

PATENTABILITY OF LIFE-SAVING DRUGS: A CONSTITUTIONAL PERSPECTIVE

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Abstract

Millions of individuals, mostly in third world nations, lack access to life-saving medications. There is limited evidence that intellectual property rights and patent protection systems have aided research, development, and innovation in third world nations. How can society safeguard public health from unrestrained private markets when trade and commerce rules supersede the human right to life-saving medications? Patent protection and access to life-saving drugs have been the highly debated issue amidst the wake of the novel coronavirus since 2020. The lack of access to life-saving drugs, on the one hand, and the interests of the drug manufacturers and financial agencies who believe patents could provide a decent return on investments have posed a considerable threat to the right to life of citizens across the globe. The imbalance between the lack of access to life-saving drugs and their patentability has posed a threat to humanity, especially to developing countries. Although the right to health has not been mentioned explicitly under the Constitution of India, yet Supreme Court, through a plethora of cases, have included the aspect of the right to health under the right to life and liberty under Article 21 of the Constitution of India.

In light of the above interplay, this paper seeks to look into how human rights could be protected by easy access to life-saving drugs for the citizens of a third-world country like India. Moreover, a plausible and amicable solution is sought through the study to maintain the production and distribution of those drugs for easy access to the people, taking into consideration the costs of those medicines as well.

Keywords: Life-saving drugs, patent protection, right to health, intellectual property, Indian Constitution.

1. Introduction

"The idea of a better-ordered world is one in which medical discoveries will be free of patents and there will be no profiteering from life and death."
Mrs. Indira Gandhi¹

The learning of jurisprudence should not be limited to the blindfold study of various aspects and theories related to the manifold concepts like justice, equity, rights and liabilities, etc. without focusing on the applicability and implacability of these concepts into the real world. Indeed, the paramount task of a law researcher is to thoroughly examine and analyse the implications and applications of legal concepts and principles in the context of the present-day world. This involves a multifaceted approach that combines historical understanding, theoretical perspectives and contemporary realities.

The recent controversies in the World Trade Organisation (WTO) with regard to the applicability of the agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS Agreement), there has been a situation of direct confrontation between the developed nations, forming one group and the developing countries and the least developed countries (LDCs) forming the opposite group that stands against them. The large-scale differences between the developed countries and the least developed countries on the aspects of economics, market share and technological advancement has resulted in the ever-widening gap on the point of implementation of the TRIPS agreement on a global level.

If we see the jurisprudential aspect, the issue here is whether to give predilection to the individual's rights or to the benefits of the general public at large. The individual right at stake here are the intellectual property rights of those pharmaceutical companies who are manufacturing the life-saving drugs and the benefit of the general public as a cause of social welfare to have an easy access to the life-saving drugs at an affordable pricing.

The availability of affordable medicine has always been a topic of concern that has garnered more importance during the global pandemic caused by Covid-19. The pandemic lead to a medical emergency all over the world that caused a great loss of lives and resources throughout the globe. There has also been a substantial inability of the developing countries and the least developed countries to provide sufficient access to essential medicines and life-saving drugs.

¹ Indira Gandhi, Former Prime Minister, (World Health Assembly, 1982)

In the recent years, this has become a significant issue for the developed countries also. The most developed nations around the world, the wealthiest of them have also been facing problems related to soaring high prices of the medicines in their countries. The rising prices of the drugs has also pressurized the national governments in aspects of healthcare budgets which has in turn forced these countries to have relook on their policies especially in the field of medicines and the research associated with it.

The issue of access to affordable medicines originates from an un-structured and unregulated system of innovation and research in the medical field and its access by the common people in times of distress. In theoretical aspects, the comprehensive system of innovation in medical science aim to create and conserve an intricate balance between the two vital stakeholders i.e., the interests of the pharmaceutical companies on the one hand and the welfare of the people at large. The aim is to devise a structure and create a balance between, on one hand, the rights of the innovators, who are involved in research and development in the field of medical science by developing new medicines imbibing latest technological advancement in the field, and on the other hand, public welfare by making the general public access to the effective, essential and life-saving drugs for the patient and the same should be available in an affordable manner and should be provided on appropriate time.

The life of a person depends so much on medicines. The expenditure made by an average individual on medical expenses has increased by a substantial amount in the preceding years. There can be multi-fold reasons for the over-dependency of people on medicines. However, two striking reasons can be: Firstly, individuals are more prone to diseases and changing lifestyles and patterns of living conditions. Secondly, advancements in medical science and technology can now cure the majority of the ailments the general population suffers, which were incurable till recent times.

