Date: 19 July 2013
Time: 9:30am-6:30pm
Venue: University of Sussex Conference Centre

For details of how to register please visit:

University of Sussex
Centre for Global Health Policy

9:30 -10:00	Arrival and registration		
10:00 – 10:15	Opening remarks		
10:15 – 11:15	Public Keynote Lecture: Eradication: the science and politics of a “world without AIDS’’ Professor Vinh-Kim Nguyen, University of Montreal Chair: Dr. Alvaro Bermejo, Executive Director of International HIV/AIDS Alliance and Board Member of the Global Fund		
11:15 – 12:45	Plenary Panel: Pharmaceuticals and Global Health: successes, challenges and outlook Dr. Manica Balasegaram, Executive Director of MSF’s Access Campaign Dr. Kalipso Chalkidou, Director, NICE International Thomas Cueni, Director-General, Interpharma Dr. Brian Tempest, former CEO of Ranbaxy, Chairman Hale & Tempest Co Ltd Dr. Krisantha Weerasuriya, Expert Committee on Selection and Use of Essential Medicines, World Health Organization		
12:45 – 1:45	Lunch		
1:45 – 3:15	Concurrent Panel Session:		
	Panel 1 The Pharmaceutical Industry and Global Health: Emerging Models of Pharmaceutical Development and Production	Panel 2 The Ethics of Evidence: Challenges Related to Treatment in Low- and Middle-Income Countries	Panel 3 Designing Pharmaceutical Markets: Pharmaceuticalisation, Regulation and Global Health
3:15 – 3:45	Tea break		
3:45 – 5:15	Concurrent Panel Session:		
	Panel 4 The Price of Life: Intellectual Property, Patents and Standards in Global Health	Panel 5 Medical Countermeasures: Pharmaceuticals, Antimicrobial Resistance and Global Health Security	Panel 6 Pharmaceutical Selves: Drugs, Research Subjects and Patients in Global Health
5:15 – 5:30	Closing Comments		
5:30 – 6:30	Wine Reception		
6:30	End of conference		

Keynote speaker

Professor Vinh-Kim Nguyen
Medical anthropologist and HIV physician, Department of Social and Preventative Medicine at the University of Montreal. He is author of *The Republic of Therapy: Triage and Sovereignty in West Africa's Time of AIDS* (Duke University Press).

'Eradication: the science and politics of a "world without AIDS"'

Professor Vinh-Kim Nguyen is an HIV physician and medical anthropologist. As both a practitioner and researcher, he is concerned with the relationship between science, politics and practice in global health. Since 1994 he has worked extensively with community organisations responding to the HIV epidemic in West Africa as a trainer and physician. This informed his anthropological work on the global response to HIV with a concern for the forms of triage and sovereignty they embody. He continues to follow the evolving scienti c and political response to HIV in his current work which focuses on molecular epidemiology, global health and social theory. He practices at the Clinique médicale l'Actuel and in the Emergency Department at the Jewish General Hospital in Montréal (Canada). He teaches at the Department of Social and Preventive Medicine at the University of Montreal, where he is Associate Professor, and recently established a Chair in Anthropology and Global Health at the College of Global Studies in Paris. He is the author of *The Republic of Therapy: Triage and Sovereignty in West Africa's Time of AIDS*; co-author, with Margaret Lock, of *An Anthropology of Biomedicine* and also the co-editor, with Jennifer Klot, of *The Fourth Wave: Violence, Gender, Culture, and HIV in the 21st Century*, as well as numerous articles in biomedical and anthropological journals.

Keynote Chair

Dr. Alvaro Bermejo
Executive Director of International HIV/AIDS Alliance and Board Member, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

Professor John Abraham King's College London
Dr Adamu Addissie School of Public Health, Addis Ababa University, Ethiopia
Professor Peter Aggleton National Centre in HIV Social Research, University of New South Wales
Dr Manica Balasegaram Executive Director, Access Campaign, Médecins Sans 14tsvdrntinetoTJ 0 -1.375 TD [(Social Research, University of New1C0s9isgnty

The Pharmaceutical Industry and Global Health: Emerging Models of Pharmaceutical Development and Production

