



## PRESS RELEASE

24 September, 2014

Embargoed until 00:01am CET Monday, 29 September, 2014

New Oxfam–HAI Europe report

### **Europe seeks to expand big pharma monopoly at expense of poor people, warn NGOs ahead of TTIP talks**

***Ebola crisis and high price of new hepatitis C and cancer medicines  
highlight urgent need to rethink innovation policies***

The European Commission is putting the interests of multinational drug companies above those of millions of people with no access to affordable life-saving medicines, warn Oxfam and Health Action International (HAI) Europe ahead of this week's round of free trade talks between the EU and US in Washington, DC.

In a new report, [Trading Away Access to Medicines–Revisited](#), Oxfam and HAI Europe argue that the Transatlantic Trade and Investment Partnership (TTIP) could pose a serious threat to public health in Europe and set a terrible precedent for future trade deals between the EU and developing countries.

*“It is shameful that Europe is being pushed to embrace American-style patent policies as part of free trade talks with the US. If passed, we are worried that TTIP could set a new global standard for intellectual property protection resulting in much higher prices of medicines with dramatic consequences for the world's poorest,”* said Leïla Bodeux, Oxfam's policy advisor.

Today, more than two billion people across the world lack access to affordable medicines. The European trade agenda keeps the price of new pharmaceutical products high by imposing stringent intellectual property (IP) protection, while including harmful investment measures in free trade deals that it negotiates with developing countries such as India or Thailand. This mirrors the US trade agenda that has prevailed over the last two decades.

Europe's research and development (R&D) model, which, like the US, relies on strict IP rights, favours drug firms over the needs of people living in developing countries. The pharmaceutical industry spends more than €40 million every year to influence EU policies, employing around 220 lobbyists.

*“The absence of a widely accessible Ebola treatment and the prohibitively high price of new hepatitis C and cancer medicines should spark an urgent rethink on trade and R&D policies. Innovation must serve people's needs and not those of the profit-driven pharmaceutical industry, as it is now. Fragile health systems in Europe and developing countries simply can't afford skyrocketing medicine prices,”* said Aliénor Devalière, HAI Europe's policy advisor.

#### **Recommendations**

With changeover in the EU Institutions, there is an excellent opportunity to correct the EU's trade and innovation agenda. Members of the new European Parliament and EU governments must ensure that the incoming European Commission:

-MORE-

- Defends a trade and R&D model that is coherent with its development cooperation and public health objectives. As a first step, the EU should ensure that the TTIP agreement with the US does not further expand monopoly protection and jeopardise access to medicines in Europe and beyond.
- Explore new pharmaceutical innovation models that are based on sharing knowledge, rather than further protecting IP rights.

## **Contacts**

- Health Action International (HAI) Europe ([www.haieurope.org](http://www.haieurope.org)): Aliénor Devalière at [alienor@haiweb.org](mailto:alienor@haiweb.org) or +31 (0) 20 683 3684
- Oxfam: Leïla Bodeux at [leb@oxfamsol.be](mailto:leb@oxfamsol.be) or + 32 (0) 485 94 82 89

## **NOTES TO EDITOR**

The hearing of the nominated European Trade Commissioner, Cecilia Malmström, will take place on 29 September (from 13h30 to 16h30) coinciding with the first day of the seventh round of Transatlantic Trade and Investment Partnership (TTIP) negotiations (29 September–3 October) and the release of this NGO report.

## **Killer stats**

- Only four of 97 new medicines developed in 2010 had a therapeutic advantage. ([Nature Reviews Drug Discovery](#))
- In West Africa, more than 5,300 people have been infected, and 2,600 people have died, from the worst-ever outbreak of Ebola virus disease. No proven vaccine or treatment is currently available. ([World Health Organization](#))
- Approximately 180 million people (75 per cent of whom live in low- and middle-income countries) are infected with hepatitis C. About 350,000 of them die from the disease each year. ([Médecins Sans Frontières](#)) Gilead Sciences leads the hepatitis C treatment race. Its new drug, sofosbuvir, priced at US\$1000 per pill, or US\$84,000 per treatment, shattered sales records by generating US\$2.3 billion in the first three months of 2014, but raised global concern about affordability. Although Gilead recently signed licensing agreements with seven Indian pharmaceutical manufacturers to produce and sell generic versions of sofosbuvir and another hepatitis C drug, ledipasvir, in 91 low-income countries, middle-income countries, where the disease is most prevalent, will not benefit. Access to both of these medicines, even in high-income countries, is difficult, given the price of the medicine set by Gilead. ([Médecins Sans Frontières](#))
- Generic competition has decreased the price of anti-retroviral medicines (ARVs) by 99 per cent since 2000, bringing the cost of treatment to \$100 per person per year ([Médecins Sans Frontières](#)). Despite this, more than 7 million people in low- and middle-income countries still have no access to ARVs to treat HIV/AIDS ([UNAIDS](#)).
- Only 10 per cent of global spending on health research is allocated to diseases that affect 90 per cent of the world population. ([German Foundation for World Population](#))

-END-