The Indian Constitution is considered one of the largest written Constitutions in the world, where a significant focus has been laid down on Part III, i.e., the Fundamental Rights. The Right to Health is a fundamental right guaranteed by the Constitution of India. The right to life which has been enshrined under Article 21, includes the right to life and personal liberty, i.e., the right to live with human dignity, which does not mean a mere animal existence¹. The advancement of science and technology gave rise to various issues like patenting of lifesaving drugs and its impact on public health. The development led to the rapid growth of multinational corporations in India. These pharmaceutical companies, considering the largest economic interest, started filing applications for granting drug patents. The process of patenting a lifesaving drug directly affects the health of people at large. The Supreme Court of India is the ultimate interpreter of the law. The India Patent Act 1970, as amended in 2005, is one of the legislations in the area of Intellectual Property Rights. So far as patentability is concerned, the Indian Patent Act 1970, as amended by 2005, is relevant when granting a patent. One of the significant amendments in 2005 deals with a unique prerequisite to be fulfilled for the patentability of pharmaceutical inventions.

2. Concept of Life-saving Drugs

Drugs or medicines play a crucial role in healthcare provision and thus help achieve a welfare state's goal. In the pharmaceuticals sector, drugs or medicines are classified into two categories depending upon their effects and the quantum of relief they provide – life-saving drugs and generic drugs.

Life-saving drugs generally mean a drug or such medicines which are used in an emergency and save someone's life². They were defined by the Drugs Bank in 2017 as: *"Life-Saving Drugs are those drugs which save lives in case of Emergency. Also, these drugs have the capability to hold life or prevent further damage and complications. These drugs are used in emergency situations, the intensive care unit. These drugs help patients close to life"*. These medications are used to treat specific emergency situations, such as *"severe bleeding, hypertensive emergency, Myocardial Infraction (MI), respiratory failure, anaphylactic shock, status epilepticus, peripheral respiratory collapse, hypoglycemia, severe angina attack, pain relief in emergency rescue situations, acute asthmatic attack, anti-snake venom injection, rabies vaccine, and tetanus toxoid injection"*³.

The World Health Organisation (WHO) has defined life-saving medicines as *"priority medicines that help in improving health, saving lives, and having the biggest impact on reducing morbidity and mortality"*. The Essential Medicines List (EML) and WHO treatment recommendations cover all life-saving medications, with the exception of a few pharmaceuticals that are prioritised for use in all healthcare systems⁴.

Such drugs are special medicines that must be administered in an emergency to save the patient's life. Vardhman Health Specialities Pvt. Ltd., a WHO-certified distribution company, defines Life-saving drugs as *"Emergency drugs which require immediate administration, within minutes, post or during any medical emergency or the medicines which have the potential to sustain life or prevent further complications"*⁵.

The Pre-Hospital Emergency Care Council (PHECC)⁶, Ireland, also defines life-saving drugs and helps educate the general population regarding using such medicines in emergencies. Taking inspiration from global stakeholders, the Department of Health and Family Welfare under the Ministry of Health and Family Welfare issues the National List of Essential Medicines (NLEM)⁷. It updates it from time to time so that the concerned authorities should stock up as per the needs and requirements of such medicines. In September 2022, the department issued a list of 384 medicines under NLEM, which included cardiovascular medicines, anti-cancer agents, anti-allergic medicines, dialysis components, hormones and endocrine medicines and medicines for respiratory tract etc.

¹ See Jain, Prof. M. P., "Indian Constitutional law", Lexis Nexis, Gurgaon, 8th Ed. 2018.

² Collins Dictionary. Definition, Thesaurus and Translations [Internet]. Collinsdictionary.com. 2019. <https://bit.ly/2Lk3ZsB>

³ Life Saving Drugs – Drugs Bank [Internet]. Drugs Bank. 2019. <https://bit.ly/2LugWk>.

⁴ Priority life-saving medicines for women and children 2012. World Health Organization. 2012. <https://bit.ly/35eG1WC>.

⁵ Vardhman Health Specialities Pvt. Ltd. Available at <https://vardhmanhealth.com/life-saving-medicines/>

⁶ Emergency Life Saving medicines and PHECC'S role in educating the public to use those medicines, available at https://www.phccit.ie/PHECC/Publications_and_Resources/Newsletters/Newsletter_Itmes/2016_Summer/Emergency_life-saving_medicines.aspx

⁷ National List of Essential Medicines (NLEM), 2002 available at <https://main.mohfw.gov.in/newshighlights-104>

Medicines used commonly for treating general ailments are kept out of the purview of life-saving drugs. This includes medicines and prescriptions we use to cure bodily pain and other associated problems. These medicines are generally used to relieve the symptoms, such as antibiotics, anti-bacterial, analgesics, antacids etc.

