AFF-

In today’s debate we look at both sides of the topic of whether or not the members of World Trade Organizations ought to reduce the intellectual property for medicines. For today’s round I will represent the AFF and the pros of reducing intellectual property for medicines.

My value in today’s debate is **equality of opportunity**

**Defined by Britanica (**[**https://www.britannica.com/topic/equal-opportunity**](https://www.britannica.com/topic/equal-opportunity)**) as**

**Definition of equality of opportunity:**in political theory, the idea that people ought to be able to compete on equal terms, or on a “level playing field,” for advantaged offices and positions.

Or in this scenario, level playing field of access to medication

To achieve this value it is best to use the Value Criterion of the difference principle:

As defined by (<https://www.encyclopedia.com/social-sciences-and-law/sociology-and-social-reform/sociology-general-terms-and-concepts/difference-principle#:~:text=The%20difference%20principle%20governs%20the,well%2Doff%20positions%20of%20society>.) Encyclopedia dot com as: The difference principle governs the distribution of income and wealth, positions of responsibility and power, and the social bases of self-respect. It holds that inequalities in the distribution of these goods are permissible only if they benefit the least well-off positions of society.

Thus I affirm that the member nations of the World Trade Organization ought to reduce intellectual property protections for medications that are used to treat and manage HIV.

In today’s debate I would first like to present the Harms

Contention 1- Harms   
HRC 17 HIV disproportionately affects queer people   
**HRC 2017** (The Human Rights Campaign,  February 2017, How HIV Impacts LGBTQ+ People, <https://www.hrc.org/resources/hrc-issue-brief-hiv-aids-and-the-lgbt-community)> SJ   
\*PLWH = people living with HIV

According to the U.S. Centers for Disease Control and Prevention (CDC), there are 1.2 million people living with HIV (PLWH) in the United States, and approximately 40,000 people were diagnosed with HIV in 2015 alone. While the annual number of new diagnoses fell by 19% between 2005 and 2014, progress has been uneven. For example, gay and bisexual men made up an estimated 2% of the U.S. population in 2013 but 55% of all PLWH in the United States. If current diagnosis rates continue, 1 in 6 gay and bisexual men will be diagnosed with HIV in their lifetime. For Latino and Black men who have sex with men, the rates are in 1 in 4 and 1 in 2, respectively.

Transgender people have also been hit especially hard by the epidemic despite comprising a similarly small percentage of the U.S. population. While better data is needed to understand the full impact of HIV on the transgender community, one international analysis found that transgender women in certain communities have 49 times the odds of living with HIV than the general population. Although HIV prevalence among transgender men is relatively low (0-3%) according to the CDC, some data suggest transgender men may still yet be at elevated risk for HIV acquisition.

   
Avert 19 The HIV epidemic reinforces homophobia   
**Avert 2019** (Avert, 10 October 2019, “Homophobia and HIV”, <https://www.avert.org/professionals/hiv-social-issues/homophobia> ) SJ   
   
Homophobia continues to be a major barrier to ending the global AIDS epidemic.

The global HIV epidemic has always been closely linked with negative attitudes towards LGBT people, especially [men who have sex with men](https://www.avert.org/node/382)(sometimes referred to as [MSM](https://www.avert.org/node/382)); a group that is particularly affected by HIV and AIDS.

At the beginning of HIV epidemic, in many countries gay men and other men who have sex with men were frequently singled out for abuse as they were seen to be responsible for the transmission of HIV. Sensational reporting in the press, which became increasingly homophobic, fuelled this view. Headlines such as “Alert over ‘gay plague’”,[2](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote2_23j6gkz) and “‘Gay plague’ may lead to blood ban on homosexuals”[3](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote3_9hcs5ll) demonised the LGBT community.

LGBT people face specific challenges and barriers, including violence, human right violations, stigma and discrimination. Criminalisation of same-sex relationships, cross-dressing, sodomy and ‘gender impersonation’ feeds into ‘social homophobia’ — everyday instances of discrimination – and both factors prevent LGBT people from accessing vital HIV prevention, testing, and treatment and care services.[4](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote4_83ynmy9). As a result, some LGBT people are unknowingly living with HIV or being diagnosed late when HIV is harder to treat.[5](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote5_uympbyj)

Moreover, research has shown that men who have sex with men may exhibit less health-seeking behaviour and have greater levels of depression, anxiety and substance misuse because of stigma they face[6](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote6_zfws5ft) For example, a study published in 2016 on men who have sex with men in China found that depression experienced by Chinese men who have sex with men due to community norms and feelings of self-stigma around homosexuality directly affected HIV testing uptake.[7](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote7_45sguq1)

A global study in 2013 found that young men who have sex with men experience higher levels of homophobia than older men who have sex with men, and also face greater obstructions to HIV services, housing and employment security.[8](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote8_xzboi9y)The loss of these forms of security often lead young men who have sex with men to adopt behaviour that puts them at risk of HIV (such as injecting drugs or exchanging sex for money).[9](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote9_ji1mztp)

