Cabot SG Affirmative

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Cabot Affirms: Resolved, Members of the World Trade Organization ought to reduce intellectual property protections for medicines.

Before we begin, we would like to provide some definitions;

Intellectual Property Rights are defined as

St. Francis School of Law, 4-15-2021, "Intellectual Property Rights: Definition and Examples," St Francis School of Law, https://stfrancislaw.com/blog/intellectual-property-rights/

The definition of intellectual property rights is any and all rights associated with intangible assets owned by a person or company and protected against use without consent. Intangible assets refer to non-physical property, including right of ownership in intellectual property

Our Value for this round is morality, per the ought in the resolution.

To affirm morality, our criterion is maximizing well being.

Observation 1 is the burden of clash

The negative has the burden of directly clashing with the affirmative side, as not doing so violates the nature of debate.

Contention 1 is lowering the cost of pharmaceutical drugs.

Reducing IPR laws is incredibly important as our current status quo is failing.

Ghia Ransome, 11-12-2019, "34 Million Americans Know of Family Member or Friend Who Died in...," West Health,

https://www.westhealth.org/press-release/34-million-americans-know-of-family-member-or-friend-who-died-in-the-last-5-years-after-being-unable-to-afford-treatment/

More than 13% of American adults -- or about 34 million people -- report knowing of at least one friend or family member in the past five years who died after not receiving needed medical treatment because they were unable to pay for it, based on a new study by Gallup and West Health. Nonwhites, those in lower-income households, those younger than 45, and political independents and Democrats are all more likely to know someone who has died under these circumstances.

It's obvious that the status quo has a lack of access, thus any change would inherently be good. Negative has lack of access, as it is empirically denied.

Furthermore, Patents encourage monopolistic practices, which continues the lack of access to people around the world.

Richards, K. T., & Hickey, K. J. (2020, February 11). *Drug Pricing and Pharmaceutical Patenting Practices*. Congressional Research Service. https://sgp.fas.org/crs/misc/R46221.pdf.

Patents, which are available for a wide variety of technologies beyond pharmaceuticals, grant the patent holder the right to exclude others from making, using, selling, or importing a patented invention within the United States for a defined term of years. A person who makes, uses, sells, or imports a patented invention without permission from the patent holder during this period infringes the patent and is potentially liable for monetary damages and subject to other legal remedies. Patents are generally justified on the basis that temporary exclusive rights are necessary to provide incentives for inventors to create new and useful technological innovations. This rationale maintains that absent legal protections, competitors could freely copy inventions once marketed, denying the original creators the ability to recoup their investments in time and effort, and reducing the incentive to create in the first place.46 Patent incentives are said to be particularly necessary for products like pharmaceuticals, which are costly to develop, but easily copied once marketed. Because patents grant a temporary and limited "monopoly" to the patent holder, they may lead to increased prices for goods or services that the patent covers. The existence of a patent on a particular manufacturing process, for example, generally means that only the patent holder (and persons licensed by the patent holder) can use that patented process until the patent expires. In some circumstances, this legal exclusivity may allow[s] the patent holder (or her licensees) to charge higher-than-competitive prices for goods made with the patented process, as a monopolist would, because the patent effectively shields the patentee from competition.

If we work to reduce IPR protections, we can increase the amount of generic drugs in the market, causing prices of pharmaceuticals to fall.

CommonWealth Medicine, 10-25-2018, "How can improved competition lead to lower drug prices?,",

https://commed.umassmed.edu/blog/2018/10/25/how-can-improved-competition-lead-lower-drug-prices

The Department of Health and Human Services (HHS) has taken a number of actions to increase competition and end the gaming of regulatory processes that may keep drug prices artificially inflated or delay generic, branded, or biosimilar competition. These efforts, which were in motion before the announcement of the blueprint, include increasing the number of generic drugs and accelerating approval of generic drugs.1 Studies show that greater generic competition is associated with lower prices. Based on a study in 2017, the relative price of a generic medication to the branded medication decreases appreciably when there are 3 or more manufacturers of the generic version. The researchers found that the relative generic-to-brand price was 87%, 77%, and 60% when there were 1, 2, and 3 generic manufacturers, respectively. With each additional manufacturer, the relative prices decreased at a slower rate.

