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Health innovation, IPRs and access to essential drugs: experiences of and emerging options for the IBSA countries

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- **State of play in South Africa**
 - Medicines for HIV/AIDS
 - Medicines generally
- **Placing IP within context of current concerns**
 - Drug regulatory processes
 - Procurement and supply chain management
 - Domestic industrial policy
- **Identifying future action**
 - Implications of developments in other IBSA countries
 - Proactive agenda



- **Medicines for HIV/AIDS**

- First generation ARVs
 - Off-patent, patents not enforced, or “non-voluntary” licences granted
- Second generation ARVs
 - In general: not patented, patents not enforced, or licences granted
 - Notable exception: lopinavir/r
- Latest drugs
 - Handful of licensees or exclusive co-marketing agreements
- Other HIV-related medicines

- **Medicines generally**

- “Transparent” pricing mechanism with some price controls
- TRIPs+ legal framework insufficient for ensuring access



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- **Drug regulatory processes**
 - Regulatory backlogs
 - Inability/unwillingness to align with national health priorities
 - Particular concern about FDCs without innovator references
- **Procurement and supply chain management**
 - Centralisation of procurement: health vs. treasury
 - SCM concerns: added costs; potential for corruption; delays
 - “Fiscal federalism”: conditional grant vs. equitable share
- **Domestic industrial policy**
 - Undue focus on preferential procurement
 - Limited attention to sustainability of supply



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- **Implications of developments in IBSA countries**
 - Proposed EU-India FTA
 - In context of Patents (Amendment) Act, 2005 – already TRIPs+
 - Additional TRIPs+ provisions sought
 - Narrowing pipeline of generic antiretrovirals in India
 - Pre-1995 drugs
 - Mailbox applications and patent oppositions
 - Products patented post-2005
- **Proactive agenda**
 - Aligning patent legislation in favour of access
 - Creating conditions for API production: IBSA or beyond
 - Technical co-operation: drug regulation and manufacturing



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