## 1

#### Interpretation: Affirmatives must specify and separately delineate a standard text in the 1AC.

#### Violation: they didn’t

#### Standards

#### 1] Shiftiness- They can shift out of my turns based on whatever theory of the good they operate under due to the nature of a vague standard. Especially true because the warrants for their standard could justify different versions of [Structural Violence] coming first and I wouldn’t know until the 1AR which gives them access to multiple contingent standards.

#### 2] Real World- Philosophers need to be as specific as possible when delineating their theory since there are so many nuances and contextual applications of philosophy that require us to understand the core differences within the philosophy.

#### This spec shell isn’t regressive- it literally determines what framework the affirmative defends and how to link offense back to it

VOTERS-

## 2

### Framework

#### The starting point of morality is practical reason.

#### 1] Bindingness: A theory is only binding when you can answer the question “why should I do this?” and not continue to ask “why”. Only practical reason provides a deductive foundation for ethics since the question “why should I be rational” already concedes the authoritative power of agency since your agency is at work. Bindingness ow its meta-ethical, so it determines what counts as a warrant for a standard, so absent grounding in some metaethical framework, their arguments aren’t relevant normative considerations

#### 2] Action theory: only evaluating action through reason solves since reason is key to evaluate intent, otherwise we could infinitely divide actions. For example: If I was brewing tea, I could break up that one big action into multiple small actions. Only our intention, to brew tea unifies these actions if we were never able to unify action, we could never classify certain actions as moral or immoral since those actions would be infinitely divisible.

#### 3] Empirical uncertainty – Evil demon deceiving us or inability to know others’ experience make empiricism/induction an unreliable basis for universal ethics. Outweighs since it would be escapable since people could say they don’t experience the same.

#### And, reason must be universal –

#### [A] a reason for one agent is a reason for another agent. I can’t say 2+2=4 is true for me but not for you – that’s incoherent.

#### [B] any non-universalizable norm justifies someone’s ability to impede on your ends i.e. if I want to eat ice cream, I must recognize that others may affect my pursuit of that end and demand the value of my end be recognized by others, key for following rules since rules are arbitrary since the agent can form a unique interpretation and understanding which makes it impossible to verify a violation. Only universality solves since universalizing a violation of freedom entails a violation of your own freedom, thus a recognizable violation appears also means universalizability acts as a side constraint on all other frameworks.

#### Thus, the standard is consistency with the categorical imperative’s system of equal and outer freedom. Prefer:

#### [1] Performativity—freedom is the key to the process of justification of arguments. Willing that we should abide by their ethical theory presupposes that we own ourselves in the first place. Thus, it is logically incoherent to justify the neg arguments/standard without first willing that we can pursue ends free from others.

#### [2] Resolvability: Clarity of weighing under our framework: perfect duties above imperfect duties. Duties in right. Explicit categories that supersede other categories. All other FWs are consequentialist that use unquantifiable prob, mag, or prob x mag.

#### [3] Resource disparities- Our framework ensures big squads don’t have a comparative advantage since debates become about quality of arguments rather than quantity - their model crowds out small schools because they have to prep for every unique advantage under each aff, every counterplan, and every disad with carded responses to each of them

### Offense

#### Reducing IP is a form of free-riding that fails the universality test, but also uses the creators of the medicine as means to an end.

Dyke 18 Dyke, Raymond. “The Categorical Imperative for Innovation and Patenting - IPWatchdog.com: Patents &amp; Patent Law.” IPWatchdog.com | Patents &amp; Patent Law, 1 Oct. 2018, www.ipwatchdog.com/2018/07/17/categorical-imperative-innovation-patenting/id=99178/.//dhsNJ

