



Students' Society of McGill University

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3600 McTavish St., Suite 1200, Montréal, QC, H3A 0G3

Located on Haudenosaunee and Anishinaabe, traditional territories

GLOBAL ACCESS TO MEDICINES POLICY

Adopted by Legislative Council: 2016/12/01

Expires: 2021/05/01

[Adopted Motion](#)

WHEREAS, the SSMU is committed to “demonstrating leadership in matters of human rights [and] social justice,”¹ as well as to social sustainability;²

WHEREAS, pharmaceutical patenting in developing countries restricts generic competition and raises prices of drugs that hinders access to life-saving medicines;³

WHEREAS, drug applications developed by research universities in developed countries contribute to the majority of research and development of medicines, and licensing decisions at the university level of these drug applications substantially impact the accessibility of these medicines in developing countries;⁴

WHEREAS, humanitarian or global access licenses implemented by research universities in developed countries can substantially increase the accessibility of medicines in developing countries by, for example, allowing generic production of final products for exclusive distribution in low- and middle-income countries to realize economies of scale and market competition by locating the most efficient manufacturer and distributor;⁵

WHEREAS, the case outlined above was empirically proven in 2001 when Yale University and Bristol-Myers Squibb agreed to allow the HIV drug stavudine to be available generically in South Africa, which resulted in a 96% price reduction and a substantial increase in accessibility to South Africans at no cost to the university in terms of licensing revenues;⁶

¹ Preamble, “Leadership,” SSMU Constitution.

² Introduction, Vision and Understanding Sustainability, Social, [SSMU Sustainability](#) Policy.

³ Sampat, B. N. (2009, January). [Academic Patents and Access to Medicines in Developing Countries](#). American Journal of Public Health, 99(1), 9-17.

⁴ uaem.org.

⁵ Chen CE, Gilliland CT, Purcell J, Kishore SP (2010) The Silent Epidemic of Exclusive University Licensing Policies on Compounds for Neglected Diseases and Beyond. PLoS Negl Trop Dis 4(3): e570. doi:10.1371/journal.pntd.0000570.

⁶ Chen (2010).



WHEREAS, the University of British Columbia, Emory University, University of Edinburgh, University of Oxford, University of Washington, Boston University, Harvard University, Yale University, the University College of London, and 65 other universities and research institutions have adopted similar licensing approaches with benefits of similar magnitude⁷ at no loss of licensing revenues⁸;

WHEREAS, the Association of University Technology Managers (AUTM), Boston University, Brown University, Harvard University, Oregon Health & Science University, University of Pennsylvania, and Yale University have adopted a humanitarian or global access licensing framework in their licenses to the private sector per the Statement of Principles and Strategies for the Equitable Dissemination of Medical Technologies (SPS)⁹ specific to licenses as follows:

1. In negotiations with potential licensees, we will make vigorous efforts to develop creative and effective licensing strategies that help to promote global access to health-related technologies by apprising potential commercial partners of the institution's commitment to contribute to the health and well-being of populations throughout the developing world, and by cultivating productive relationships with companies that share our values and are able and willing to advance the University's global health mission.
2. Our intellectual property should not become a barrier to essential health-related technologies needed by patients in developing countries. In cases where the University can fully preclude intellectual property barriers to generic provision by not patenting in developing countries, or by filing and abandoning patents, we will pursue these strategies. Early publication and wide dissemination of results will be encouraged to reduce opportunities for interfering patents.
3. In those cases where we pursue patent rights, we will negotiate license agreements that draw upon a variety of strategies that seek to align incentives among all stakeholders to promote broad access to health-related technologies in developing countries including, but not limited to, financial incentives to licensees, reserved or 'march-in' rights, mandatory sublicenses or non-assert provisions, affirmative obligations of diligence, with license reduction, conversion, or termination as the penalty for default, or tiered- or other appropriate pricing on a humanitarian basis (e.g., subsidized, at-cost, or no-cost).
4. We will strive to preserve its future rights to negotiate effective global access terms through implementation of such measures as notice requirements coupled with 'agreements to agree.'

⁷ Sampat (2009).

⁸ Chen (2010).

⁹ [Statement of Principles and Strategies for the Equitable Dissemination of Medical Technologies.](#)



5. We will work to develop and apply meaningful metrics to evaluate the success of its efforts to facilitate global access and support continued innovation with particular relevance to global health.

We will revisit these principles on a biennial basis to ensure that they reflect currently understood best practices.

WHEREAS, universities who have adopted these strategies have reported a financial gain from donations and additional funding by organizations in support of global social responsibility¹⁰ ;

WHEREAS, many pharmaceutical and biotechnology companies have acknowledged sublicensing to generic producers as a socially responsible and financially viable method to increase accessibility of medicines in developing world markets, including Gilead Science, Eli Lilly, GlaxoSmithKlein, and Alnylam Pharmaceuticals¹¹ ;

WHEREAS, McGill University, as a publicly funded research institution, is the leading Canadian university in producing biotechnology patents, some of which may apply in developing country contexts¹² ;

WHEREAS, the mission statement of McGill University as an academic institution includes the “advancement of learning and the creation and dissemination of knowledge [...] by providing service to society,” hence mandating a contribution to public welfare¹³ ;

WHEREAS, McGill University has not implemented a humanitarian or global access licensing framework for technology transfers to the private sector specific to global health in its Policy on Intellectual Property to date.¹⁴

BE IT RESOLVED, THAT the SSMU adopted the following policy regarding global access to medicines, to expire on May 1, 2021:

1. The SSMU supports increased access to medicines throughout the world as a public good and a human right.
2. The SSMU calls for the implementation of a humanitarian or global access licensing framework for health-related technology transfers to the private sector at McGill University.

¹⁰ Chen (2010)

¹¹ Chen (2010).

¹² <https://www.mcgill.ca/newsroom/channels/news/mcgill-tops-canadian-universities-biotech-patents-21915>.

¹³ [McGill University Mission Statement](#).

¹⁴ [Policy on Intellectual Property](#).



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BE IT RESOLVED, THAT the SSMU advocated for the implementation of a humanitarian or global access licensing framework for health-related technology transfer to the private sector through the University Senate and the appropriate University Committees, as per the goals outlined in the Statement of Principles and Strategies for the Equitable Dissemination of Medical Technologies.

Moved by:

McGill Students' Chapter of Universities Allied for Essential Medicines

William Cleveland, *Senate Caucus Representative*

Joshua Chin, *Senate Caucus Representative*

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