
SCP 27 sharing session:
availability of generic medicines
in developing countries & LDCs


access to
generic medicines
under the
TRIPS Agreement
Doha 7:
LDCs
Doha 6:
compulsory
licences for
export

WORLD TRADE

ORGANIZATION

WT/MIN(01)/DEC/2
20 November 2001

(01-5860)

MINISTERIAL CONFERENCE
Fourth Session
Doha, 9 - 14 November 2001

DECLARATION ON THE TRIPS AGREEMENT AND PUBLIC HEALTH

Adopted on 14 November 2001

1. We recognize the gravity of the public health problems afflicting many developing and least-developed countries, especially those resulting from HIV/AIDS, tuberculosis, malaria and other epidemics.

2. We stress the need for the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) to be part of the wider national and international action to address these problems.

3. We recognize that intellectual property protection is important for the development of new medicines. We also recognize the concerns about its effects on prices.

4. We agree that the TRIPS Agreement does not and should not prevent Members from taking measures to protect public health. Accordingly, while reiterating our commitment to the TRIPS Agreement, we affirm that the Agreement can and should be interpreted and implemented in a manner supportive of WTO Members' right to protect public health and, in particular, to promote access to medicines for all.

In this connection, we reaffirm the right of WTO Members to use, to the full, the provisions in the TRIPS Agreement, which provide flexibility for this purpose.

5. Accordingly and in the light of paragraph 4 above, while maintaining our commitments in the TRIPS Agreement, we recognize that these flexibilities include:

- In applying the customary rules of interpretation of public international law, each provision of the TRIPS Agreement shall be read in the light of the object and purpose of the Agreement as expressed, in particular, in its objectives and principles.

- Each Member has the right to grant compulsory licences and the freedom to determine the grounds upon which such licences are granted.

- Each Member has the right to determine what constitutes a national emergency or other circumstances of extreme urgency, it being understood that public health crises, including those relating to HIV/AIDS, tuberculosis, malaria and other epidemics, can represent a national emergency or other circumstances of extreme urgency.

- The effect of the provisions in the TRIPS Agreement that are relevant to the exhaustion of intellectual property rights is to leave each Member free to establish its own regime for such exhaustion without challenge, subject to the MFN and national treatment provisions of Articles 3 and 4.

WORLD TRADE ORGANIZATION

IP/C/73

6 November 2015

(15-5882)

Page: 1/1

Council for Trade-Related Aspects of Intellectual Property Rights

EXTENSION OF THE TRANSITION PERIOD UNDER ARTICLE 66.1 OF THE TRIPS AGREEMENT FOR LEAST DEVELOPED COUNTRY MEMBERS FOR CERTAIN OBLIGATIONS WITH RESPECT TO PHARMACEUTICAL PRODUCTS

DECISION OF THE COUNCIL FOR TRIPS OF 6 NOVEMBER 2015

Ambassador Shameem Ahsan of Bangladesh, coordinator of the LDC group in the WTO, described the decision as "historic," adding that it "will assure the LDCs the necessary legal certainty to procure or to produce generic medicines for those who need it most but do not have any access."

This step, responding to a request tabled by LDC members of the WTO (IP/C/W/605), comes just a month after the UN General Assembly adopted the SDGs as a framework for global action up to 2030.

SDG Goal 3 on ensuring healthy lives and promoting well-being for all at all ages includes the target of providing "access to affordable essential medicines and vaccines", and in that context recalls the affirmation in the Doha Declaration on the right of developing countries to use to the full the provisions in the TRIPS Agreement regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.


SUSTAINABLE
DEVELOPMENT
GOALS

3.B Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

DG Azevêdo: TRIPS amendment shows that "WTO can negotiate solutions for real problems"

TRIPS amendment is "concrete response" to concerns about public health, says Modest Mero

WHO welcomes additional pathway for access to medicines: Margaret Chan

Time to develop national legislation to use new provisions: Nigeria's Buba

Use new rules in health policy initiative to reap the benefits: Pascal Lamy

Amendment is important because problems have not gone away: Zimbabwe's Maonera

"African countries played a major role" in TRIPS amendment: Amina Mohamed

TRIPS amendment a "momentous occasion", says Botswana's Palai

Supply and prices of medicines should gauge impact of TRIPS reform, says Pérez Motta

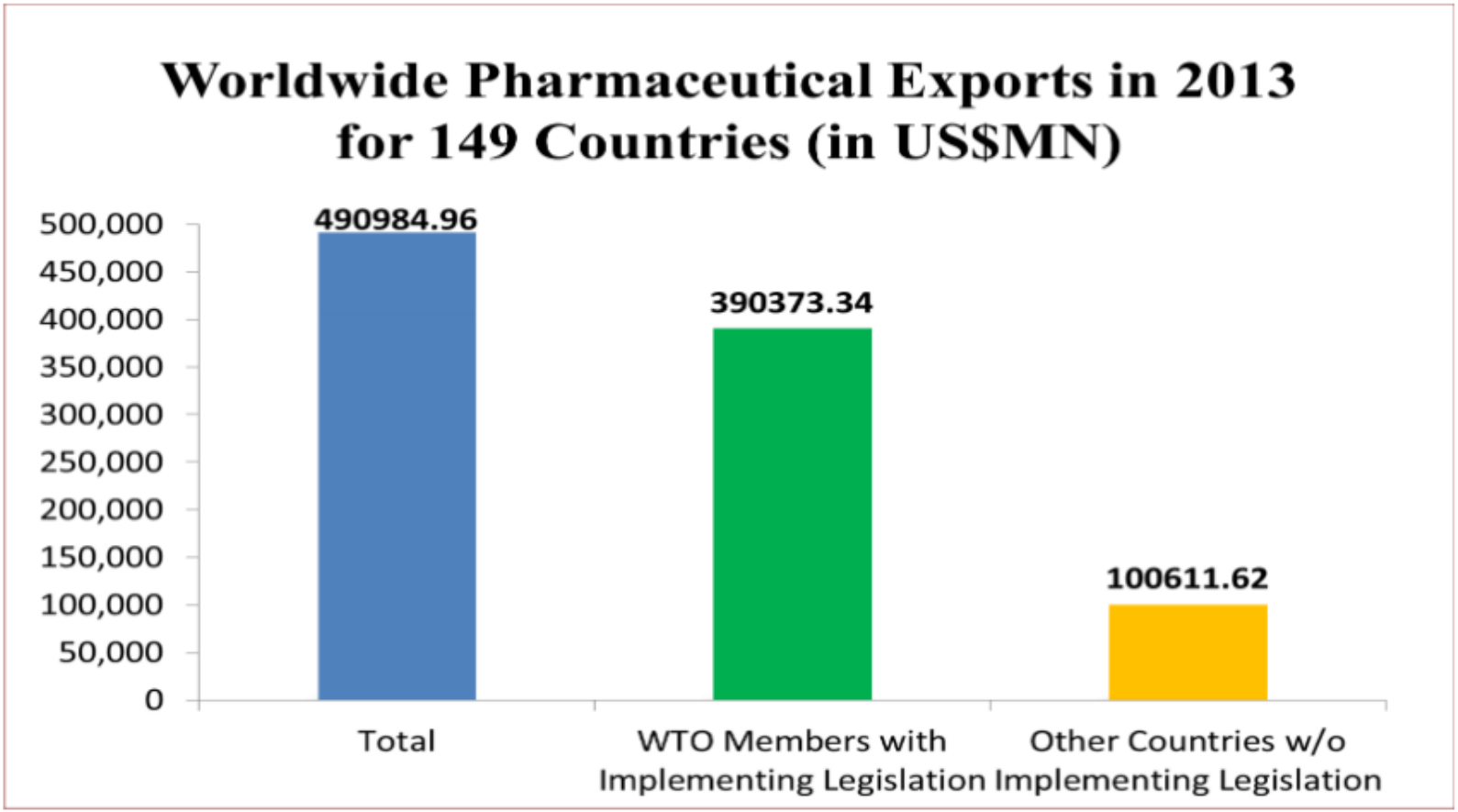
WTO: 2017 NEWS ITEMS

23 January 2017
TRIPS

WTO IP rules amended to ease poor countries' access to affordable medicines

An amendment to the agreement on intellectual property entered into force today (23 January) securing for developing countries a legal pathway to access affordable medicines under WTO rules.

The amendment empowers importing developing countries and LDCs facing public health problems and lacking the capacity to produce drugs generically to seek such medicines from third country producers under compulsory licensing arrangements.


Worldwide Pharmaceutical Exports in 2013 for 149 Countries (in US$MN)
500,000
450,000
400,000
350,000
300,000
250,000
200,000
150,000
100,000
50,000
0
490984.96
390373.34
100611.62
Total
WTO Members with Implementing Legislation
Other Countries w/o Implementing Legislation

Workshop facilitates understanding the complementarity of trade and health disciplines

Thirty-four government officials from 26 developing country members and three acceding governments attended the thirteenth edition of the Workshop on Trade and Public Health, in Geneva, from 6 to 10 November 2017.