As we shall see, applying Kantian logic entails first acknowledging some basic principles; that the people have a right to express themselves, that that expression (the fruits of their labor) has value and is theirs (unless consent is given otherwise), and that government is obligated to protect people and their property. Thus, an inventor or creator has a right in their own creation, which cannot be taken from them without their consent. So, employing this canon, a proposed Categorical Imperative (CI) is the following Statement: creators should be protected against the unlawful taking of their creation by others. Applying this Statement to everyone, i.e., does the Statement hold water if everyone does this, leads to a yes determination. Whether a child, a book or a prototype, creations of all sorts should be protected, and this CI stands. This result also dovetails with the purpose of government: to protect the people and their possessions by providing laws to that effect, whether for the protection of tangible or intangible things. However, a contrary proposal can be postulated: everyone should be able to use the creations of another without charge. Can this Statement rise to the level of a CI? This proposal, upon analysis would also lead to chaos. Hollywood, for example, unable to protect their films, television shows or any content, would either be out of business or have robust encryption and other trade secret protections, which would seriously undermine content distribution and consumer enjoyment. Likewise, inventors, unable to license or sell their innovations or make any money to cover R&D, would not bother to invent or also resort to strong trade secret. Why even create? This approach thus undermines and greatly hinders the distribution of ideas in a free society, which is contrary to the paradigm of the U.S. patent and copyright systems, which promotes dissemination. By allowing freeriding, innovation and creativity would be thwarted (or at least not encouraged) and trade secret protection would become the mainstay for society with the heightened distrust.

#### IP protections are consistent with libertarian theories of property

Zeidman 16 Zeidman, Bob. “Why Libertarians Should Support a Strong Patent System - Ipwatchdog.com: Patents &amp; Patent Law.” IPWatchdog.com | Patents &amp; Patent Law, 5 Jan. 2016, www.ipwatchdog.com/2016/01/05/why-libertarians-should-support-a-strong-patent-system/id=64438/.//dhsNJ

Ayn Rand strongly supported patents. In her book “Capitalism: The Unknown Ideal,” she states: An idea as such cannot be protected until it has been given a material form. An invention has to be embodied in a physical model before it can be patented; a story has to be written or printed. But what the patent or copyright protects is not the physical object as such, but the idea which it embodies. By forbidding an unauthorized reproduction of the object, the law declares, in effect, that the physical labor of copying is not the source of the object’s value, that that value is created by the originator of the idea and may not be used without his consent; thus the law establishes the property right of a mind to that which it has brought into existence. Many libertarians believe that intellectual property, being intangible, is not real property. A formal libertarian definition of property is difficult to formulate, but we would say that property is that which can be produced or contribute to production. Intellectual property falls clearly within these constraints. Yet some libertarians complain that intellectual is not tangible and is defined by government regulation—the patent laws—such that it would not exist without government definition. Let us look at this argument closer. Land is unquestionably property in the minds of libertarians. Yet the land upon which a house is built was not created by the property owner. It was created by nature or God, depending on your inclination, but no one would claim it to be created by the owner, whereas intellectual property is unquestionably created by the inventor. And how far do property lines extend? Property lines are determined by local governments. One can argue that property lines are negotiated by owners and enforced by governments, but when we moved into our homes, there were no negotiations with surrounding property owners. And how far above ground and below ground do property rights extend? These limitations are definitely not negotiated with other property owners but are determined by laws enforced by governments. Patents also have limitations in terms of scope and time that are determined by government laws. One can see that limitations on patents are similar to those on physical property and in some respects are more closely connected to production. For these reasons, libertarians should recognize patents as they do other forms of property. As a secondary but important example, libertarians are generally concerned about government spying on private conversations. When the government captures a phone conversation, it is not physically taking property. It is simply copying intangible data that exists as a form of transient electrical signals. Copying does not involve removing the original—the phone conversation is not destroyed when it is copied. Yet libertarians recognize that this copying of intangible data is a kind of theft of property. Libertarians should thus be wary of making the argument that intangible patents cannot be property or they may lose their contrary argument that private conversations are personal property to be protected.

## Case

#### Patents still allow for innovation and competition, their evidence is a misreading of patent law.

Lietzan, Erika. “The Evergreening Myth.” Cato.org, 2020, www.cato.org/regulation/fall-2020/evergreening-myth.