3. The Interplay between the Right of the People to Access to Medicines and the Right of the Inventors to claim Patent over their Inventions

Human rights and patents over life-saving drugs are two critical issues that intersect in complex ways. On the one hand, human rights include the right to life and access to necessary medical treatments, which would seem to argue for making life-saving drugs as widely available as possible. On the other hand, patents are intended to encourage innovation and the development of new drugs by providing companies with a financial incentive to invest in research and development.

The pharmaceutical companies who have acquired the patents of a particular drug manufacture the medicines as per the requirements. Since it is a patented drug, not everyone can indulge in the manufacturing process of the same medicines. The quantity of the medicine is less, whereas the demand is high, which leads to the exorbitant price rise of the medicines. The exorbitant costs associated with essential medications render them inaccessible to impoverished individuals and populations lacking the financial resources necessary to afford such steep prices. The issue at hand poses significant challenges in developing nations, as their healthcare infrastructure often lacks the financial capacity to accommodate the exorbitant costs associated with patented pharmaceuticals. In certain instances, this phenomenon can result in fatalities as individuals are rendered incapable of obtaining the necessary medical interventions.

An additional concern pertains to the potential restriction imposed by patents on the capacity of other companies to manufacture generic iterations of a pharmaceutical product, thereby facilitating price reduction. Additionally, the presence of these barriers can potentially restrict the accessibility of a pharmaceutical product, as it may result in a reduced number of manufacturers involved in its production.

Notwithstanding these concerns, it is noteworthy to acknowledge that patents can also serve as a crucial catalyst for fostering innovation. The absence of drug patenting may potentially diminish the financial motivations for pharmaceutical companies to allocate resources towards the costly research and development endeavours necessary for the introduction of novel drugs into the market.

Meanwhile, it is imperative to safeguard the rights of pharmaceutical companies and their prerogative to engage in trade and commerce. Simultaneously, it is imperative to acknowledge the entitlement to healthcare for patients and individuals requiring assistance.

The state bears the responsibility of safeguarding the fundamental rights of its populace, encompassing the entitlement to life and the provision of essential medical interventions. Simultaneously, it is incumbent upon the state to foster advancements and originality within the pharmaceutical sector, given its indispensable role in the progression of novel and enhanced therapeutic interventions for diverse ailments.

Navigating the tension between these two obligations can pose difficulties, given that the existence of patents on life-saving medications may result in exorbitant pricing, rendering these drugs inaccessible to a significant portion of the population, particularly in less economically developed nations. The exorbitant costs associated with these treatments may impede individuals' ability to obtain life-saving interventions, thereby infringing upon the basic entitlements of the populace.

4. Right to Health in India

The right to health is recognized as a fundamental human right under international law, and it is also protected under the Indian Constitution.

The right to health was gradually recognised as an intrinsic part of the modern fundamental rights and finds its mention in the Constitution of the World Health Organisation as early as in 1946. The same was then conceived by various treaties of national and international level and became a part of number of declarations. The International Covenant on Economic, Social, and Cultural Rights (ICESCR) under its Article 12 provides an authoritative interpretation on right to health which was subsequently ratified by nine of the eleven Member States of South-East Asian Region (SEAR)¹. The member states who subscribe to the treaty by any of the modes i.e., by ratification, accession or succession are required to take affirmative actions for the fulfilment of the rights by everyone falling under their jurisdiction. The national governments being signatories to such treaties can mandate the right to health with the help of their national legislations.

Constitutions are regarded as the supreme document which are placed at the highest possible level in any nation. If there is any disagreement or dispute between the constitution and any other law, the former is always given precedence. Consequently, when right to health is included in the Constitutional provisions of a country, it paves the way for the realisation of that right in a much practical sense. Thus, for the recognition of health-related human rights, it is essential that right to health finds its place in the Constitutions around the world.²

¹ ICESCR (1966) has been ratified by Bangladesh, DPR Korea, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand and Timor-Leste. Bhutan has signed, but not yet ratified the ICESCR. Myanmar is not a member.

² Mulumba M, Kabanda D, Nassuna V. Constitutional provisions for the right to health in east and southern Africa. Centre for Health, Human Rights and Development, CEHURD, in the Regional Network for Equity in Health in East and Southern Africa. EQUINET Discussion Paper 81, April 2010, <http://www.equinetfrica.org/bibl/docs/Diss81%20ESAconstitution.pdf>: p.1

According to the World Health Organization (WHO), “health is a state of complete physical, mental and social well-being and not merely the absence of disease”. The WHO goes on to clarify that it is the state’s legal obligation to ensure uniform access to “timely, acceptable, and affordable health care of appropriate quality as well as to provide for the underlying determinants of health, such as safe and potable water, sanitation, food, housing, health-related information and education, and gender equality” to all its people.

