

MTAAG+

Positive Malaysian Treatment  
Access & Advocacy Group



## JOINT STATEMENT

### AGAINST

### THE TRANS-PACIFIC PARTNERSHIP AGREEMENT (TPPA)

Generic medicines save lives by preventing, curing and managing non-communicable and communicable diseases for all Malaysians, especially the lower-income and marginalised groups.

The United States via the Trans-Pacific Partnership Agreement (TPPA) is demanding strict provisions that will reduce access to these affordable medicines. We oppose the following provisions because deprivation of affordable medicines will result in increased burden of disease, increased morbidity, and indirectly, productivity and human resources losses that will affect the economy of the nation. This economic and social burden will lie on the government – when medicines are expensive, people will eventually run out of money and turn to government hospitals for treatment.

Treatment of non-communicable diseases and communicable diseases alike require affordable generic medicines and affordable technology, and we categorically oppose US demands for longer and stronger patents on medicines and medical technologies that are essential to save Malaysian lives.

The most frequent occurring cancer is breast cancer, which similarly to other cancers, requires affordable chemotherapy medicines. HIV second line medicines like Kaletra are required to save lives, and are often out of reach of the pockets of persons living with HIV. Many other conditions depend on generic medicines: cancer, tuberculosis, and malaria are just a few. According to the 2011 National Health and Morbidity Survey, 2.6 million Malaysians are diabetic. 80% of these people attend government clinics and hospitals, meaning that a majority of them take generic medicines.

Patented medicines are very expensive:

- Glivec, the gastrointestinal cancer medicine, is RM 10,000 per month
- Sorafenib Tosylate, the medicine to treat liver and kidney cancer, is RM 9865 per person per month, whereas the generic version can cost RM 370-RM 501 (US\$116-\$157) per person per month.

because the company holding the patent has the exclusive right to make or import that medicine for a 20-year period. The US wants to extend this period. This means that Malaysians will be denied access to cheaper generic versions of medicines for extra years.

In addition to that, the US wants Malaysian negotiators to agree to new kinds of patents. Patents are normally granted on the medicine itself, but the US wants to patent the way to use a medicine, for example, if a medicine is found to treat another disease, that medicine is now eligible for a second patent. The US also wants to patent new forms of a medicine, eg changing the medicine from a tablet to asyrup (so that children can take it) and according to the new patent rules, the medicine could have a new 20-year patent. The US is also demanding strict border control measures which enable TPP governments to seize generic medicines when being imported, exported or in transit, so long as they look confusingly similar to trademarked goods.

All of these are tricks to ensure that Malaysians are forced to use expensive patented medicines for longer periods of time, so US-based innovators of medicine earn more profits.

We stand in opposition to any and all proposals that negatively affect access to medicines in the Trans-Pacific Partnership Agreement including:

- \* **EXPANSIVE PATENT PROTECTION** for new forms, uses and methods of using known substances. These aggressive low patenting standards can extend pharmaceutical monopolies for minor variations on old products, including those that contribute nothing to efficacy.
- \* **PATENT TERM EXTENSIONS** that stretch the duration of a patent beyond 20 years.
- \* **PATENT LINKAGE** that prevents registration of generic medicines and facilitates abuse.
- \* **ELIMINATING SAFEGUARDS** against patent abuse, such as pre-grant opposition. Pre-grant opposition allows any party to oppose the grant of a patent.
- \* **BIASED PROCEDURAL REQUIREMENTS** that presume challenged patents valid and measure damages by the patent holder's assessment of value.
- \* **DATA EXCLUSIVITY** that prevents health authorities from relying on clinical trial data to register generic versions of medicines.
- \* **BORDER MEASURES** that could lead to unjustified seizures of generic medicines.

\* INVESTMENT RULES that could allow multinational companies to sue governments over application of domestic health regulations in private international arbitration.

Since the negotiations and texts are secret, Malaysians have no way of knowing what has been agreed to and whether there have been overt and arbitrary breaches of the right to health. What we know so far in regard to medicines has been gathered from leaked documents from the negotiations which can be found at: <http://www.citizenstrade.org/ctc/wp-content/uploads/2011/10/TransPacificIP1.pdf> .

We ask that the Malaysian government reject patent extension provisions, data linkage, and border control measures that enable foreign customs officials to seize our medicines, and all other proposals as above that negatively affect access to medicines.

We stand in solidarity with all other peoples & movements whose rights to life, health, livelihood, equality, equity, food, environment, knowledge, traditional systems of life & livelihood will also be negatively impacted by these free trade agreements that threaten to widen the gap between the rich & the poor not only between countries but within countries as well.



Ranjit Kaur  
Chief Executive Officer  
Breast Cancer Welfare  
Association



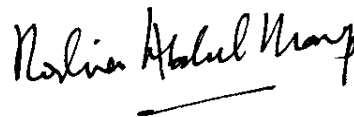
Saunthari Somasundaram  
President  
National Cancer Society  
Malaysia



Datuk Dr Raj Karim  
President  
Malaysian AIDS Council



Edward Low  
Director  
MTAAG+



Prof. Dr. Roslina Abdul Manap  
President  
Malaysian Thoracic Society

Dr Ang Kim Teng  
President,  
Malaysian Mental Health Association