Yet the percentage of young men who have sex with men who are able to access cheap condoms, information about how to prevent HIV and other sexually transmitted infections (STIs), HIV and STI treatment is extremely low. Nearly half of the study’s young respondents who were living with HIV were not on antiretroviral treatment, compared to 17% of older respondents.[10](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote10_cexmiic)

In 2014, MSMGF (the Global Forum on men who have sex with men and HIV) conducted its third biennial Global Men's Health and Rights Study of just under 5,000 men who have sex with men from countries across the world. The results, published in 2016, indicate significant gaps in HIV prevention and treatment for both HIV-negative and HIV-positive men who have sex with men. It found perceptions and experiences of sexual stigma and discrimination to be associated with lower access to HIV services and lower odds of viral suppression, which is when treatment has successfully reduced the level of HIV in someone’s body to such a low level they are in good health and are unlikely to pass the virus on to someone else. Interestingly, participants in the study who reported higher levels of engagement with the gay community were significantly more likely to have had an HIV test and received the result; to have participated in HIV prevention programmes and, for those living with HIV, were significantly more likely to be retained in care, giving them higher odds of viral suppression.[11](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote11_r59mg75)

Similarly, a study of men who have sex with men in Tijuana, Mexico found that self-stigma, or what the study describes as ‘internalised homophobia’ caused by cultural norms of machismo and homophobia, was strongly associated with never having tested for HIV, while testing for HIV was associated with identifying as homosexual or gay and being more ‘out’ about having sex with men. The study cites evidence of HIV-positive men who have sex with both men and women yet avoid affiliation with the LGBT community out of fear of homophobia. It argues that innovative strategies are needed to engage non-gay-or-bisexual-identifying men who have sex with men in HIV testing programmes without exacerbating experiences of stigma and discrimination.[12](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote12_p5sp99b)

A large proportion of men who have sex with men in both West and Central Africa and East and Southern Africa also engage in heterosexual sex, often with wives or other long-term female partners. For example, a 2015 study of men who have sex with men in Abidjan, Côte d’Ivoire found the most widespread sexual orientation among men who have sex with men to be bisexuality.[13](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote13_wcpqd6t) The HIV epidemic among men who have sex with men is therefore interlaced with the epidemic in the wider population in these regions.[14](https://www.avert.org/professionals/hiv-social-issues/homophobia#footnote14_flj8yeo)

   
Sultso 01  The WTO’s intellectual property protections are the cause for higher medicine costs   
**Sultso 01** (Sir John Sulsto, February, 2001, “Patent Injustice: How World Trade Rules Threaten the Health of Poor People”, Co-founder of the Human Genome Project, Institute for Agriculture and Trade Policy, <https://www.iatp.org/sites/default/files/Cut_the_Cost_-_Patent_Injustice_How_World_Trad.htm> ) SJ   
Oxfam’s briefing paper shows how new global patent rules, introduced by the World Trade Organisation, will raise the costs of vital medicines, with potentially disastrous implications for poor countries. In brief, these rules require all countries to provide patent protection for a minimum of 20 years for inventions in all fields of technology, including medicines.

As the report points out, in the pharmaceutical sector the winners will be the large northern-based transnational companies which, as a result of the lengthened patent protection provided by WTO rules, will be able to sell their new medicines at higher prices. The losers are likely to be the millions of people who will be unable to afford vital new medicines, and hard-pressed government health services. This situation will undermine efforts to increase productivity and eradicate poverty, and will result in a widening of the gap between rich and poor nations.

Patents have an important role to play in stimulating investment and innovation. But any patent system has to balance the need to reward inventors with the greater public interest for people to benefit from new inventions. Oxfam’s paper makes a compelling case that current WTO rules, as a result of corporate lobbying, sacrifice public health for private profit. It also points out the extraordinary anomaly whereby the WTO, an organisation charged with developing rules for ‘free trade’, is providing a legal framework for the development of corporate monopolies.

I hope this report will convince governments and companies of the urgent need to review and revise global patent rules in order to prevent adverse impact on health and development. While the full effects of WTO patent rules may not be seen for some time, this report shows that there is enough evidence to warrant action now.

Frontline Aids 19 Intellectual Property Protections make HIV treatments expensive and inaccessible   
**Frontline Aids 2019** (Frontline Aids, October 2nd, 2019, HOW PATENTS AFFECT ACCESS TO HIV TREATMENT, <https://frontlineaids.org/how-patents-affect-access-to-hiv-treatment/)>   
Frontline AIDS and the International Treatment Preparedness Coalition (ITPC) have released a joint report looking at one of these crucial barriers – the problem with patents in middle-income countries (MICS). **In 2019, people aren’t dying because the drugs for treating HIV, MDR-TB, hepatitis C and many other diseases don’t exist. People are dying because they can’t access them.**

With an increasing focus on voluntary mechanisms to provide access to medicines, the problem with patents in MICs is being seriously over-looked; as are the legitimate tools that governments can use to increase access and availability and decrease prices. The use of legal mechanisms like TRIPS flexibilities by governments has proven highly effective; in the use of these legal tools, governments, global health agencies and civil society all have an essential role to play. **It will not be possible to achieve a sustainable response to HIV without tackling intellectual property (IP) barriers, particularly in MICs.**

