



Merith Basey

@GlobalDiaBEATes @uaem

POLICY + POLITICS

Drug Company Profits Soar as Taxpayers Foot the Bill



Government Funding & Responsibility (?)



- ❑ 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

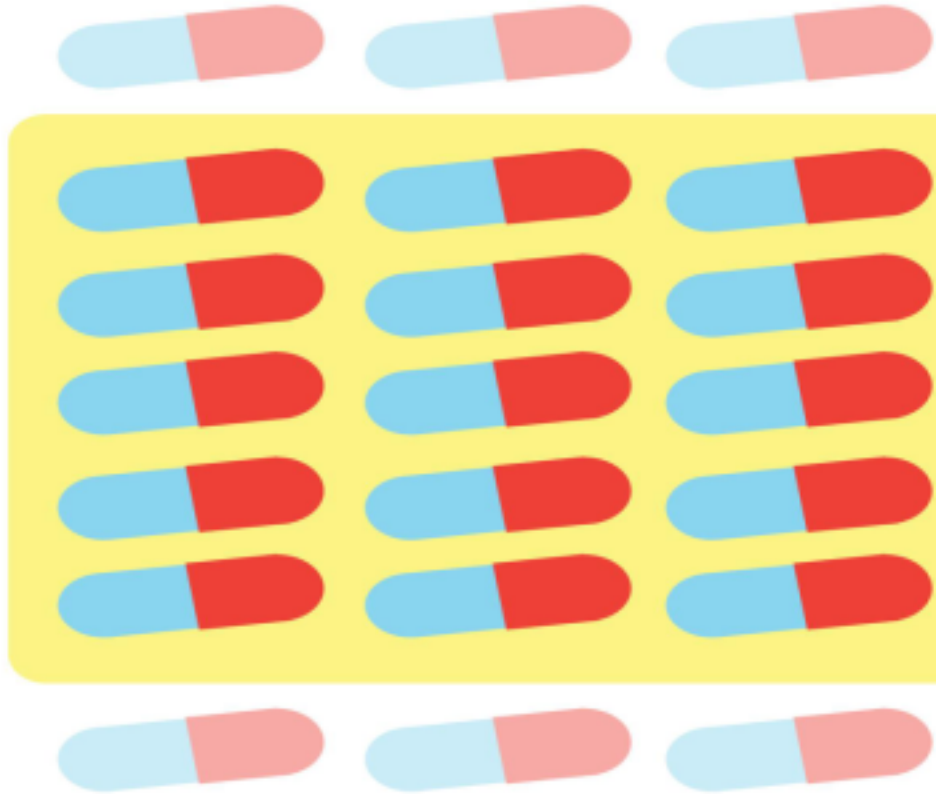
ABOUT **WHAT** TO RESEARCH & **HOW** TO SHARE IT

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?**

THE PHARMA AD

WHAT DOES IT TAKE
TO MAKE **ONE MEDICINE?**



**OVER 12 YEARS
OF RESEARCH
& DEVELOPMENT¹**

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.nsfaccess.org/pharmamyths



THE PHARMA AD

WHAT DOES IT TAKE
TO MAKE ONE MEDICINE?



MORE THAN
A BILLION
POUNDS¹

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1. The average cost of a new drug is estimated to be between £1 billion and £2 billion. Source: IMS MIDAS. © 2007 IMS MIDAS. All rights reserved.

THE REALITY

WHAT DOES IT TAKE
TO MAKE ONE MEDICINE?



FROM OUR EXPERIENCE:
AS LITTLE AS
114 MILLION POUNDS¹

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

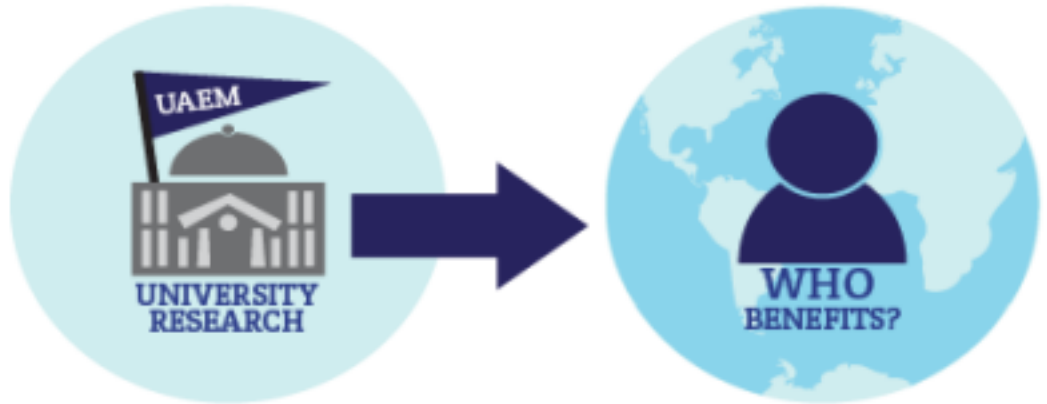
¹For the facts
www.msaccess.org/pharmamyths