The Universal Declaration of Human Rights (UDHR), 1948 also enumerates provision for the advancement of health under Article 25 which provides the right to standard living and adequate facilities for health and well-being for humans including food, clothing, housing and medical care. It says, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”¹.

In India, the right to health is considered to be an integral part of the right to life, which is protected under Article 21 of the Constitution. Besides Art. 21, enshrined in Chapter IV of the Constitution of India, the Directive Principles of State Policy (DPSP) are a set of directives for the state and its authorities to carry out the development of the country with the welfare of the common people in mind. A number of clauses in the DPSP require the government to take appropriate actions for the welfare of the people.

Apart from the DPSPs, there are certain health-related provisions which are placed under 11th and 12th Schedules which falls under the purview of Panchayats and Municipalities respectively. These health-related provisions includes the responsibility of the government to provide clean drinking water, healthcare and sanitation facilities (which includes hospitals, primary health care units and dispensaries), family welfare and its promotion, advancement of women and children and promotion of overall social welfare.

The right to health is not explicitly recognized in the Indian Constitution under Fundamental Rights i.e., Part III. However, the judiciary through its broader judicial interpretation has been successful in integrating it under the purview of right to life and personal liberty as an extended interpretation of Article 21 and with the course of time, right to health has now become an intrinsic aspect of Right to Life.

The contribution of the Indian Supreme Court in preserving the health of the common public is indeed a notable fact. On various occasion, the Hon’ble Supreme Court has reiterated that the term “Life” in Article 21 is not to be construed as simple survival or mere animal existence but it refers to a life which comes with human dignity². Within its broad purview, right to life includes the right to livelihood, improved quality of living, safe, secure and clean working conditions and the also the right to leisure. Thus, right to health becomes an intrinsic and unavoidable component of life with dignity. Therefore, Article 21 should always be read in consonance with the above mentioned directive principles which guides the state to fully comprehend the duties of a welfare state.

In *Bandhua Mukti Morcha*³, the court ordered the government to take measures to prevent the practice of bonded labour, compensate the affected individuals and provide access to basic healthcare services to the bonded laborers. The same view as above was reiterated by the apex court in a different way in *Katara*⁴, wherein it was held that every doctor, whether employed by the government or not, has a professional duty to safeguard the patient's life via his services. In the case of *Vincent Panikurlangara*⁵, the Court emphasised the significance of prioritising the maintenance and enhancement of public health. The Court recognised that public health is crucial for the survival of the community and plays a vital role in the realisation of the societal goals envisioned by the framers of the Constitution. Thereafter in the case of *Consumer Education and Research Centre v. Union of India*⁶, the court was of the view that the state is responsible for ensuring that the healthcare services provided to its citizens are of a reasonable standard. Similarly, in *Paschim Banga*⁷, the court took the stand that state has a constitutional obligation to take steps to ensure that the citizens of India have access to basic healthcare services. Furthermore, the Calcutta High Court has held that the freedom to engage in any profession, trade or employment should not be at the expense of safety, health and peace of the society⁸. Right to Health is an integral aspect of the Right to Life; consequently, Article 21 of the Constitution of India guarantees the right to health to every Indian citizen.

The aforementioned judgements have played a significant role in the legal evolution of acknowledging the right to health as a fundamental component of the right to life as stipulated in Article 21 of the Constitution. Although the Supreme Court has not explicitly created a distinct "Fundamental Right to Health," its rulings have effectively broadened the purview of Article 21 to include the right to health and the availability of medical care as integral components of the right to life with dignity. It is important to acknowledge that this interpretation has the potential to undergo further evolution as a result of future judicial decisions and advancements in the legal field. In light of the above, it can be rightly said that the credit for the recognition of the right to health as a fundamental right goes to the Supreme Court of India.

