

**FORUM:** Economic and Social Council (ECOSOC)

**QUESTION OF:** The question of accessibility of patent protected drugs in LEDCs

**SUBMITTED BY:** The Russian Federation

**CO-SUBMITTERS:** Armenia, Kenya, El Salvador, Andorra, Yemen, OCHA, Ecuador, Mali, Colombia, Jamaica, WTO, Luxembourg, China, Germany

THE ECONOMIC AND SOCIAL COUNCIL,

*Recalling* Human Rights Council resolutions 32/15 of 1 July 2016 and 32/16 of 1 July 2016,

*Reaffirming* the Universal Declaration of Human Rights and further reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health and to a standard of living adequate for the health and well-being of oneself and one's family, and that such a right derives from the inherent dignity of the human person,

*Further recalling* the Declaration on the Right to Development, affirming that States should take, at the national level, all measures necessary for the realization of the right to development and should ensure equality of opportunity for all in their access to basic resources, such as health services,

*Recalling also* the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement of 1 January 1995 and the Doha Declaration of 2001, regarding the subject of drug patents and their licenses,

*Reminding* the World Health Organisation (WHO) of the national list of essential medicines aiming to satisfy the priority health care needs of the population,

*Alarmed by* the lack of accessibility to medicines in Less Economically Developed Countries (LEDCs) resulting in millions of deaths each year,

*Further alarmed by* the lack of research on deadly diseases in LEDCs, resulting in lack of medication in said countries,

*Noting with satisfaction*, the creation of Unitaid, actively participating in the issue, making medicines more accessible at a faster pace for LEDCs by encouraging patent pools,

*Concerned by* the excessive use of patents in the pharmaceutical sector, allowing the price of medicine to rise, forcing patients to either pay high prices or remain sick,

*Further concerned* that if the pharmaceutical market remains unchanged, development of LEDCs will be slowed and their population will be affected adversely,

1. Urges that every member state uses methods to track and follow the exportation of medicines to LEDCs in order to prevent counterfeits or bioterrorism, such methods could include:
  - a) the technology of blockchain,
  - b) the reporting of transactions to the UN, by signaling the departure of merchandise and its arrival;
2. Asks for More Economically Developed Countries (MEDCs) to negotiate Voluntary License Agreement (VLAs) for a definite amount of time with patent holders, to make medicine more accessible to other countries and facilitate the exportation of said medicine, in exchange for a financial compensation to the patent holder;
3. Calls for member states to encourage the establishing of Public-Private Partnerships (PPPs) in their country, between patent holders and third parties to advance the research and development in the pharmaceutical sector and to facilitate the export and transportation of medicines, these PPPs could

take the form of a cooperation between:

- a) public and private enterprises to finance research,
  - b) non-governmental organisations (NGOs) and private enterprises to facilitate the export of medicine,
  - c) a state and a private enterprise to optimise the creation of infrastructure to receive medicines and distribute it more efficiently;
4. Requests that the previously established TRIPS waiver extension be executed in LEDCs until 2033, date after which, the state members of the TRIPS agreement will consider the possibility to give the LEDCs an indefinite extension of the TRIPS waiver, if the national health objectives are not met in said countries;
5. Recommends that all member states encourage the creation of patent pools in their country, to facilitate the use of technology, formulas or methods between companies and reduce the final price of product;
6. Encourages states to develop education on deadly diseases such as but not limited to:
- a) Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Disease (STDs), Coronavirus, and Sexually Transmitted Infection (STIs), concerning:
    - i. the possibility of passing HIV from women to newborns,
    - ii. promotion of the use of contraceptives to prevent the spreading of such diseases, especially to women,
    - iii. enforcing a triannual intervention on the topic of deadly diseases in places of work and education,
    - iv. facts, knowledge and information on said diseases being made accessible to the general population,
  - b) Viruses such as tetanus, measles or hepatitis A and B by promoting the efficiency and access of vaccines to population and encourage said populations to get vaccinated;
7. Suggests that member states cooperate with the International Monetary Fund (IMF) in order to guarantee the efficient use of monetary aid given to LEDCs, aiming to ameliorate health in order to guarantee that said money is efficiently used in health sector by:
- a) refurbishing or building new infrastructures such as hospitals, clinics and others,
  - b) better prevention of diseases and how to counter them,
  - c) better transportation of medicines to guarantee their safe arrival and distribution (roads, railroads, and others),
  - d) better access to potable water;
8. Invites LEDCs to remove local tariffs and taxes on healthcare products, to facilitate the accessibility of medicines to population;
9. Calls upon political representatives of developing countries to see health as a major priority and direct more budget to this sector to prevent:
- a) medicine shipments to be:
    - i. stolen while sitting in warehouses waiting for fees to be paid,
    - ii. sold on illicit markets such as black markets,
    - iii. re-exported for profit,
  - b) lack of education to population on major diseases to avoid:
    - i. the rise of contamination within the population and the spreading of said diseases,
    - ii. the ignorance within the population and the lack of knowledge on solutions to prevent the spreading of diseases,
  - c) lack of infrastructure resulting in:
    - i. poor distribution of medicines,

- ii. poor technology to diagnose people with diseases;
10. Further encourages LEDCs to create their own generic market aiming to produce a certain amount of healthcare products directed to said LEDCs:
    - a) in order to promote the accessibility of medicines by:
      - i. reducing the prices of medicines,
      - ii. limiting the export of drugs and the distance of export,
      - iii. improving the cooperation between LEDCs,
      - iv. reducing the dependency of LEDCs to big manufacturers,
    - b) by establishing a royalty system such that:
      - i. companies in LEDCs would pay an agreed upon percentage of their net profit from the selling of patented drugs to the companies that conducted the R&D for the specific treatment sold until the R&D cost has been covered through the totality of these royalties,
      - ii. companies would continue paying a lower agreed upon royalty after the R&D is fully paid for another 3 to 5 years;
  11. Wishes that a new international treaty on Intellectual Property (IP) be signed and ratified by every member state which would include:
    - a) new laws inspired by the TRIPS agreement,
    - b) an international organisation aiming to verify that IP is respected in every country to ensure that cooperation between nations is not compromised;
  12. Strongly urges governments to provide grants to private drug companies to develop new medicines, in order to provide incentive for them to do so, and NGOs to help fund these grants where needed;
  13. Encourages the adaptation of new legislation to be developed in member nations under the guidance of the WHO and the WIPO to encourage large pharmaceutical companies to reduce the length of patents on essential medicines through means such as but not limited to financial incentives such as tax breaks or reductions for shorter patents this will be subsidized by the WHO;
  14. Promises to remain actively seized on the matter.