   
*Contention 2:Solvency*   
*Heck2-The aff is-politically-popular-the-Biden-administration-support-it,-and-so-do-over-100-countries*   
***Heck and Vinti 2021****(David Heck and Baldassare Vinti, July 20 2021, “IP Waiver for COVID-19 Vaccines: What the United States’ Support Means in Practice,” The National Law Review,*[*https://www.natlawreview.com/article/ip-waiver-covid-19-vaccines-what-united-states-support-means-practice)*](https://www.natlawreview.com/article/ip-waiver-covid-19-vaccines-what-united-states-support-means-practice))   
On May 5, 2021, the Biden Administration announced its support for waiving intellectual property protections for COVID-19 vaccines.  Understandably, the news made headlines and stirred passionate reactions from the medical community and IP holders alike. But actually bringing about that waiver will be a complicated process, and one that depends on many countries and parties besides the United States.

The text of the Administration’s announcement shows that waiving international IP protections will be easier said than done:

The Administration believes strongly in intellectual property protections, but in service of ending this pandemic, supports the waiver of those protections for COVID-19 vaccines. We will actively participate in text-based negotiations at the World Trade Organization (WTO) needed to make that happen. Those negotiations will take time given the consensus-based nature of the institution and the complexity of the issues involved.

In other words, it is the WTO as a whole that must effectuate an IP waiver. And given that WTO decisions are made by unanimous agreement of its 164-country membership without any formal vote, that process will require far more than support from the United States, as dissent from any one country on the terms of a waiver would block the initiative.

To be a member of the WTO, countries must agree to the Trade-Related Aspects of Intellectual Property Rights Agreement (known commonly as the TRIPS Agreement). That agreement contains a minimum set of standards by which each country must abide with respect to patents, trademarks, copyrights, trade secrets, and other forms of intellectual property. Thus, in order to waive IP protection for COVID-19 vaccines, the provisions of the TRIPS Agreement must be superseded. While the TRIPS Agreement provides that “Members may, in formulating or amending their laws and regulations, adopt measures necessary to protect public health and nutrition,” it adds that this may be done only if “such measures are consistent with the provisions of this Agreement.”

The endeavor to waive IP rights started before the United States’ announcement. In October 2020—before any vaccines had even been approved—India and South Africa made a proposal to the WTO’s TRIPS Council for the waiver of intellectual property rights related to the prevention, containment or treatment of COVID-19. Specifically, they sought waiver of protections for copyright (Part II, Section 1 of the TRIPS Agreement), industrial design (Part II, Section 4), patents (Part II, Section 5), and trade secrets (Part II, Section 7), as well as enforcement mechanisms under Part III. Per the terms of the proposal, member countries would not be obligated to implement, apply or enforce the foregoing protections with respect to COVID-19 prevention, containment or treatment. In other words, member countries could choose not to enforce IP rights against vaccine manufacturers who would otherwise be infringing on those rights. The scope of the proposal underscores the myriad IP rights that could conceivably be waived in order for COVID-19 vaccines to be made by additional manufacturers.

While more than 100 countries have voiced support for IP waivers generally, they have yet to express agreement on the scope and the duration of those waivers. Sixty-two countries—including India and South Africa—submitted a revised proposal on May 21, 2021 that would limit the duration of waivers to three years, after which the WTO’s General Council would “review the existence of the exceptional circumstances justifying the waiver.”

Numerous countries have voiced opposition to these proposals.  Shortly after the United States’ announcement, Germany rejected the proposition of a waiver, stating: “The protection of intellectual property is a source of innovation and must remain so in the future.”  The German company BioNTech partnered with Pfizer on development of its vaccine and expects $11.5 billion in vaccine revenue from supply contracts already signed. European Commission President Ursula von der Leyen has stated that the European Union is open to a discussion, but that waiver of IP “is not a topic for the short term or medium term.”  And G20 countries signed onto a May 21 “Rome Declaration” affirming that member countries should take measures against COVID-19 while “working consistently within the TRIPS agreement.” Notably, the signatories included U.S. Vice President Kamala Harris.

Even if sufficient waivers were implemented, that would not guarantee speedy production and distribution of vaccines.  Production requires many highly technical processes and detailed know-how, regardless of whether IP restrictions are in place, and Non-IP holding manufacturers may not be in a position to take advantage of a waiver.  Moderna may be a case in point.  It vowed in October 2020 that it would “not enforce our COVID-19 related patents against those making vaccines intended to combat the pandemic,” and that it would license IP for COVID-19 vaccines to others for the post-pandemic period.  Yet, there has been no report from Moderna that any companies have taken advantage of that opportunity.

Given the above considerations, there will be two important aspects of IP waivers to watch over the coming weeks and months. The first is the negotiation among WTO member countries about the scope of IP waivers, and whether those negotiations can proceed fast enough to have an impact on vaccine availability. The second is whether, in addition to waivers, IP holders will actively support new manufacturers with respect to vaccine production, and whether that could or would be legislated by the WTO. These are uncharted waters with respect to international IP rights, not only for COVID-19 vaccines, but potentially for many other life-saving medicines.

Time: 6:20