Wednesday, 8 November 2017

Venue: WTO, Room E

Making Effective Use of Special Compulsory Licences for Export: A Procurement Tool for Medicines

09h00 – 09h15 Introduction to the Paragraph 6 System

Speaker: Mr Antony TAUBMAN, WTO

I. Taking Stock

09h15 – 09h30 Overview and Context

- Why was a new TRIPS flexibility adopted?
- What needs does it address?
- When is it intended to be used?

Speaker: Ms Jayashree WATAL, WTO

09h30 – 10h15 Putting the System to Work: Key Practical Steps

- Identification and notification of pharmaceutical needs
- Identification of supply sources
- Compulsory licence procedures

III. Looking at the Way Forward

16h15 – 17h30 Roundtable Discussion

Moderator: Mr Antony TAUBMAN, WTO

Panelists: Mr Patrick GITHENDU
The Global Fund to Fight AIDS, Tuberculosis and Malaria

Ms Roberta VARGAS DE MORAES
Ministry of Health, Brazil

Mrs Cynthia DAPAAH
Food and Drugs Industry, Ghana

Ms Amne Nassor Issa MOHAMED
Zanzibar Food, Drugs and Cosmetics Board - Tanzania

Ms Olena CHUMAKOVA
Ministry of Economic Development and Trade – Ukraine

BID
Banco Interamericano de Desarrollo

ORGANIZACIÓN MUNDIAL DEL COMERCIO

TALLER REGIONAL SOBRE COMERCIO Y SALUD PÚBLICA

con énfasis en Licencias Especiales Obligatorias para la Exportación de Medicamentos

con el apoyo de:
Organización Mundial para la Propiedad Intelectual (OMPI)
Organización Panamericana de la Salud (OPS) / Organización Mundial de la Salud (OMS)


nish).pdf

Open with

Tema V	USO EFECTIVO DE LAS LICENCIAS OBLIGATORIAS ESPECIALES PARA LA EXPORTACIÓN: UNA HERRAMIENTA PARA LA ADQUISICIÓN DE MEDICAMENTOS
	1. BALANCE
9:00 a 9:30	**Visión general y contexto** - ¿Por qué se adoptó una nueva flexibilidad en el Acuerdo ADPIC? - ¿A qué necesidades responde? - ¿Cuándo se espera que sea utilizada? - Predicción de posibles escenarios para su utilización - Entrada en vigor de la Enmienda del Acuerdo ADPIC - Labor por delante

WORLD TRADE ORGANIZATION

IP/C/79

25 October 2017

(17-5793)

Page: 1/12

Council for Trade-Related Aspects of Intellectual Property Rights

ANNUAL REVIEW OF THE SPECIAL COMPULSORY LICENSING SYSTEM

REPORT TO THE GENERAL COUNCIL

1. Paragraph 7 of the Annex to the TRIPS Agreement as amended by the Protocol Amending

Report of the
UNITED NATIONS SECRETARY-GENERAL'S HIGH-LEVEL PANEL ON ACCESS TO MEDICINES

Promoting innovation and access to health technologies

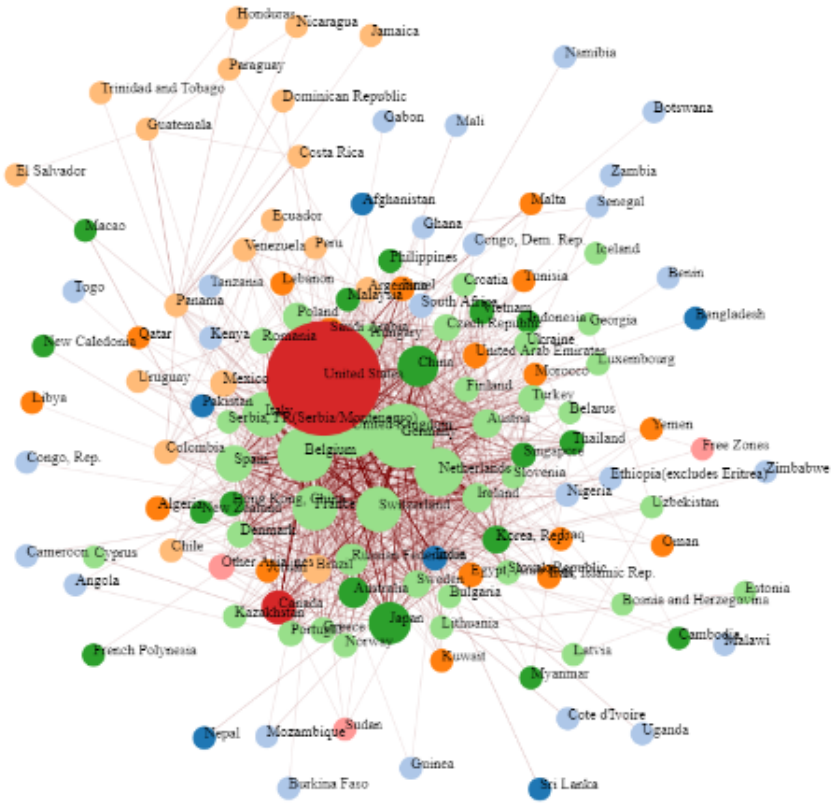
UN SECRETARY GENERAL'S HIGH LEVEL PANEL ON ACCESS TO MEDICINES

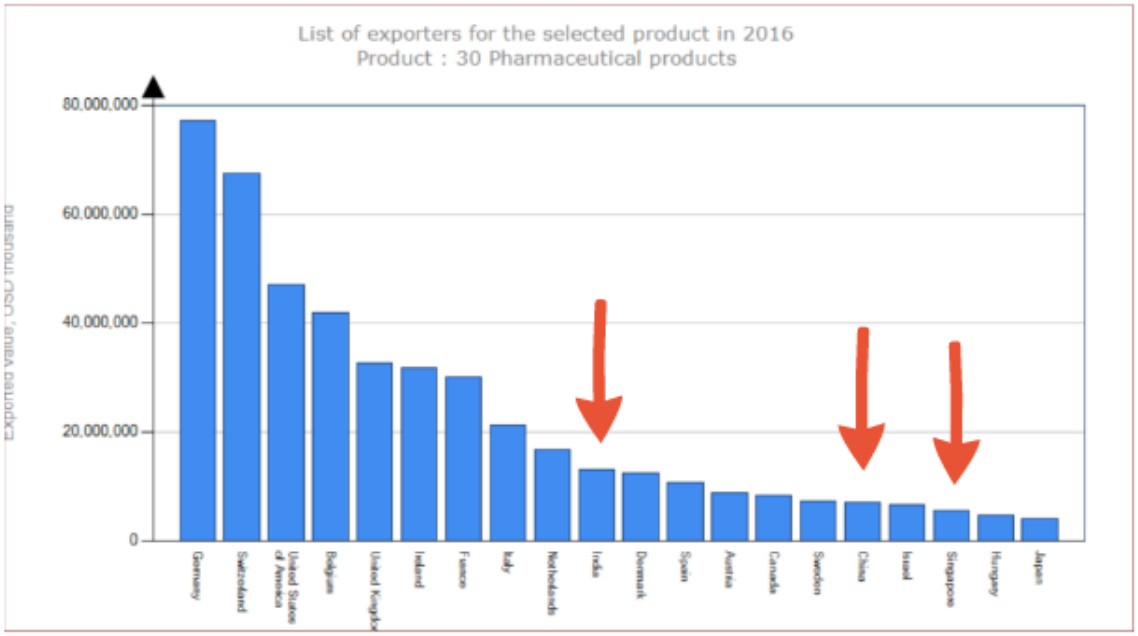
BUILDING MOMENTUM FOR THE COHERENCE AGENDA ON GLOBAL HEALTH