The second myth is that when an innovator holds patents that expire after its active ingredient patent, or when it introduces newer products to market, it can prevent its competitors from bringing their copies to market. Instead, once the initial patent and (if applicable) statutory exclusivity on the innovator’s active ingredient have expired, its competitors have substantial freedom to operate. This freedom reflects two facts that are often overlooked. First, the innovator’s competitor does not have to propose an exact copy. Federal law permits the competitor to rely on the innovator’s research but propose competing products that are not identical. To be sure, a competitor may submit an ANDA for a product that essentially duplicates the innovator’s product — that is, a generic. Ordinarily, the company shows in the ANDA that its product has the same active ingredient, route of administration, dosage form, strength, and labeling as the innovator’s product. The generic must also be “bioequivalent” to the original drug that it references, meaning that its active ingredient must reach the site of action in the body to the same extent and at the same rate as the active ingredient of the referenced product. But even a generic can be a little different. For example, it usually does not need the same inactive ingredients in the same quantities. And the generic competitor need not use the same manufacturing process. If a competitor wants to offer a different route of administration, dosage form, or strength — for instance, to avoid infringing a patent — it may still be able to use the generic drug approval pathway. It simply files a “suitability petition” asking the FDA’s permission. The agency will approve the petition unless more data are needed to establish the proposed product’s safety and effectiveness. And at this point, the competitor may file an ANDA. More significantly, though, a competitor can always use a different abbreviated application pathway: a “505(b)(2)” application for a product that differs more substantially from the innovator’s product. Although the changes proposed in this hybrid application must be supported by new data, the competitor otherwise relies on the innovator’s data, avoiding the expensive and time‐​consuming research and development process the innovator went through. In addition to using this mechanism to propose modifications that avoid a patent, a competitor might use the mechanism to propose innovations that will offer an advantage in the market — such as changes to the active ingredient and new medical uses. Second, an abbreviated application cites a specific innovative product, not the active ingredient or brand writ large. The competitor selects one innovative product as the reference product on which it relies — for instance, one of the 12 products in the hypothetical above. Its regulatory burden is tied to that specific product alone. The requirement to show sameness and bioequivalence (for an ANDA) and, critically, the obligation to contend with patents and wait for statutory exclusivity to expire are linked to the one specific product, alone. (In rare circumstances, when filing a hybrid application, a competitor might cite two innovative products, but the same point applies.) To be sure, the patents associated with the cited innovative product affect when the FDA may approve the abbreviated application. Whether it files an ANDA or a hybrid application, a competitor must address the unexpired patents listed in the FDA’s “Orange Book” for the specific innovative product it has chosen to cite. For each listed patent, it has two choices, and its selection dictates the timing of FDA approval as far as that patent is concerned. The competitor may state the date on which the patent will expire, signaling that it does not plan to market its product until expiry. This precludes final approval of its product until patent expiry. Or it may assert that the patent is invalid or will not be infringed by its product, notifying the innovator of this position. If the innovator sues within 45 days, the drug statute stays final approval of its abbreviated application for 30 months. Under changes to the law made in 2003, though, unless the competitor changes its position on a patent after filing its abbreviated application, approval of its application