from sources such as the National Institutes of Health (5). Many medical technologies have been discovered and patented at Duke, an example being Fuzeon, a third-line treatment for AIDS (3).

Duke's model for dispersal of its technology is similar to that of many universities. The Duke Office of Licensing and Technology oversees licensing of patented Duke technologies to companies that can develop and then market the technology for commercial sale. Profits made on licensed Duke technology result in the licensee paying royalty money to Duke based on its profits; this money is distributed in the university system (6).

*Duke's commitment to essential medicines.*

We believe that American universities in general and Duke in particular, being at the forefront of the medical and scientific communities, have an obligation to lead the way in serving the needs laid out above. This idea is not new and already appears in Duke policy and in recent actions at the university.

First, in reference to university discoveries, the Duke University Policies on Inventions, Patents and Technology Transfer state that “It is the policy of the University to assure the utilization of such inventions for the common good” (7).

Second, Duke administration recently announced the inauguration of the Global Health Institute in April 2006, with \$30 million committed by Duke University to capitalize the institute. Duke Global Health “works to reduce health disparities both in our local community and worldwide. Recognizing that many global health problems stem from economic, social, environmental, political and health care inequalities, Duke Global Health brings together interdisciplinary teams to work with partners to solve highly complex health problems and to train the next generation of global health scholars” (8). This institute shows that the Duke administration recognizes global health problems, and may serve as a partner for UAEM.

Duke UAEM seeks to fully realize these policies.

*A way to make essential medicines discovered at Duke accessible*

To make Duke-discovered medicines accessible in LMI countries, Duke UAEM proposes modifications in licensing policy for essential medicine intellectual property. Such modifications are inspired by the Equitable Access License (EAL), a document developed by an interdisciplinary working group at Yale (*document and context*, 9). The modifications would allow for licensed intellectual property to be developed and sold by companies other than the licensee solely for sale in LMI countries with an identified need. This would allow generic companies to develop and sell essential medicines at an affordable price in LMI countries, since licensing and development costs are bypassed.

Many arguments against an equitable licensing policy have been made. Some believe that financing, development loans, price controls, drug donations and negotiated price cuts for LMI countries would provide reliable access. Others argue that generics in LMI countries would undermine drug sales in high income countries through the black market or compromise medicine quality. “Closing the Access Gap: The Equitable Access License,” a detailed, well-researched primer on the EAL, rebuts these and other arguments and supports equitable licensing from both a humanitarian and a practical economical perspective (3). For evidence of the feasibility of a fair licensing policy, one can look to the success of Yale UAEM in working with the Yale University administration to build a fair licensing policy around anti-HIV drug D4T (3).

*A way to encourage more research on neglected diseases*

To address the problem of neglected diseases, Duke UAEM seeks to increase incentive for researching these diseases. We hope to discuss with the university community the criteria that define worthwhile medical research and work to develop a rubric for worthwhile research that takes into account the problem of neglected diseases the essential medicine access gap.

*The Duke UAEM chapter's strategy*

**The goal of Duke UAEM is to work with the community, global health experts, and the administration at Duke to devise policies (such as a modification to licensing policy) that increase access to essential medicines developed at the university, and that promote neglected disease research at Duke. Duke UAEM aims to promote fair policies constructed in this way and seek their inclusion in Duke University policy.**

The Duke UAEM chapter shares the strategy of the national UAEM organization laid out in the Philadelphia Consensus Statement (2) and will cooperate with the national organization to achieve shared goals. However, this chapter recognizes that Duke University has unique goals and resources, such as the Global Health Initiative, that will make our approach and aims unique.

Duke UAEM plans to work with three audiences at Duke. First, this chapter aims to build an understanding of the essential medicines problem with the student and general university community. Online content, news media, and general meetings are all ways to spread this message and gather input. This awareness will accent our position and build university community support for UAEM's goals.

Second, the support of faculty and campus group experts with credibility in the global medicine field can be sought by opening specific dialogues through small meetings and personal communication. This will build a base of experts to give input and help with UAEM planning and execution. For instance, allying with global health-oriented campus groups allows wider spread of the UAEM message. In addition to this, the support of these experts will help establish credibility as UAEM argues for change at Duke.

Duke UAEM's final audience is the policymakers at Duke, i.e., the Duke administration. Individual players include the University President, Chancellor for Health Services, Director of Licensing and Ventures, and Vice Chancellor of Corporate and Venture Development. Support from the university community and from global health experts is crucial to convincing Duke administrators of the need to address the medicines access crisis. Duke UAEM aims to open a dialogue with policymakers to get input and feedback while emphasizing the need for changes to address the access crisis; private meetings, personal communication, and peaceful petitioning are all ways to stress the urgency of this situation.

## Citations

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