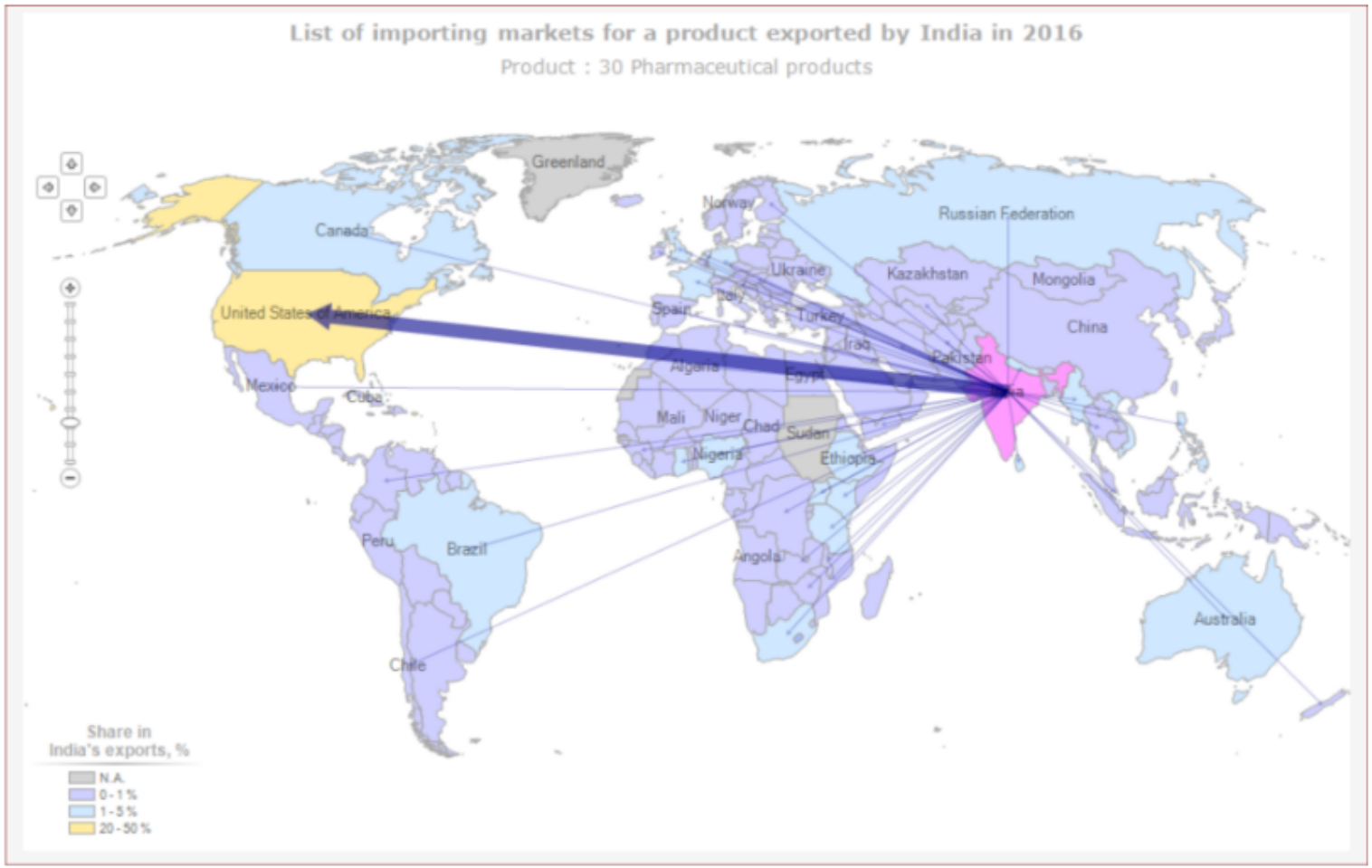
Background note prepared by the Secretariat of the World Trade Organization (WTO)[1]


SCP 27 sharing session:
availability of generic medicines
in developing countries & LDCs


trade & access
global imports of pharmaceuticals (2016): 524,978,029,000
LDCs' imports of pharmaceuticals (2016): 5,283,759,000 (1%)
dimensions of trade
constraints on access
.... and the matter of tariffs

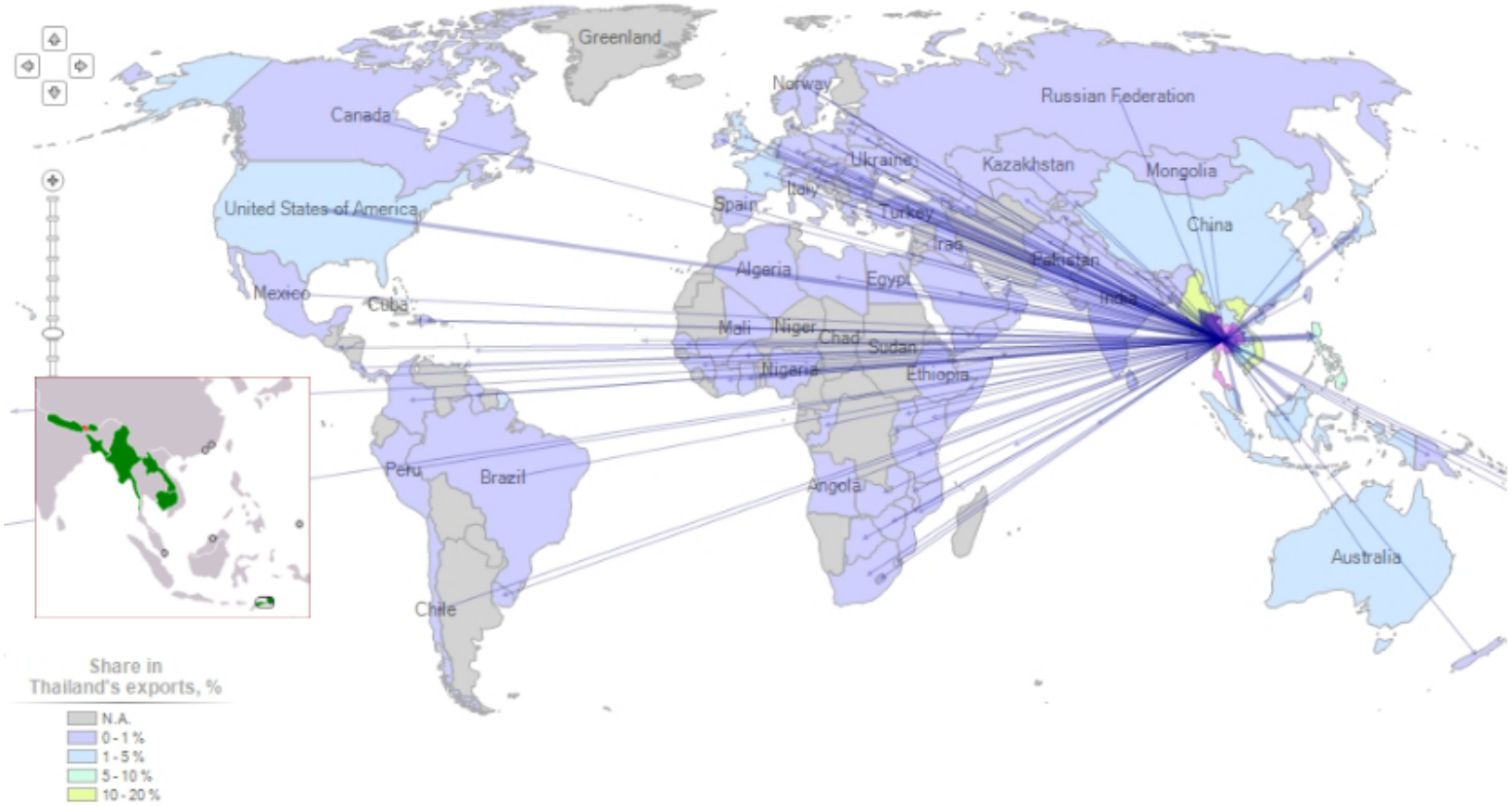

Honduras
Nicaragua
Jamaica
Namibia
Paraguay
Trinidad and Tobago
Dominican Republic
Botswana
Gabon
Mali
Guatemala
Costa Rica
El Salvador
Zambia
Afghanistan
Malta
Senegal
Macao
Ecuador
Ghana
Venezuela
Peru
Congo, Dem. Rep.
Iceland
Philippines
Togo
Tanzania
Lebanon
Croatia
Tunisia
Benin
Panama
Poland
Vietnam
Bangladesh
Qatar
Kenya
Romania
Indonesia
Georgia
New Caledonia
Ukraine
United States
China
United Arab Emirates
Luxembourg
Uruguay
Mexico
Morocco
Finland
Turkey
Libya
Pakistan
Belarus
Austria
Yemen
Colombia
Belgium
Thailand
Free Zones
Congo, Rep.
Spain
Singapore
Netherlands
Slovenia
Ethiopia(excludes Eritrea)
Zimbabwe
Nigeria
Ireland
Uzbekistan
Switzerland
Denmark
Korea, Rep.
Oman
Chile
Cameroon
Cyprus
Egypt
Angola
Australia
Bulgaria
Estonia
Bosnia and Herzegovina
Canada
Japan
Lithuania
Cambodia
Malawi
French Polynesia
Latvia
Kuwait
Myanmar
Cote d'Ivoire
Nepal
Mozambique
Sudan
Uganda
Guinea
Burkina Faso
Sri Lanka