is stayed only once. At the end of the 30 months, the FDA must approve the abbreviated application if the approval standard is met, even if there is ongoing patent litigation. Although a competitor using the abbreviated application pathway must contend with the innovator’s patents and approval of its product may be delayed because of those patents, this is true of only the patents associated with the specific product that it references. The competitor does not have to contend with patents associated with other products that happen to contain the same active ingredient or bear the same brand name. Similarly, the competing applicant grapples with only the statutory exclusivity associated with the product it references. The drug statute provides five years of exclusivity in the data supporting new chemical entities and three years of exclusivity for most new products that are not new chemical entities. Separately, if an innovator introduces what the FDA calls a new “condition of approval” — such as a new strength or dosage form — the drug statute may provide three years of exclusivity. This delays approval of abbreviated applications proposing products with the same active ingredient for the same condition of approval. But a competitor that proposed a different strength or dosage form — or that cited a product with a different strength or dosage form (such as the innovator’s original product) — would not need to grapple with that exclusivity. This debunks the myth that an innovator with later‐​expiring patents and an innovator that introduces newer products can prevent its competitors from bringing copies to market. Instead, competitors have several options. For instance, empirical studies show that competitors file abbreviated applications as early as the law permits them to do so, arguing that the innovator’s patents are invalid or, if applicable, not infringed by the new drug. They tend to lose these arguments when the active ingredient patent is at issue, but they tend to win if a formulation patent is at issue. If a competitor believed it would infringe a patent or feared it would lose the patent infringement suit brought by the innovator, it could seek a license. Settlements of patent litigation between innovators and competitors seeking to market generic copies usually include a license allowing the competitor to bring its product to market earlier than the date of patent expiry. There are also other options. Once the patent on the active ingredient expires, a competitor can use the ingredient in its own product and file an abbreviated application, relying on the research performed and submitted by the innovator. Even in an ANDA, a true generic application, only the active ingredient must be the same. A competitor may be able to design around patents claiming other aspects of the innovator’s product (such as its strength and route of administration) and still file a true generic application. The competitor would simply file a suitability petition and, upon approval of that petition, a generic application proposing the difference that allowed it to avoid patent infringement. Then it would assert non‐​infringement in its application. If it could not file a generic application (for instance, because the FDA requested data to support the changes made), it could always file a hybrid application. It would still rely on the innovator’s research and it would similarly assert non‐​infringement in its application. In either case, the innovator might not sue if the competitor clearly avoided its patents. It is thus misleading for advocates of intervention to complain about the number of “patents” associated with a “drug.” A competitor filing an abbreviated application does not copy a “drug” in the broad sense of the term. Accurately describing a company’s freedom to operate in the market would require focusing on discrete products that can serve as references for abbreviated applications and on the number, scope, and breadth of the patent claims held by the innovator for those products. This would tell policymakers more about the market effects of a firm’s innovation and patenting practices than the number of patents associated with a particular brand name or the number of patents associated with the many finished products containing a particular active ingredient.