Pharmaceutical companies have contributed signi cantly to global health, supplying over 1,200 new medicines in the last sixty years, many of which have played an important part in improving the health of people around the world. Producers of generic medicines have simim rPnsroduction

global health by making many drugs much more affordable. That is especially true in response to the HIV/AIDS pandemic in low- and middle-income countries, where generic drugs represent more than 80% of donor-funded anti-retroviral therapies (ARVs). Yet the pharmaceutical industry is also undergoing profound structural transformations. Despite advances in biotechnology heralding the

The Price of Life: Intellectual Property, Patents and Standards in Global Health

The growth of the pharmaceutical industry has gone hand in hand with the expansion of legal systems for the protection of intellectual property (IP) rights. Whilst the granting of such IP rights is still largely a matter of national legislation, the World Trade Organization (WTO) agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) established internationally binding minimum standards for all WTO member states. In addition, a fast growing web of bilateral and regional free-trade and investment treaties is further strengthening the protection of IP rights at the international level, notably in the elds of data exclusivity (the protection of trial data) and the linkage of patent and registration procedures. From the outset, the creation of this international intellectual property regime has proved controversial in the context of global health, and continues to do so, because it is widely perceived as restricting access to medicines in low-income countries. Even after the move towards increased use of generic ARVs, Indian pharmaceutical companies (which contribute more than 80% of ARVs bought through international development aid) are unable to produce generic versions of newer drugs for second- and third-line treatment HIV/AIDS treatment regimes. On the other hand, several – mostly low- and middle-income countries – have invoked exibility provisions in TRIPS when they implemented the agreement into national law, including by issuing compulsory licenses, using more narrowly de ned patentability criteria, and allowing for pre-grant opposition. Against the background of a number of ongoing controversies around intellectual property, this panel asks: Which strategies have governments used to increase access to low-cost generic medicines and what challenges they have encountered? What impact does the increasing emphasis on data exclusivity have on access to medicines – given that TRIPS provides for exibilities only with regard to patent protection? How do product development partnerships for neglected disease drugs deal with the tightening web of international IP standards? And how has the growing investment of originator companies into generics businesses and into the pharmaceutical markets of emerging economies affected their IP strategies?

Medical Countermeasures: Pharmaceuticals, Antimicrobial Resistance and Global Health Security

The areas of health protection and global health security have emerged as crucial sectors attracting substantial public investment for the development and acquisition of innovative medicines. One driver for this is the growing concern about the possibility of a bioterrorist attack – fears fuelled not only by the attacks of 11 September 2011 and 7 July 2005, but also by the anthrax letters posted to prominent addresses in the United States in the autumn of 2001. A parallel driver is the need to prepare populations against the threat of naturally occurring pandemics (SARS, H5N1, H1N1) that threaten lives and prosperity. Here we have seen considerable public investment in the creation and stockpiling of antiviral medications (like Tami u and Relenza) as well as (pre)-pandemic vaccines. As in other areas of global health, unequal international access to these new medicines has proved diplomatically divisive, prompting protracted disputes about the dif culties that low-income countries face in accessing such medicines, even where – as in the case of pandemic u – they freely share the virus samples needed by the international community to produce these new vaccines. More recently, several medical countermeasures have also attracted other – but no less contentious – controversies. In the case of antivirals, for example, there is an on-going struggle for widening public access to the clinical trial data about the ef cacy and safety of Tami u – especially given the substantial investments that went into creating large stockpiles. Pandemic vaccines have similarly attracted attention because of the emergence of rare – but signi cantly elevated – health risks. All the while existing medicines widely used for health protection, especially antibiotics, are becoming less effective – as recently highlighted by the World Health Organization in relation to anti-microbial resistance. Against that background, this panel discusses: What new medicines are being developed in the context health security? What forms of collaboration between government and industry are required to successfully develop new medicines? How can international inequalities over access to these new medicines be addressed?

Pharmaceutical Selves: Drugs, Research Subjects and Patients in Global Health

Patients and research subjects are central to pharmaceuticals. This is certainly the case in relation to drug making in regulated markets, as regulators will not permit drugs to enter the market before clinical trials are successfully conducted on human subjects. This use of these subjects is a highly disputed area characterised by media reports denouncing the exploitation of human ‘guinea pigs’, ethical guidelines claiming to protect vulnerable populations and severely ill patients demanding to be given drugs that have yet to be approved.
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