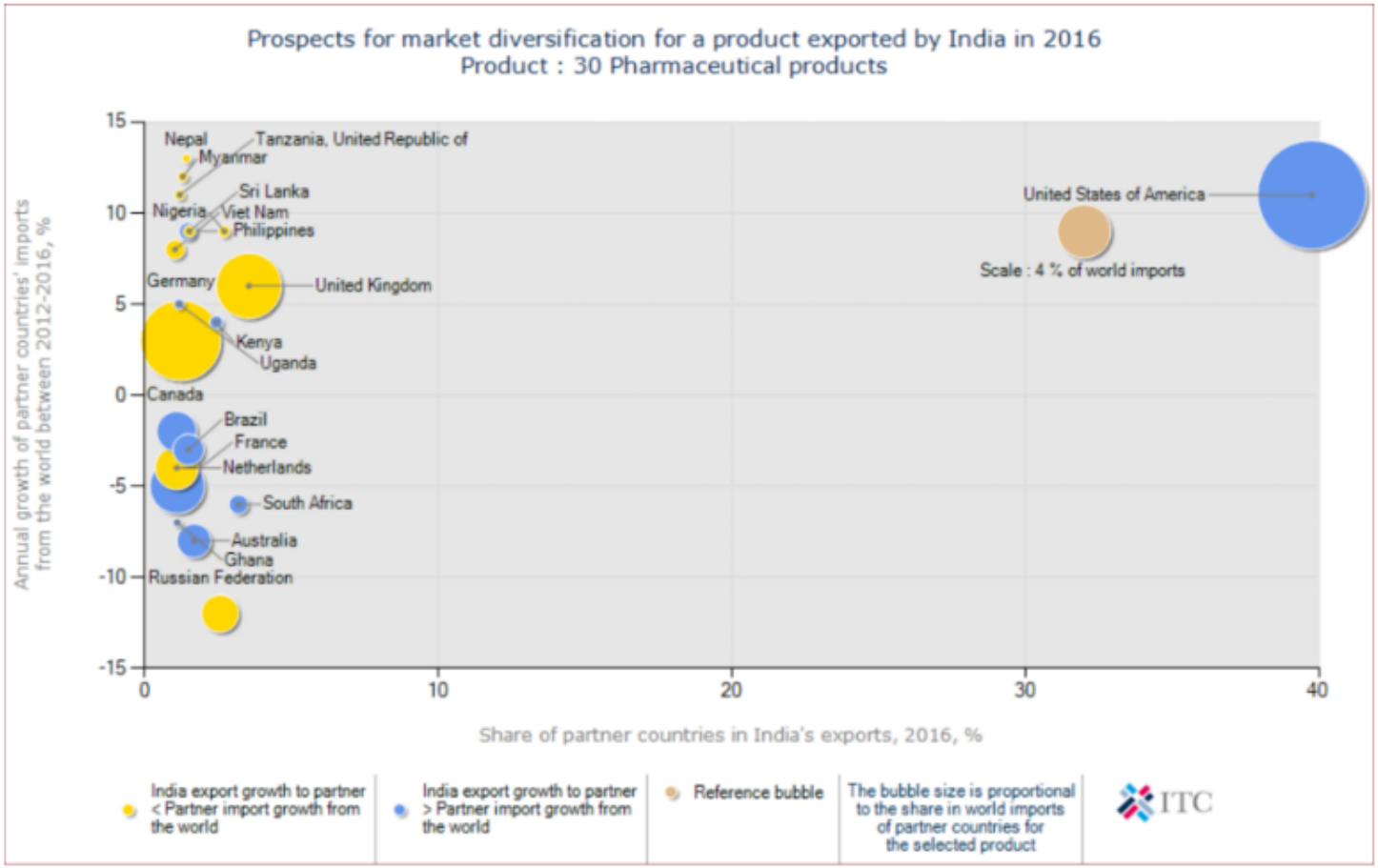

List of exporters for the selected product in 2016
Product : 30 Pharmaceutical products
Exported value, USD thousand
80,000,000
60,000,000
40,000,000
20,000,000
0
Germany
Switzerland
United States of America
Belgium
United Kingdom
Ireland
France
Italy
Netherlands
India
Denmark
Spain
Austria
Canada
Sweden
China
Israel
Singapore
Hungary
Japan


List of importing markets for a product exported by India in 2016
Product : 30 Pharmaceutical products
Greenland
Canada
United States of America
Mexico
Cuba
Peru
Brazil
Chile
Norway
Russian Federation
Ukraine
Kazakhstan
Mongolia
Spain
Italy
Turkey
China
Iraq
Pakistan
Algeria
Egypt
Mali
Niger
Chad
Sudan
Nigeria
Ethiopia
Angola
Australia
Share in India's exports, %
N.A.
0 - 1 %
1 - 5 %
20 - 50 %

List of importing markets for a product exported by Thailand in 2016

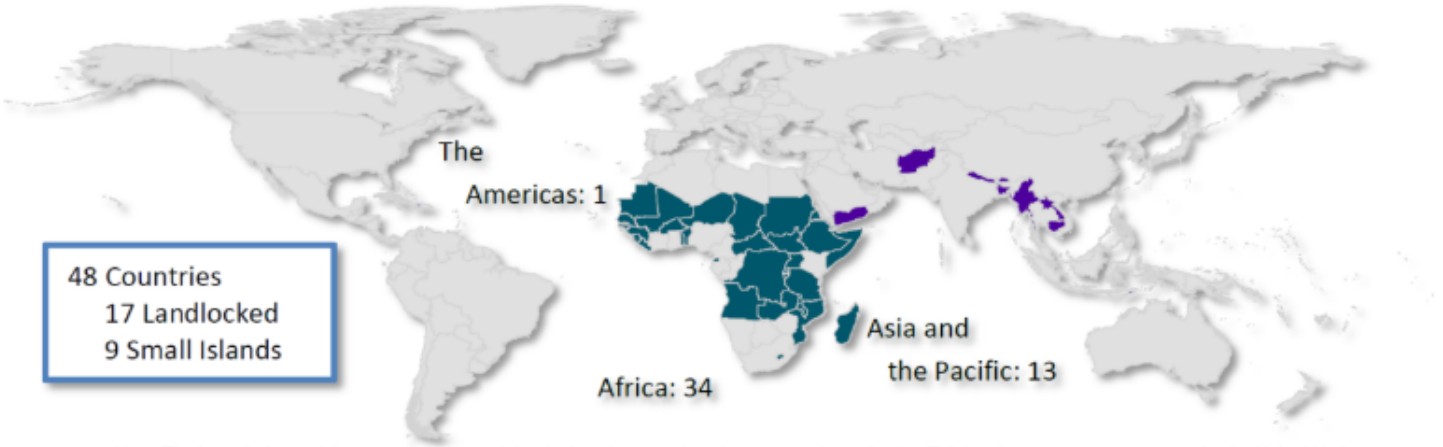
Product : 30 Pharmaceutical products




Prospects for market diversification for a product exported by India in 2016
Product : 30 Pharmaceutical products
Annual growth of partner countries' imports from the world between 2012-2016, %
Share of partner countries in India's exports, 2016, %
Nepal
Tanzania, United Republic of
Myanmar
Sri Lanka
Nigeria
Viet Nam
Philippines
Germany
United Kingdom
Kenya
Uganda
Canada
Brazil
France
Netherlands
South Africa
Australia
Ghana
Russian Federation
United States of America
Scale : 4 % of world imports
India export growth to partner < Partner import growth from the world
India export growth to partner > Partner import growth from the world
Reference bubble
The bubble size is proportional to the share in world imports of partner countries for the selected product
ITC

Least Developed Countries (LDCs)

UN-OHRLLS



48 Countries
17 Landlocked
9 Small Islands

Note: The boundaries and the names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations.