#### Pharma innovation is high now and strong IP protection are the only incentive for drug innovation.

* Answers Evergreening/Me-Too Drugs

Stevens and Ezell 20 Philip Stevens and Stephen Ezell 2-3-2020 "Delinkage Debunked: Why Replacing Patents With Prizes for Drug Development Won’t Work" <https://itif.org/publications/2020/02/03/delinkage-debunked-why-replacing-patents-prizes-drug-development-wont-work> (Philip founded Geneva Network in 2015. His main research interests are the intersection of intellectual property, trade, and health policy. Formerly he was an official at the World Intellectual Property Organization (WIPO) in Geneva, where he worked in its Global Challenges Division on a range of IP and health issues. Prior to his time with WIPO, Philip worked as director of policy for International Policy Network, a UK-based think tank, as well as holding research positions with the Adam Smith Institute and Reform, both in London. He has also worked as a political risk consultant and a management consultant. He is a regular columnist in a wide range of international newspapers and has published a number of academic studies. He holds degrees from the London School of Economics and Durham University (UK).)//Elmer

The **Current System** Has **Produced a Tremendous Amount of Life-Sciences Innovation** The frontier for biomedical innovation is seemingly limitless, and the challenges remain numerous—whether it comes to diseases that afflict millions, such as cancer or malaria, or the estimated 7,000 rare diseases that afflict fewer than 200,000 patients.24 And while certainly citizens in developed and developing nations confront differing health challenges, those challenges are increasingly converging. For instance, as of this year, analysts expect that **noncommunicable** diseases such as cardiovascular disease and diabetes will account for 70 percent of natural fatalities **in developing countries**.25 Citizens of low- and middle-income countries bear 80 percent of the world’s death burden from cardiovascular disease.26 Forty-six percent of Africans over 25 suffer from hypertension, more than anywhere else in the world. Similarly, 85 percent of the disease burden of cervical cancer is borne by individuals living in low- and middle-income countries.27 To develop treatments or cures for these conditions, novel biomedical innovation **will be needed from everywhere**. Yet tremendous progress has been made in recent decades. To tackle these challenges, the global pharmaceutical industry invested over **$1.36 trillion in R&D** in the decade from 2007 to 2016—and it’s expected that annual R&D investment by the global pharmaceutical industry will reach $181 billion by 2022.28 In no small part due to that investment, **943 new active substances have been introduced** globally over the prior 25 years.29 The U.S. Food and Drug Administration (FDA) has approved more than **500 new medicines since 2000** alone. And these medicines are getting to more individuals: Global medicine use **in 2020 will reach 4.5 trillion doses**, up 24 percent from 2015.30 Moreover, there are an estimated 7,000 new medicines under development globally (about half of them in the United States), with 74 percent being potentially first in class, meaning they use a new and unique mechanism of action for treating a medical condition.31 In the United States, over 85 percent of all drugs sold are generics (only 10 percent of U.S. prescriptions are filled by brand-name drugs).32 And while some assert that biotechnology companies focus too often on “me-too” drugs that compete with other treatments already on the market, the reality is many drugs currently under development are meant to tackle some of the **world’s most intractable diseases**, **including cancer and Alzheimer’s**.33 Moreover, such arguments miss that many of the drugs developed in recent years have in fact been first of their kind. For instance, in 2014, the FDA approved **41 new medicines** (at that point, the most since 1996) many of which were first-in-class medicines.34 In that year, 28 of the 41 drugs approved were considered biologic or specialty agents, and 41 percent of medicines approved were intended to treat rare diseases.35 Yet even when a new drug isn’t first of its kind, it can still produce benefits for patients, both through **enhanced clinical efficacy** (for instance, taking the treatment as a pill rather than an injection, with a superior dosing regimen, **or better treatment** for some individuals who don’t respond well to the original drug) and by generating competition that exerts downward price pressures. For example, a patient needing a cholesterol drug has a host of statins from which to choose, which is important because some statins produce harmful side effects for some patients. Similarly, patients with osteoporosis can choose from Actonel, Boniva, or Fosomax. Or take for example Hepatitis C, which until recently was an incurable disease eventually requiring a liver transplant for many patients. In 2013, a revolutionary new treatment called Solvadi was released that boosted cure rates to 90 percent. This was followed in 2014 by an improved treatment called Harvoni, which cures the Hepatitis C variant left untouched by Solvadi. Since then, an astonishing six new treatments for the disease have received FDA approval, opening up a wide range of treatment options that take into account patients’ liver and kidney status, co-infections, potential drug interactions, previous treatment failures, and the genotype of HCV virus.36 “If you have to have Hepatitis C, now is the time to have it,” as Douglas Dieterich, a liver specialist at the Icahn School of Medicine at Mount Sinai Hospital in New York, told the Financial Times. “We have these marvellous drugs we can treat you with right now, without side effects,” he added. “And this time next year, we’ll have another round of drugs available.”37 Moreover, the financial potential of this new product