Millions upon millions of people are dying from a lack of medicines, and millions more are suffering from it as well. Their well being is incredibly poor. Due to this, we must take action against IPR. By reducing IPR, we can help to ensure that people will be able to get their medicines cheaply, preventing millions of deaths from those who cannot afford them. Judge, if you want to make the most moral decision in this debate, then vote for the affirmative, because we are the only side in this debate that will help to improve people's well being and prevent death.

Contention 2 is that decreasing intellectual property rights would lessen Covid-19's harm

In a Pandemic, prioritizing speed and effectiveness of vaccines is crucial in reducing the pandemic's effects. However, IPRs create a strong barrier that slows down vaccination progress.

Brink Lindsey, 6-3-2021, "Why intellectual property and pandemics don't mix," Brookings, https://www.brookings.edu/blog/up-front/2021/06/03/why-intellectual-property-and-pandemics-dont-mix/

For pandemics and other public health emergencies, patents' mix of costs and benefits is misaligned with what is needed for an effective policy response. The basic patent bargain, even when well struck, is to pay for more innovation down the road with slower diffusion of innovation today. In the context of a pandemic, that bargain is a bad one and should be rejected entirely. Here the imperative is to accelerate the diffusion of vaccines

and other treatments, not slow it down. Giving drug companies the power to hold things up by blocking competitors and raising prices pushes in the completely wrong direction.

Due to IPR, our society is unfit to handle pandemics, and because of this, it allows millions to die and millions more to suffer from the economic impacts of a pandemic.

If we want to reduce the impacts of global pandemics, then an enormous step in the right direction would be to reduce IPR, as it would allow us to get more vaccines in the market.

By Mark Eccleston-Turner and Michelle Rourke, 5-27-2021, "The TRIPS Waiver is Necessary, but it Alone is not Enough to Solve Equitable Access to COVID-19 Vaccines," No Publication, https://www.asil.org/insights/volume/25/issue/9

High-income countries have dominated the limited supply of COVID-19 vaccines, leaving low and middle-income countries (LMICs) with limited, if any, supplies of these life-saving countermeasures.[1] The cause of this is two-fold: 1) insufficient doses of vaccine to meet the global demand, and 2) procurement of those limited doses which do exist has been dominated by a small number of high-income countries. The result is a deep and growing inequality in access to vaccines for COVID-19. A potential solution is to empower manufacturers, particularly those based in LMICs, to begin making COVID-19 vaccines, to expand global supply. However, intellectual property rights create a clear barrier to this solution. A dense web of intellectual property exists over the vaccines and the manufacturing platforms used to make them.[2] This web is both formal and informal; the manufacturing platform used to manufacture a vaccine is protected by numerous patents, while manufacturing methods and techniques (know-how) are protected informally as trade secrets.

The Covid-19 pandemic is still ravaging many of our countries, and has caused millions of deaths worldwide, with that number only growing. By reducing IPR in pharmaceuticals, we would help to not only reduce costs of Covid-19 pharmaceuticals, but we would also speed up production and increase the global supply of said drugs, while future proofing governments around the world for when another pandemic hits. If we want to reduce the economic hardships of our people and reduce deaths in order to maximize people's well being, Judge, you need to vote affirmatively in today's round.