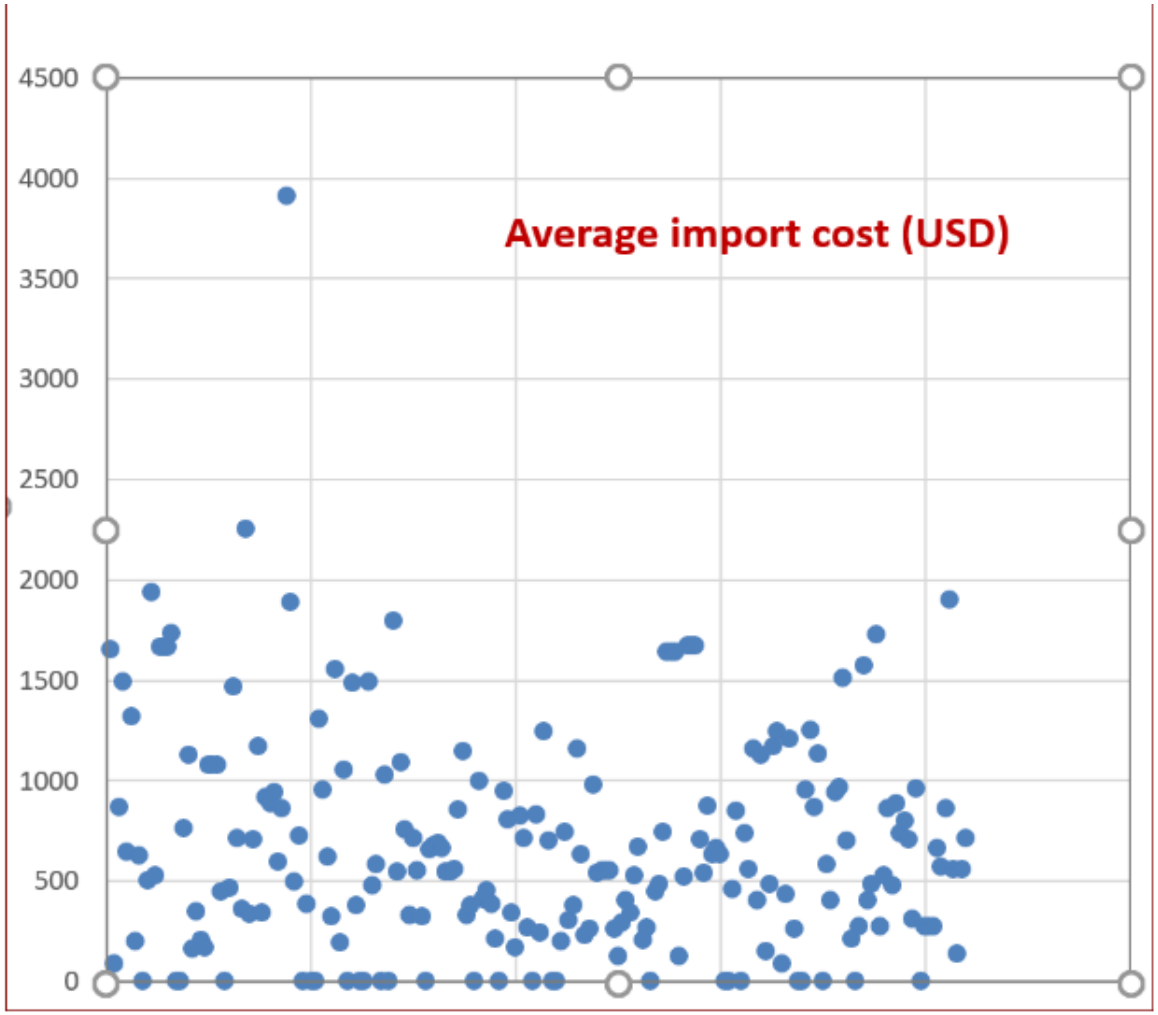

THE WORLD BANK
IBRD • IDA
DOING BUSINESS
Measuring Business Regulations
DATA
RANKINGS
REPORTS
SUBNATIONAL
METHODOLOGY
RESEARCH
BUSINESS REFORMS
Rankings
Rankings
Distance to Frontier
Economy Rankings
Economies are ranked on their ease of doing business, from 1–190. A high ease of doing business ranking mea
the starting and operation of a local firm. The rankings are determined by sorting the aggregate distance to fro
indicators, giving equal weight to each topic. The rankings for all economies are benchmarked to June 2017. Re
business rankings and the distance to frontier measure are calculated (PDF).
= Subnational Doing Business data available.

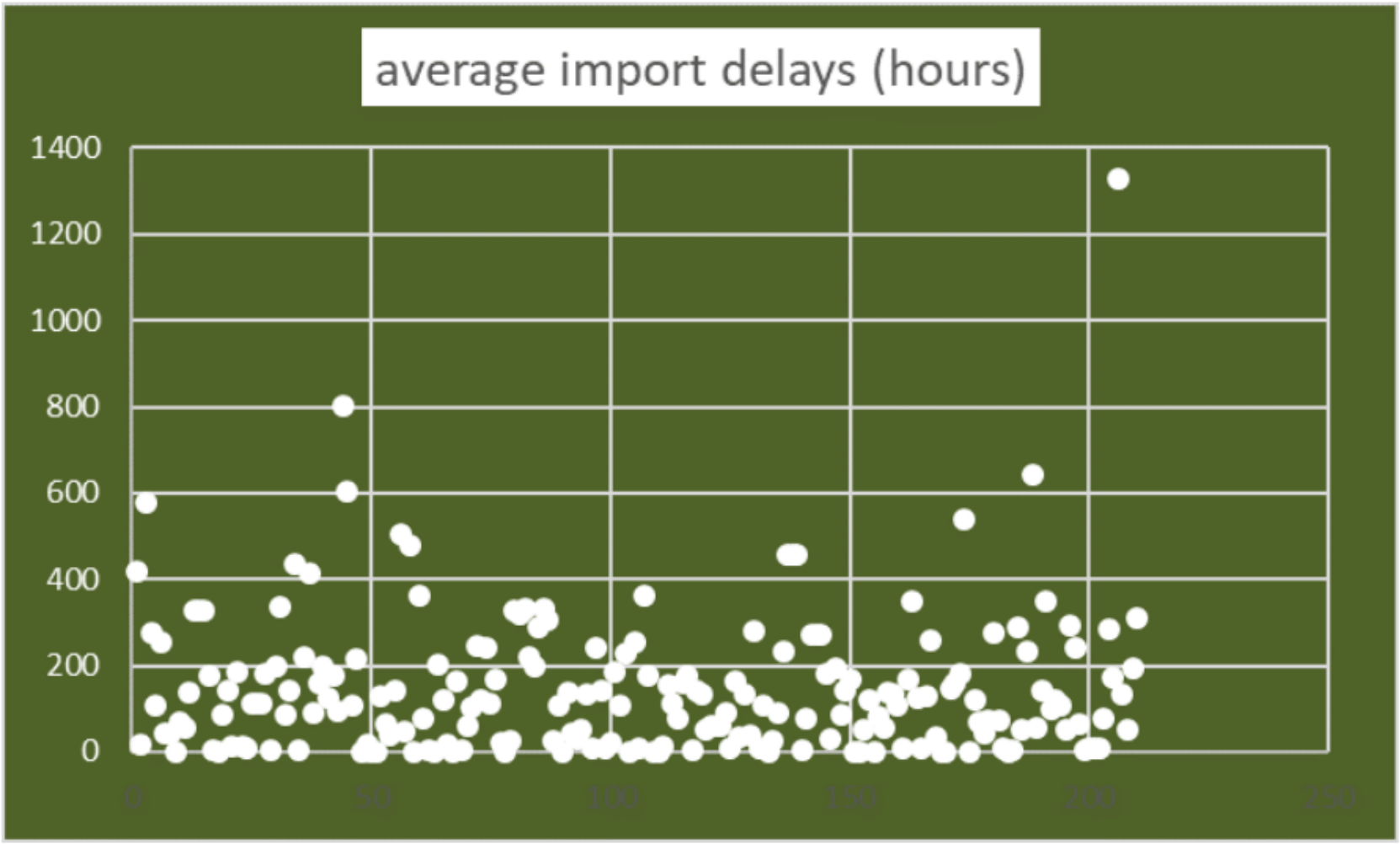
Economy ▲	Trading Across Borders DTF	Trading Across Borders rank	Time to export: Border compliance (hours)	Cost to export: Border compliance (USD)	Time to export: Documentary compliance (hours)	Cost to export: Documentary compliance (USD
▲ Region						
East Asia & Pacific	69.97	102	55.9	387.5	68.2	112.1
Europe & Central Asia	83.96	58	28.0	191.4	27.9	113.8
Latin America & Caribbean	68.71	101	62.5	526.5	53.3	110.4
Middle East & North Africa	58.07	121	62.6	464.4	74.3	243.6
OECD high income	93.92	25	12.7	149.9	2.4	35.4
South Asia	58.32	126	59.4	369.8	77.0	179.5
Sub-Saharan Africa	52.56	137	100.1	592.1	87.8	215.1

Chart 1: Current customs procedures

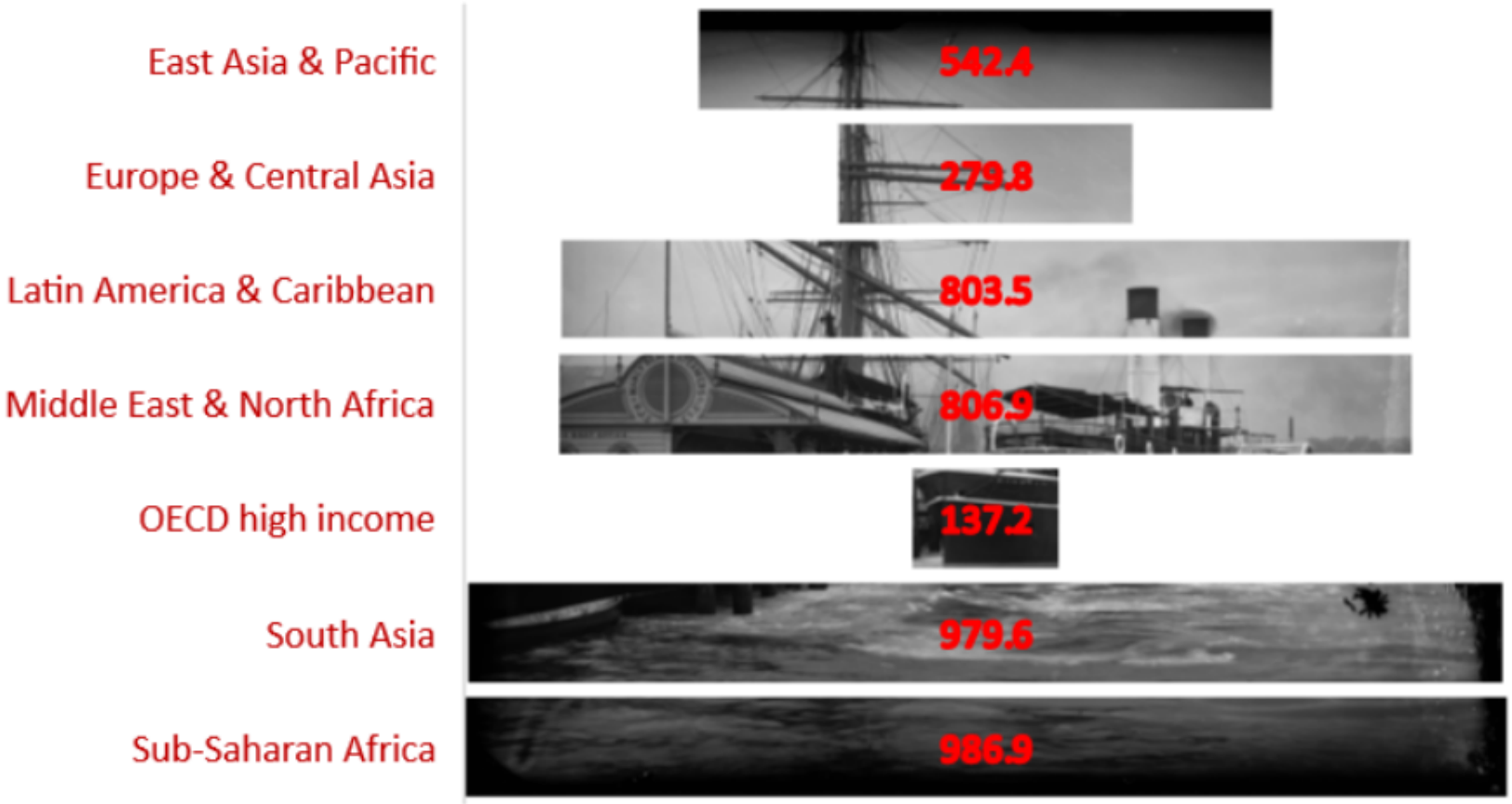
Customs transactions vary widely from country to country. In 2014, these transactions involved:

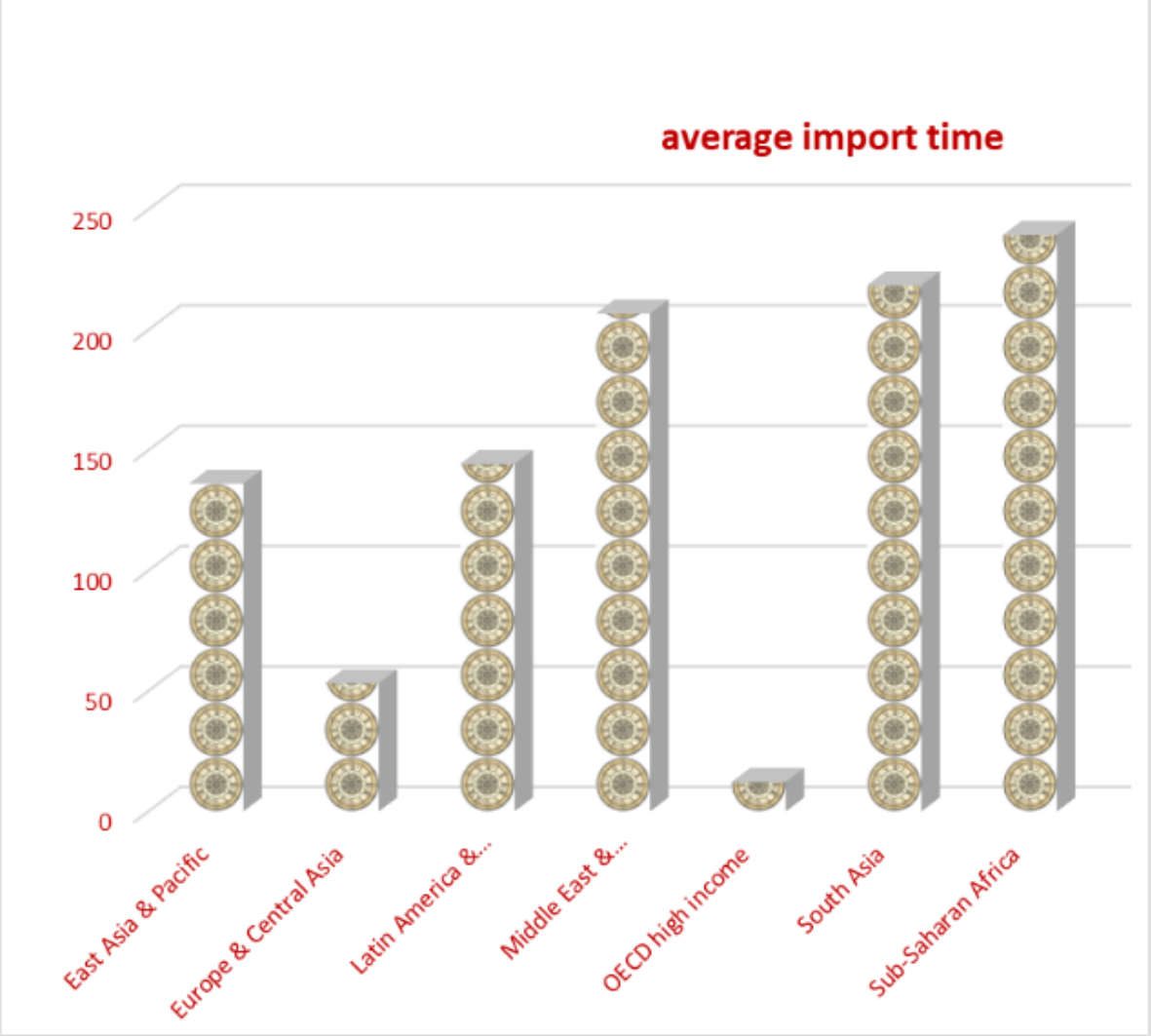
Source: World Bank "Doing Business" project, 2015.


Average import cost (USD)
4500
4000
3500
3000
2500
2000
1500
1000
500
0


average import delays (hours)
1400
1200
1000
800
600
400
200
0
0
50
100
150
200
250

average import costs




average import time
250
200
150
100
50
0
East Asia & Pacific
Europe & Central Asia
Latin America &...
Middle East &...
OECD high income
South Asia
Sub-Saharan Africa

costs & delays - documentation & border compliance

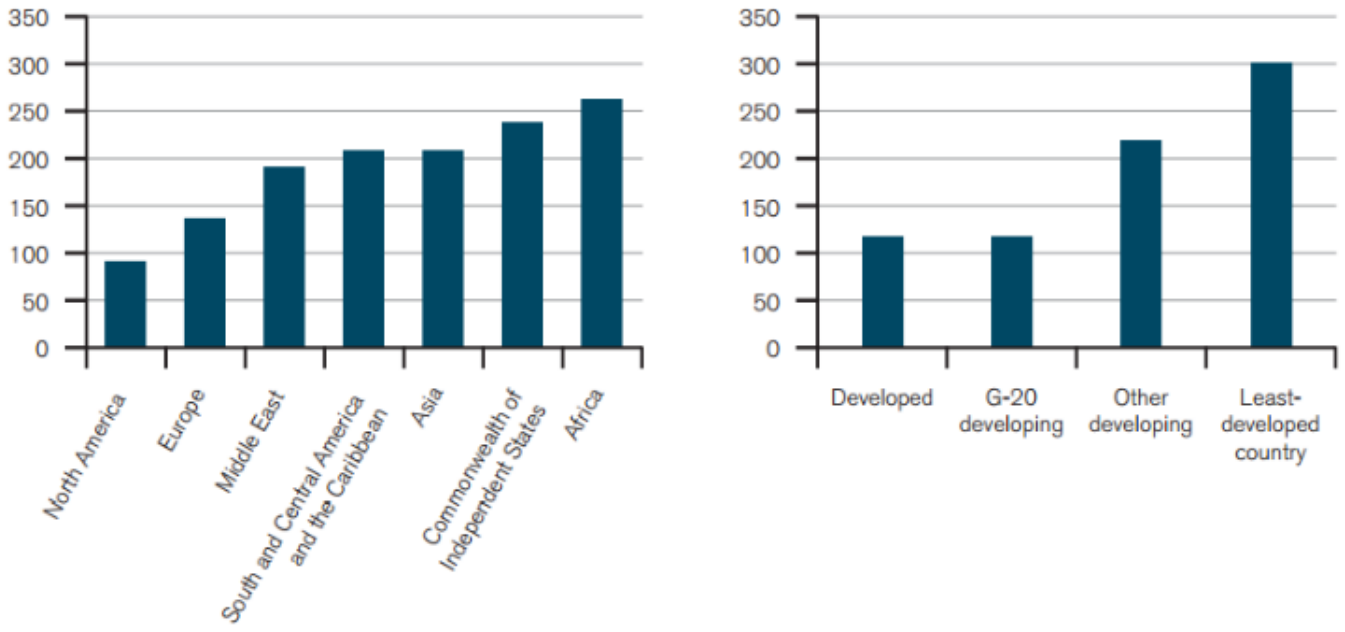
Average trade delays for imports:

- Up to 800 hours in subsaharan Africa LDCs
- 1 hour in a number of higher-income countries

Average processing costs for imports:

- Up to USD 3900 in subsaharan African LDCs
- Reported as USD 1 in some higher-income countries

Figure D.5: *Ad valorem* tariff equivalents of trade costs by region and level of development, 2008 (per cent)



Note: For each economy, "the rest of the world" is considered to be the 10 largest importers in 2010. Each group indicates trade costs in 2008 by income group.

Source: WTO Secretariat calculations based on data from Arvis *et al.* (2013).

14.5 %

Expected reduction in total trade costs for low-income countries once the Trade Facilitation Agreement enters into force.

WTO: 2017 NEWS ITEMS

TRADE FACILITATION

WTO's Trade Facilitation Agreement enters into force

A major milestone for the global trading system was reached on 22 February 2017 when the first multilateral deal concluded in the 21 year history of the World Trade Organization entered into force. In receiving four more ratifications for the Trade Facilitation Agreement (TFA), the WTO has obtained the two-thirds acceptance of the agreement from its 164 members needed to bring the TFA into force.