category has led to multiple competing products entering the market in quick succession, in turn placing downward pressure on prices.38 As Geoffrey Dusheiko and Charles Gore write in The Lancet, “The market has done its work for HCV treatments: after competing antiviral regimens entered the market, competition and innovative price negotiations have driven costs down from the initially high list prices in developed countries.”39 As noted previously, opponents of the current market- and IP-based system contend patents enable their holders to exploit a (temporary) market monopoly by inflating prices many multiples beyond the marginal cost of production. But rather than a conventional neoclassical analysis, an analysis based on “innovation economics” finds it is exactly this “distortion” that is required for innovation to progress. As William Baumol has pointed out, “Prices above marginal costs and price discrimination become the norm rather than the exception because … without such deviations from behaviour in the perfectly competitive model, innovation outlays and other unavoidable and repeated sunk outlays cannot be recouped.”40 Or, as the U.S. Congressional Office of Technology Assessment found, “Pharmaceutical R&D is a risky investment; therefore, high financial returns are necessary **to induce companies to invest** in researching new chemical entities.”41 This is also why, in 2018, the U.S. Congressional Budget Office estimated that because of high failure rates, biopharmaceutical **companies would need to earn a 61.8 percent rate of return on their successful new drug R&D projects in order to match a 4.8 percent after-tax rate of return on their investment**s.42 Indeed, **it’s the ability to recoup fixed costs, not just marginal** costs, through mechanisms such as patent protection that lies at the heart of all innovation-based industries and indeed all innovation and related economic progress. If companies could not find a way to pay for their R&D costs, and could only charge for the costs of producing the compound, **there would be no new drugs developed**, just as there would be no new products developed in any industry. Innovating in the life sciences remains expensive, risky, difficult, and uncertain. Just 1 in 5,000 drug candidates make it all the way from discovery to market.43 A 2018 study by the Deloitte Center for Health Solutions, “Unlocking R&D productivity: Measuring the return from pharmaceutical innovation 2018,” found that “the average cost to develop an asset [an innovative life-sciences drug] including the cost of failure, has increased in six out of eight years,” and that the average cost to create a new drug has risen to $2.8 billion.44 Related research has found the development of new drugs requires years of painstaking, risky, and expensive research that, for a new pharmaceutical compound, takes an average of 11.5 to 15 years of research, development, and clinical trials, at a cost of $1.7 billion to $**3.2 billion**.45 IP rights—including patents, copyrights, and data exclusivity protections—give innovators, whether in the life sciences or other sectors, the **confidence** to undertake the risky and expensive process of innovation, secure in the knowledge they’ll be able to capture a share of the gains from their efforts. And these gains are often only a small fraction of the true value created. For instance, Yale University economist William Nordhaus estimated inventors capture just 4 percent of the total social gains from their innovations; the rest spill over to other companies and society as a whole.46 Without adequate IP protection, private investors would never find it viable to fund advanced research because lower-cost copiers would be in a position to undercut the legitimate prices (and profits) of innovators, even while still generating substantial profits on their own.47 As the report “Wealth, Health and International Trade in the 21st Century” concludes, “Conferring robust intellectual property rights is, in the pharmaceutical and other technological-development contexts, **in the global public’s long-term interests.** Without adequate mechanisms for directly and indirectly securing the private and public funding of medicines and vaccines, research and development communities across the world will lose future benefits that would far outweigh the development costs involved.”48 Put simply, the current market- and IP-based life-sciences innovation system is producing life-changing biomedical innovation. As Jack Scannell, a senior fellow at Oxford University’s Center for the Advancement of Sustainable Medical Innovation has explained, “I would guess that one can buy today, at rock bottom generic prices, a set of small-molecule drugs that has greater medical utility than the entire set available to anyone, anywhere, at any price in 1995.” He continued, “Nearly all the generic medicine chest was created by firms who invested in R&D to win future profits that they tried pretty hard to maximize; short-term financial gain building a long-term common good.”49 For example, on September 14, 2017, the FDA approved Mvasi, the first biosimilar for Roche’s Avastin, a breakthrough anticancer drug when it came out in the mid-1990s for lung, cervical, and colorectal cancer.50 In other words, a medicine to treat forms of cancer that barely existed 20 years ago is now available as a generic drug today. It’s this dynamic that enables us to imagine a situation wherein drugs to treat diseases that aren’t available anywhere at any price today (for instance, treatments for Alzheimer’s or Parkinson’s) might be available as generics in 20 years. But that will only be the case if we preserve (and improve where possible) a life-sciences innovation system that is generally working. The current system does not require wholesale replacement by a prize-based system that—notwithstanding a meaningful success here or there—has produced nowhere near a similar level of novel biomedical innovation.