Contention 3 is lower income countries

IPR allows pharmaceutical companies to discriminate against lower income countries

Salla Sariola, "Intellectual property rights need to be subverted to ensure global vaccine access," PubMed Central (PMC), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8021739//

First, IPRs legitimate the pharmaceutical industry to make exclusive decisions to whom vaccines are sold and at what price. Under the Trade Related Intellectual Property Rights Agreement (TRIPS) by WTO, companies that own the intellectual property hold exclusive rights to produce vaccines without competing generic products on the market. This way, they are able to keep a foothold of the markets and the prices high, as there is little competition over similar products. Vaccines currently on the market have been priced such that developing countries cannot afford them. Prices may also vary depending on the contract: for example, contradictory to a social justice logic, the AstraZeneca vaccine was sold to South Africa at $5.25 per dose but to EU at a lower rate of $2.16.3 The second reason follows from the first. Availability of vaccines at national level is made possible via bilateral prepurchase agreements between vaccine producers and countries or regions, such as the European Union or the African Union. The African Union, with the help of the African Export-Import Bank, has negotiated an agreement to prefinance 670 million doses of vaccines while African countries pool their funds,4 but still, very few low-income countries have contracts that would provide sufficient volumes to cover their entire populations.5 6 In short, different countries are not on an equal footing on funding and networks in the negotiations, and the African Union has been a low priority. Third, the COVAX programme was established in April 2020 to ensure that vaccines spread globally at equal pace after their licencing approval. COVAX is often lauded as a mechanism that holds promise for just vaccine access, but its public representation is glossier than the reality. COVAX is funded by various philanthropic funders and wealthy countries; it aims to cover 20% of populations in countries that have funded it and to provide 1 billion doses across 92 non-funding lower income countries.4 In December 2020, COVAX was close to failure due to insufficient funding,7 but one of the first decisions by President Joe Biden's new administration was to give its support to COVAX,8 which improved its chances of success. Simultaneously, rich countries such as Canada have grabbed vaccines through the COVAX programme.9 Canada has five times the number of vaccines required to cover its entire population.10 Due to the reality of manufacturing rates, the surplus of some is at the expense of others, which brings to a sharp focus the inherent inequality in how access is shaped by the purchasing power of countries where people happen to be born. While the COVAX programme has commenced vaccinations for frontline carers in several lower income countries during February and March 2021, the majority of the populations in these countries have no vaccines in sight. The dynamic underscores how COVAX is unable to remove global vaccine injustices and at worst reproduces differences between the haves and the have-nots with a seeming guise of 'doing something about it'.

This price discrimination causes many lower income countries to not only lack vaccinations and medications, but it overprices them, preventing a majority of people from getting them

This in turn causes millions of people to die to diseases that should have been prevented

Tefo Pheage, March 2017, "Dying from lack of medicines," https://www.un.org/africarenewal/magazine/december-2016-march-2017/dying-lack-medicines

Approximately 1.6 million Africans died of malaria, tuberculosis and HIV-related illnesses in 2015. These diseases can be prevented or treated with timely access to appropriate and affordable medicines, vaccines and other health services. But less than 2% of drugs consumed in Africa are produced on the continent, meaning that many sick patients do not have access to locally produced drugs and may not afford to buy the imported ones. Without access to medicines, Africans are susceptible to the three big killer diseases on the continent: malaria, tuberculosis and HIV/AIDS. Globally, 50% of children under five who die of pneumonia, diarrhoea, measles, HIV, tuberculosis and malaria are in Africa, according to the World Health Organisation (WHO). The organisation defines having access to medicine as having medicines continuously available and affordable at health facilities that are within one hour's walk of the population. In some parts of Zimbabwe, for example, some nurses give painkillers to sick patients as a "treat-all drug," says Charles Ndlovu, a Zimbabwean living in Botswana. Some of his family members have been treated in hospitals in Zimbabwe. With most medicines unavailable, the nurses have little choice. Dave Puo, from Mpumalanga in South Africa, says that in his country, "when you seek medical attention, you are often informed that there is no medication and advised to go to the big hospitals," which the majority of the poor cannot afford. "The system does not care about your [empty] pockets." Inhibiting factors About 80% of Africans, mostly those in the middle-income bracket and below, rely on public health facilities, reported the World Bank in 2013. With public health facilities suffering chronic shortages of critical drugs, many patients die of easily curable diseases. Several factors inhibit access to medicines, but the major ones, according to the WHO, are the shortage of resources and the lack of skilled personnel. "Low-income countries experience poor availability of essential medicines in health facilities, substandard-quality treatments, frequent stock-outs and suboptimal prescription and use of medicines," says the world health body. Africa's inefficient and bureaucratic public sector supply system is often plagued by poor procurement practices that make drugs very costly or unavailable. Added to these are the poor transportation system, a lack of storage facilities for pharmaceutical products and a weak manufacturing capacity. Africa's capacity for pharmaceutical research and development (R & D) and local drug production still has a long way to go, say experts. Only 37 out of 54 African states have some level of pharmaceutical production. Except South Africa, which boasts some active local pharmaceutical ingredients, most countries rely on imported ingredients. The result is that Africa imports 70% of its pharmaceutical products, with India alone accounting for nearly 18% of imports in 2011. Pharmaceutical imports in Africa include up to 80% of the antiretroviral drugs (ARVs) used to treat HIV/AIDS, according to trade data. "Many African governments spend a disproportionate amount of their scarce resources on procuring medicines,"