.... and the matter of tariffs

GENERAL AGREEMENT

ON TARIFFS AND TRADE

RESTRICTED
L/7430
25 March 1994
Limited Distribution

(94-0547)

Original: English

TRADE IN PHARMACEUTICAL PRODUCTS

The following communication concerning trade in pharmaceutical products has been received from the delegations listed below:

RECORD OF DISCUSSION

In the course of the Uruguay Round negotiations, representatives of the following governments discussed the treatment of pharmaceutical products and came to the following conclusions:

Each government will eliminate customs duties on pharmaceutical products, as defined below, recognizing the objective of tariff elimination should not be frustrated by trade restrictive or trade distorting measures. Other governments are encouraged to do the same.

1. With respect to pharmaceutical products (as defined below), they will eliminate customs duties and all other duties and charges, as defined within the meaning of Article II.1 (b) of the General Agreement on Tariffs and Trade (1994), on **ALL** items in the following categories:

(i) items classified (or classifiable) in Harmonized System Chapter 30;

(ii) items classified (or classifiable) in HS headings 2936, 2937, 2939, and 2941, with the exception of dihydrostreptomycin and salts, esters, and hydrates thereof;

(iii)* pharmaceutical active ingredients as designated in Annex I and that bear an "international non-proprietary name," (INN) from the World Health Organization;

(iv) salts, esters, and hydrates of pharmaceutical products which are described by the combination of an INN active ingredient contained in Annex I with a prefix or suffix as designated in Annex II to this record, as long as such salt, ester, or hydrate is classified in the same HS 6-digit heading as the INN active ingredient;

(v) salts, esters, and hydrates of INN active ingredients that are separately contained in Annex III to this record and that are not classified in the same HS 6-digit heading as the INN active ingredient;

(vi) additional products used for the production and manufacture of finished pharmaceuticals as designated in Annex IV to this record.

reported 'applied tariffs' on medicines

HS (Harmonized System) Chapter 30

- reported applied tariffs range from 0% to 51% (ad valorem)
- significant number between 10% and 30%
  - in some cases, this corresponds to domestic production policy
  - in other cases, no major domestic industry


SCP 27 sharing session:
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in developing countries & LDCs

other trade policy questions

procurement policy

competition policy

regulation for public welfare

GP represents a significant economic activity in its own right

- **15-20 %** of GDP in most countries, more in some cases;
- essential for delivery of public services (e.g. public health, education, sanitation).

Large health sector spending

- **USD 3 trillion** global health sector spending (Transparency Int.);

Need accordingly for **value for money** in health sector procurement.

Strengthening long term competition

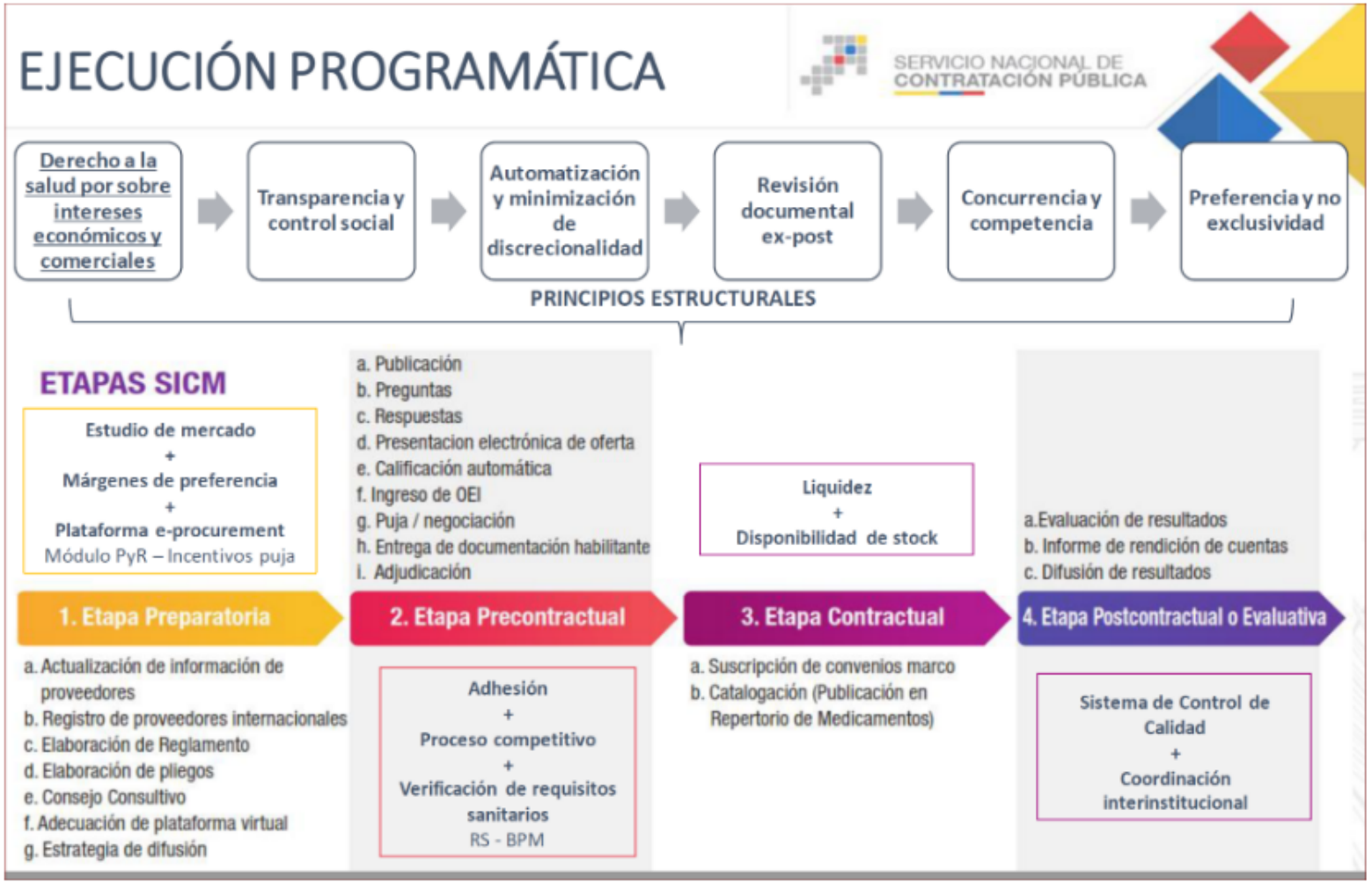
"Public procurement processes that award the whole market for a medicine to a single supplier may result in potential competitors leaving the market and reduce competition in subsequent rounds of tendering. To avoid this problem, South Africa, for example, contracts the two or three lowest-price suppliers and offers to contract other suppliers if they agree to move their prices to this level. Some competition authorities have issued guidance on how to conduct public procurement in a way that strikes a balance between the goal of achieving the lowest prices in a given tender and the goal of maintaining a competitive market structure over the medium to longer term."

Source: Hawkins, L. (2011). WHO / HAI Project on Medicine Prices and Availability. Review Series on Pharmaceutical Pricing Policies and Interventions, Working Paper, 66. Available at http://www.haiweb.org/medicineprices/24072012/CompetitionFinalMay2011.pdf.

10

Daniel López Salcedo
Servicio Nacional de Contratación Pública
Taller regional sobre comercio y salud pública
Brasilia D.F., 23 de noviembre de 2017

ARTICULACIÓN PROGRAMÁTICA


EJECUCIÓN PROGRAMÁTICA
SERVICIO NACIONAL DE CONTRATACIÓN PÚBLICA
Derecho a la salud por sobre intereses económicos y comerciales
Transparencia y control social
Automatización y minimización de discrecionalidad
Revisión documental ex-post
Concurrencia y competencia
Preferencia y no exclusividad
PRINCIPIOS ESTRUCTURALES
ETAPAS SICM
Estudio de mercado
+
Márgenes de preferencia
+
Plataforma e-procurement
Módulo PyR – Incentivos puja
a. Publicación
b. Preguntas
c. Respuestas
d. Presentacion electrónica de oferta
e. Calificación automática
f. Ingreso de OEI
g. Puja / negociación
h. Entrega de documentación habilitante
i. Adjudicación
Liquidez
+
Disponibilidad de stock
a.Evaluación de resultados
b. Informe de rendición de cuentas
c. Difusión de resultados
1. Etapa Preparatoria
2. Etapa Precontractual
3. Etapa Contractual
4. Etapa Postcontractual o Evaluativa
a. Actualización de información de proveedores
b. Registro de proveedores internacionales
c. Elaboración de Reglamento
d. Elaboración de pliegos
e. Consejo Consultivo
f. Adecuación de plataforma virtual
g. Estrategia de difusión
Adhesión
+
Proceso competitivo
+
Verificación de requisitos sanitarios
RS - BPM
a. Suscripción de convenios marco
b. Catalogación (Publicación en Repertorio de Medicamentos)
Sistema de Control de Calidad
+
Coordinación interinstitucional

PRECIOS ADJUDICADOS

SERVICIO NACIONAL DE CONTRATACIÓN PÚBLICA

Comparativo de precios unitarios de medicamentos SICM 2011 - SICM 2016

MEDICAMENTO	PRESUPUESTO REFERENCIAL UNITARIO 2011	PRESUPUESTO REFERENCIAL UNITARIO 2015	VALOR UNITARIO ADJUDICADO 2015	PRECIO REGIONAL
Amlodipina 5mg	$ 0,2300	$ 0,0100	$ 0,0070	$ 2,6700 [a]
Carbamazepina 200 mg	$ 0,0567	$ 0,0430	$ 0,0200	$ 0,4500 [b]
Enalapril 10 mg	$ 0,0311	$ 0,0110	$ 0,0020	$ 2,1400 [c]
Gentamicina 10mg/ml	$ 0,2500	$ 0,2500	$ 0,1336	-
Metformina 500mg	$ 0,3000	$ 0,0600	$ 0,0086	$ 1,1700 [a]

[a] Argentina [b] Brasil [c] Chile

Fuente: Sistema Oficial de Contratación del Estado (SOCE).
Elaboración: SERCOP.