#### Prefer our evidence for multiple reasons. 1- its more specific, since it goes into the details of the law while there’s makes a general claim, 2- credibility, its from an official legal institute which is much more trustworthy than the blog they got their evidence from. 3- it takes into account

#### While it may sound like a good idea to reduce ITP in a vaccum, the alternative is actually much worse. Because people can build off of previous innovated drugs without patents, they can make counterfeit drugs that aren’t safe. However, because they offer them at a cheaper price, many are willing to buy them.

Tavares, an experience patent attorney focused on medical drugs 9/28 [Inês D. Tavares (Trademark and Patent Attorney at Inventa International focusing on the African continent. “Worldwide: Counterfeiting Of Fake Drugs In Africa: Current Situation, Causes And Countermeasures”. Mondaq. 28 September 2020. Accessed 8/8/21. <https://www.mondaq.com/nigeria/trademark/988968/counterfeiting-of-fake-drugs-in-africa-current-situation-causes-and-countermeasures> //Xu]

Although stopping counterfeiting is proven to be an extremely difficult challenge in Africa, several countries, along with the help of World Health Organization and other Institutions have been joining the fight. The WHO is assisting countries in developing the expertise needed to regulate drugs. One of the most important measures is the effective drug registration. Drug registration, also known as marketing authorization and product licensing, allows a country to evaluate if a specific pharmaceutical is safe for consumers to use. Through marketing licensing authorities can also assure that the manufacturing, the storage as well as the distribution of a pharmaceutical was righteously made and cared for without putting at risk the product efficiency and most importantly safety. The incursion of Anti-Counterfeiting Acts in the jurisdictions is of extreme importance to give Authorities the necessary mandate to combat counterfeiting by means of carrying out the adequate and necessary actions that will address the issue directly. A strategy that has been put in place in Tanzania and Ghana, for instance, is to instead of shutting out illegal vendors, invest in training, regulating and licensing them. Furthermore, different countries are investing in awareness campaigns to educate locals to the dangers of consuming fake pharmaceuticals. By educating the consumers they are making people more alert to the signs. Pharmaceutical red flags include, but are not limited to the following: they almost always have a cheaper price tag, they can have a different packaging or the packaging can be altered from the original, the location where the drugs are being sold is usually not reliable and trustworthy. Of course, it can be difficult, at times, to set the original product from the fake product apart. The best indicatory is usually the price point of the fake drug, being set much lower than the first generation good and the problem aggravates when the underground markets take advantage of the loopholes existing in the pharmaceutical distributing systems to channel their counterfeited drugs into the hospital, pharmacies and other distributors, which is one big reason for the education and training of consumers and health workers who are often unable to detected fake products from first generation goods. Countries like Kenya, Ghana and Nigeria have also implemented mobile telephone based consumer verification into their regulations. This system allows consumers to be protected, empowering them against fraudulent products. African countries working together is crucial, regional coordination can help control the problem at customs and at safeguarding borders. Nigeria and Cameroon had signed a cooperation agreement and compromise to sharing experiences and technical expertise to combat the problem. More recently, the Presidents of the Democratic Republic of Congo, Niger, Senegal, Togo, Uganda, Ghana and Gambia signed the Lomé initiative, dated of January 2020, a binding agreement to criminalize trafficking of falsified medicines. The Lomé initiative tackles soft spots such as the lack of regulation and weak healthcare systems. Several African countries are now trying to implement a set of measures at customs such as enabling the interception of contraband (illegal drugs as well as weapons), conduct baggage, cargo and mail inspections to travellers, protect businesses against illegal trade malpractice and enforce import and export restrictions and even prohibitions. However, and although countries are making more efforts into fighting the pharmaceutical counterfeiting problematic, the matter is extremely complex. It involves dangerous lobbies and the work of organized crime, corruption and bribery. All of these are not easy to dismantle. Several previously mentioned factors such as extreme poverty, the uneducated level of the people and lack of an effective and responsive Healthcare System aggravates the predicament. More often than not, consumers have no other alternative than to resort to drug outlets. We have to join efforts worldwide to combat fake medicine markets to thrive in Africa and other areas and Intellectual Property has an enormous role in the fight. More and more regulations are being put in place and a larger number of officials are being trained at customs to be able to detect and identify counterfeited goods, either pharmaceutical or not. Counterfeiting is a global pandemic with tragic consequences and it is crucial for countries and other institutions governmental and non-governmental to join forces and keep fighting to end the problem thus save millions of lives and jobs each year.