Drug Company Profits Soar as Taxpayers Foot the Bill
Globally, who is the largest source of funding for medical R&D?

Where is 80% of this money going?

Who is doing this research?
University decisions about what to research & how to share it are the key to global health.
Why Care About University Licensing?

- Licenses determine who will have access
15 of the 21 drugs with the greatest therapeutic impact were developed through publicly-funded research, most of which takes place at universities.
$100 Billion + in NIH funding (20% NIH spending since 2000) went toward research that contributed (directly or indirectly) to **210 drugs** approved 2010 & 2016

84 of 210 were first-in-class drugs, meaning they treat disease through novel mechanisms or molecular targets ($64 billion)

If the people who need a drug can’t access it, does it really cure disease?

Does the general public really get a return on investment?

https://www.statnews.com/2018/02/12/nih-funding-drug-development/
THE PHARMA AD

WHAT DOES IT TAKE TO MAKE ONE MEDICINE?

OVER 12 YEARS OF RESEARCH & DEVELOPMENT

Our scientists invest years of their lives to discover and develop the medicines that could one day help to save yours. Find out more at www.Pfizer.co.uk

THE REALITY

WHAT DOES IT TAKE TO MAKE ONE MEDICINE?

UNIVERSITY RESEARCH AND A LOT OF PUBLIC MONEY

Pharma justifies their high drug prices with the amount they supposedly spend on research & development. It's just not true.

For the facts www.msfaccess.org/pharma-myths
THE PHARMA AD

WHAT DOES IT TAKE TO MAKE ONE MEDICINE?

MORE THAN A BILLION POUNDS

Our scientists invest years of their lives to discover and develop the medicines that could one day help to save yours.

Find out more at www.Pfizer.co.uk

THE REALITY

WHAT DOES IT TAKE TO MAKE ONE MEDICINE?

FROM OUR EXPERIENCE: AS LITTLE AS 114 MILLION POUNDS

Pharma justifies their high drug prices with the amount they supposedly spend on research & development. It’s just not true.

‘For the facts www.msfaccess.org/pharmamyths
Americans are paying multiple times for access to medical innovation:
- Finance it through taxes,
- At their universities,
- through insurance,
- at the pharmacy
Students push UCLA to improve access to a cancer drug developed by its scientists

By ELIZABETH COONEY @cooney_ez / MARCH 30, 2018
We can urge the NIH to ensure that university-based publicly funded biomedical research leads to accessible and affordable medicines for all.
Why Is UCLA Doing Big Pharma's Dirty Work in India?

A university develops a breakthrough prostate cancer drug—and then fights to keep it priced beyond reach.

By Alexander Zaitchik / AlterNet  March 29, 2018, 4:46 AM GMT

On the morning of March 14, a first-year UCLA medical student named Kayla Gu approached the microphone at a meeting of her university's Board of Regents. Speaking in a white coat
How?

Ensure the NIH attach strings to their university grants & to their own in-house biomedical R&D,

Requiring that any health technologies discovered & developed using NIH funding must be licensed in a way that incorporates global access provisions,

In order to ensure access and affordability worldwide.

**Secondary goals** = generic competition in LMICS; march-in on existing publicly-funded medicines that are too expensive, increasing public outrage around this issue while offering an immediate solution
1 in 5 Americans cannot afford to fill their prescriptions due to cost.

Kaiser Permanente poll shows **81% of consumers support drug price controls or caps!**
Government Funding & Responsibility?

- The biomedical R&D system is failing people
- The NIH & universities can play a key role in ensuring the meds we fund are affordable & accessible
- It is up to us to hold them accountable to prevent their “pharmatization” & hold them to their social missions
Our responsibility

“Biomedical knowledge and achievement is growing at a tremendous pace, but is unmatched by ethical thinking about how to apply the results equitably, humanely and wisely. The universities are forgetting their role as guardians of human wisdom. UAEM has created consensus. Now it is time for the policy makers to act.”

~Sir John Sulston, Nobel Laureate in Medicine, UAEM Advisory Board Member