- 417 medicines covered (to exceed 500 in 2018)
- Centralized purchasing model saves USD 15-20 million per month.
- Covers 95% of the national supply.
- Interagency monitoring & coordination.
- Standardization of proceddures for public health facilities.
- Early warnings for quality control issues to ensure compliance with technical specifications.

WTO - GPA

Agreement on Government Procurement:

- incorporates principles of good governance in procurement
- general coverage of pharmaceuticals procured by government agencies
- plurilateral - 47 WTO Members (19 parties);
- 31 observers


competition policy

Article 8

Principles

1. Members may, in formulating or amending their laws and regulations, adopt measures necessary to protect public health and nutrition, and to promote the public interest in sectors of vital importance to their socio-economic and technological development, provided that such measures are consistent with the provisions of this Agreement.

2. Appropriate measures, provided that they are consistent with the provisions of this Agreement, may be needed to prevent the abuse of intellectual property rights by right holders or the resort to practices which unreasonably restrain trade or adversely affect the international transfer of technology.

SECTION 8: CONTROL OF ANTI-COMPETITIVE PRACTICES IN CONTRACTUAL LICENCES

Article 40

1. Members agree that some licensing practices or conditions pertaining to intellectual property rights which restrain competition may have adverse effects on trade and may impede the transfer and dissemination of technology.

2. Nothing in this Agreement shall prevent Members from specifying in their legislation licensing practices or conditions that may in particular cases constitute an abuse of intellectual property rights having an adverse effect on competition in the relevant market. As provided above, a Member may adopt, consistently with the other provisions of this Agreement, appropriate measures to prevent or control such practices, which may include for example exclusive grantback conditions, conditions preventing challenges to validity and coercive package licensing, in the light of the relevant laws and regulations of that Member.

3. Each Member shall enter, upon request, into consultations with any other Member which has cause to believe that an intellectual property right owner that is a national or domiciliary of the Member


WORLD TRADE ORGANIZATION
WIPO
WORLD INTELLECTUAL PROPERTY ORGANIZATION
World Health Organization
Promoting Access to Medical Technologies and Innovation
Intersections between public health, intellectual property and trade

Competition policy, innovation & access

The importance of competition (antitrust) policy in promoting innovation and ensuring access to medical technology derives from its cross-cutting relevance to all stages and elements involved in the process of supplying medical technology to the patient – from the development and manufacture of such technology to its eventual sale and delivery.

While a full analysis of all competition policy issues involved in that process is beyond the scope of this study, this section outlines a number of areas where competition policy has direct relevance for access to medicines...


regulation for
public welfare
... and
"the right to regulate"

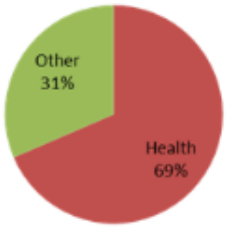
TBT Committee Decision on *Principles for the Development of International Standards, Guides and Recommendations*
(November 2000, G/TBT/9)

"Six Principles"

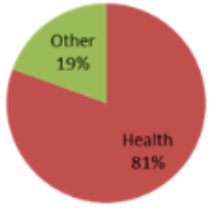
- **Transparency**
- **Openness**
- **Impartiality and consensus**
- **Relevance and effectiveness**
- **Coherence**
- **Development dimension**

Notifications and human health protection

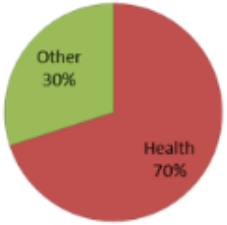
TBT Notifications 2016 (until 20 Oct.)



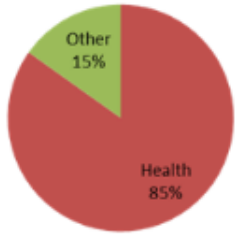
SPS Notifications 2016 (until Oct. 2016)



TBT Notifications 2015

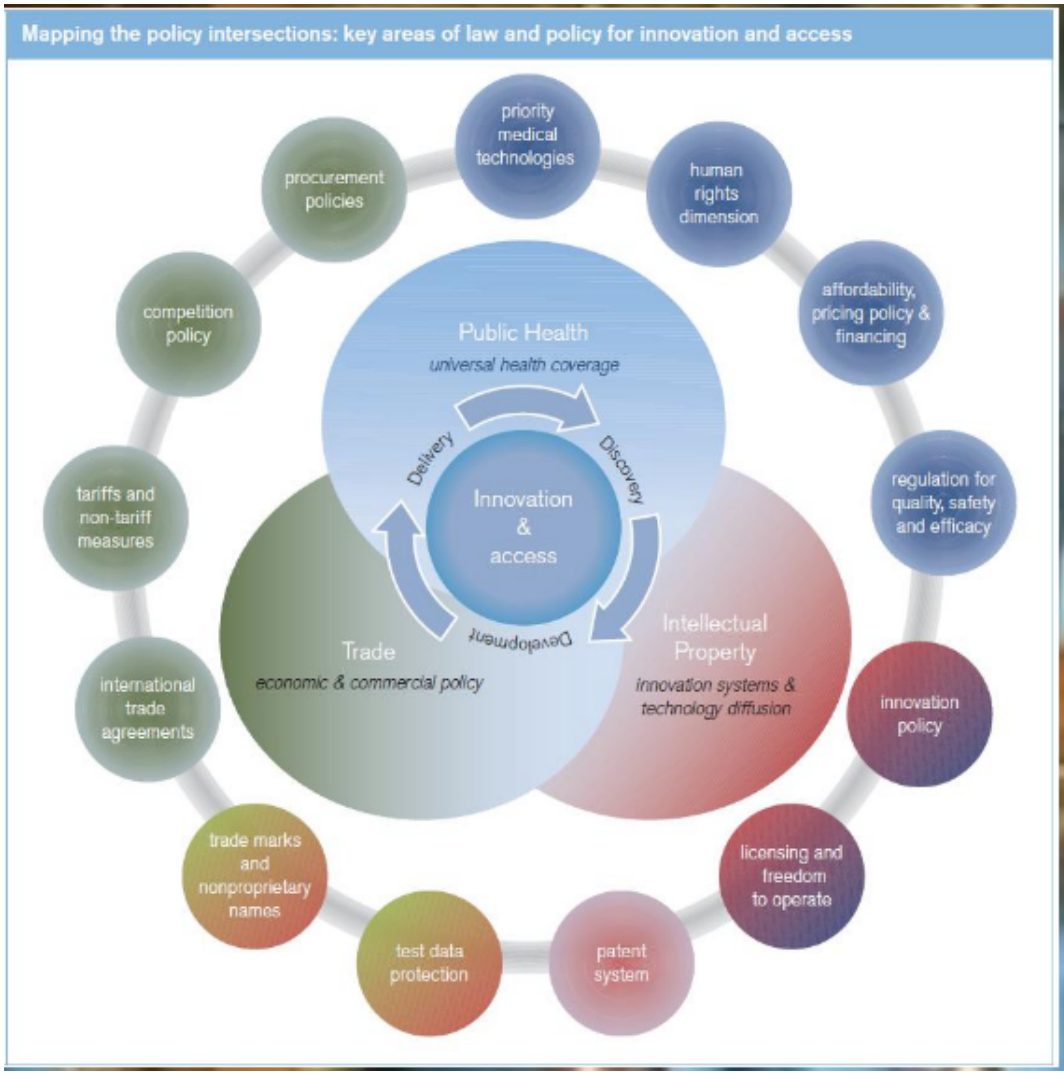


SPS Notifications 2015



Less than 0.25% of Notifications give right to STCs


SCP 27 sharing session:
availability of generic medicines
in developing countries & LDCs


Mapping the policy intersections: key areas of law and policy for innovation and access
priority medical technologies
human rights dimension
affordability, pricing policy & financing
regulation for quality, safety and efficacy
innovation policy
licensing and freedom to operate
patent system
test data protection
trade marks and nonproprietary names
international trade agreements
tariffs and non-tariff measures
competition policy
procurement policies
Public Health
universal health coverage
Delivery
Discovery
Development
Innovation & access
Trade
economic & commercial policy
Intellectual Property
innovation systems & technology diffusion


SCP 27 sharing session:
availability of generic medicines
in developing countries & LDCs