The lack of IPR in lower income countries causes millions of people to have their quality of life reduced so much that they die.

But the impacts don't stop there, as IPR also causes economic devastation for lower income countries

WHO, 2017, "Access to medicines: making market forces serve the poor," WHO, https://www.who.int/publications/10-year-review/chapter-medicines.pdf

Efforts to improve access are complicated by a number of economic issues. Affordability matters for households and health budgets. WHO estimates that up to 90% of the population in low- and middle-income countries purchases medicines through out-of-pocket payments. If a household is forced to sell an asset, like the family cow, or take its children out of school, this payment can be the final nail in the coffin that buries the family in intergenerational poverty. This is the pathology of poverty when no forms of social protection, such as those provided by universal health coverage, are available and even low-cost generic products are a heavy financial burden. For health budgets, staff costs usually absorb the biggest share of resources, with the costs of drug procurement following closely behind. The part of the budget devoted to medicines varies significantly according to a country's level of economic development. Medicines account for 20% to 60% of health spending in low- and middle-income countries, compared with 18% in countries belonging to the Organization for Economic Co-operation and Development. One of the most daunting economic issues comes from the fact that the research-based pharmaceutical industry is a business, and a big one. Multinational pharmaceutical companies, concentrated in North America, Europe and Japan, are powerful economic operators. Economic power readily translates into political power. When ways to improve access are negotiated at WHO, a familiar polarizing tension surfaces. Which side should be given primacy, economic interests or public health concerns? As many have argued, letting commercial interests override health interests would lead to even greater inequalities in access to medicines, with disastrous life-and-death consequences. At the same time, the pharmaceutical industry is a business, not a charity. When prices are so 15 Access to medicines: making market forces serve the poor low they preclude profits, companies leave the market – and leave a hole in the availability of quality products, as happened with anti-snakebite venom. Economic factors shape another pressing public health concern. Many diseases mainly prevalent in poor populations have no medical countermeasures whatsoever, or only old and ineffective ones. In other cases, access suffers from the lack of products adapted to perform well in resource-constrained settings with a tropical climate. The patent system, with its market-driven R&D incentives, has historically failed to invest in new products for poor populations with virtually no purchasing power, resulting in a paucity of R&D driven by the unique health needs of the poor. Apart from having few new products that address their priority diseases, the poor are punished in a second way: the common practice of recouping the costs of R&D through high prices protected by patents means that those who cannot pay high prices do without. Recent shifts in the poverty map introduces another set of problems. An estimated 70% of the world's poor now live in middle-income countries which are losing their eligibility for support from mechanisms like the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance. Will governments step in to make up for the shortfall in access to medicines and vaccines? If not, vast numbers of poor people living in countries that are rapidly getting rich will be left to fend for themselves.

IPR is one of the leading reasons for lower income countries to be held back - it causes them to suffer from massive loss of life, and mass economic devastation, causing their qualities of life to be reduced to one of the furthest possible points in their quality of life. In order to try and help these countries and their people live high quality lives, voting for the affirmative and reducing IPR protections is the best step possible towards this goal.

Judges, for these reasons, I ask you to negate.