Federally Funded R&D & the NIH

Americans are paying multiple times for access to medical innovation:

- Finance it through taxes,
- At their universities,
- through insurance,
- at the pharmacy



Xtandi Case Study at UCLA

PHARMA

STAT+

Students push UCLA to improve access to a cancer drug developed by its scientists

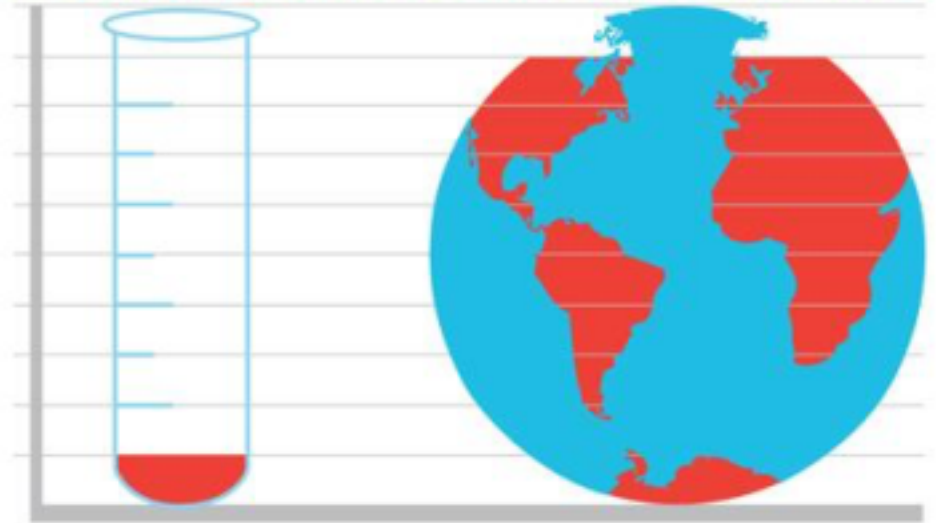
By ELIZABETH COONEY [@cooney_eiz](#) / MARCH 30, 2018



An opportunity for future research

We can urge the NIH to ensure that university-based publicly funded biomedical research leads to accessible and affordable medicines for all.

**AS NOT-FOR-PROFIT, PUBLIC-INTEREST,
PUBLICLY-FUNDED RESEARCH INSTITUTIONS**



UNIVERSITIES CAN HELP FILL THE GAP

WORLD

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



 6 COMMENTS

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

Bipartisan Public Will

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!

Table 1: Top Health Care Priorities for the Next President and Congress

Percent who say each of the following should be a top health care priority for the next President and Congress	Total	Democrats	Independents	Republicans
Making sure that high-cost drugs for chronic conditions, such as HIV, hepatitis, mental illness and cancer, are affordable to those who need them	74%	84%	73%	68%
Government action to lower prescription drug prices	63	75	64	49
Making sure health plans have sufficient provider networks of doctors and hospitals	57	62	54	53
Protecting people from being charged high prices when they visit hospitals or outpatient clinics covered by their health plan but are seen by a doctor not covered by their plan	54	60	56	43
Making information comparing the quality of health care provided by doctors and hospitals more available to patients	53	59	54	42
Making information about the price of doctors' visits, tests, and procedures such as hip replacements and MRIs more available to patients	50	52	51	45
Making information about what doctors and hospitals are covered under different health insurance plans more available	49	53	46	50
Helping people with moderate incomes pay high out-of-pocket costs for medical care	44	51	42	39
Repealing the requirement that nearly all Americans have health insurance or else pay a fine	38	27	39	51
Repealing the entire health care law	37	17	40	60
Repealing the requirement that employers with 50 or more workers pay a fine if they don't offer health insurance	29	29	29	28
Reducing the amount of financial assistance available to help people buy health insurance in order to save the government money	25	24	27	18
Eliminating a tax on higher cost employer-sponsored health plans, also called Cadillac plans, that helps pay for the health care law	24	27	22	22

NOTE: Items asked of half samples.

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*