5. Patenting of Life-saving Drugs: The Legal Dimension

The patenting of life-saving drugs is a complex and multifaceted issue that involves legal, ethical, economic, and public health considerations. The legal dimension of patenting life-saving drugs involves striking a balance between the rights of

¹ Article 25, Universal Declaration of Human Rights, 1958. Available at <https://www.un.org/en/about-us/universal-declaration-of-human-rights#:~:text=Everyone%20has%20the%20right%20to%20a%20standard%20of%20living%20adequate,age%20or%20other%20lack%20of>

² *Francis Coralie Mullin vs The Administrator, Union Territory of Delhi* AIR 1981 SC 746. (India)

³ *Bandhua Mukti Morcha v. Union of India* AIR 1984 SC 812. (India)

⁴ *Parmanand Katara v. Union of India* AIR 1989 S.C. 2039. (India)

⁵ *Vincent Panikurlangara v. Union of India*, AIR 1987 SC 990. (India)

⁶ AIR 1995 SC 922. (India)

⁷ *Paschim Banga Khet Mazoor Samity v. State of West Bengal* (1996) 4 SCC 37. (India)

⁸ *Burrabazar Fire Works Dealers Association and Others v. Commissioner of Police, Calcutta* AIR 1998 Cal. 121. (India)

pharmaceutical companies to protect their intellectual property and the need to ensure affordable access to essential medications for patients.

One of the major challenges in patenting life-saving drugs is ensuring access to these medications for those who need them. Patents can lead to monopolies that result in high drug prices, making essential treatments unaffordable for many patients, especially in developing countries. To address the issue of high drug prices and promote access to essential medicines, some countries, including India, have provisions for compulsory licensing. This allows the government to authorize the production of a patented drug by a third party, even without the patent holder's consent, in exchange for payment of royalties. This mechanism aims to ensure the availability of affordable generic versions of life-saving drugs.

Access to essential medicines may constitute a fundamental human right in certain countries. Such countries often balance their obligations under international intellectual property agreements with their responsibilities to promote public health and provide access to vital medications. Some pharmaceutical companies engage in practices known as "evergreening," where they make minor modifications to existing drugs in order to extend their patent protection. This can hinder the entry of generic competitors and maintain high drug prices. Various global health initiatives, such as the Medicines Patent Pool and UNITAID, work to increase access to life-saving medicines in low- and middle-income countries by negotiating licenses and agreements with patent holders.

The legal dimension of patenting life-saving drugs is a dynamic and evolving area of law, influenced by international agreements, domestic legislation, court decisions, and public policy considerations. Balancing innovation incentives for pharmaceutical companies with the imperative of providing affordable and accessible medicines for public health remains a challenge that requires ongoing attention and deliberation.

The laws pertaining to the patenting of life-saving pharmaceuticals varies across different nations. However, their primary objective is usually to achieve a harmonious equilibrium between safeguarding the intellectual property rights of inventors and facilitating easy accessibility of life-saving medications.

The Patent Act of 1952, enacted in the United States, provides patent protection for novel, useful, and non-obvious inventions, which encompasses newly developed drugs. The grant of a patent confers upon its recipient the sole and exclusive right to manufacture, utilise, and distribute the invention for a specified duration, generally lasting 20 years starting from the date of filing. Nevertheless, there exist specific exemptions to this principle, particularly in cases involving drugs that serve the public welfare.

The European Patent Convention (EPC) in Europe facilitates the issuance of patents for various inventions, encompassing novel pharmaceutical compounds. According to the European Patent Convention (EPC), patents are provided with protection for a duration of 20 years starting from the filing date. The European Union (EU) has implemented regulations with the objective of safeguarding access to essential medicines by mitigating potential hindrances posed by pharmaceutical patents.

The Patents Act of 1970, which was subsequently amended in 2005, establishes the legal framework in India for the issuance of patents pertaining to novel and inventive pharmaceutical products. According to the legal framework in India, patents are bestowed for a duration of 20 years commencing from the date of filing. Nevertheless, the Indian government possesses the authority to grant "compulsory licences" on patents, thereby enabling generic manufacturers to manufacture and distribute a patented product without the permission of the patent holder. This measure is implemented with the aim of enhancing the availability of essential medicines.

In most countries, the legal framework regarding the patenting of pharmaceuticals that possess life-saving attributes also includes provisions for the enforcement of compulsory licences. The government grants these licences in situations where a patented medication is determined to be in the public interest. Furthermore, these legislations include provisions regarding the enforcement of government use licences, which confer upon the government the power to employ a patented innovation under specific circumstances, such as in the event of a public health crisis, without necessitating the approval of the patent proprietor.

The legislation concerning the patenting of life-saving pharmaceuticals aims to strike a balance between protecting the intellectual property rights of innovators and ensuring the accessibility of essential medications. The objective is accomplished by instituting time-limited exclusive rights, along with specific exemptions and restrictions, such as the introduction of compulsory licences, to ensure the accessibility of vital pharmaceutical products.

6. Conclusion

The complex relationship between human rights and patents in the context of life-saving pharmaceuticals gives rise to a multifaceted and intricate dynamic that lacks a simple and definitive solution. However, governments and other entities have the ability to implement a range of strategies in order to ensure that individuals have access to essential treatments, while also promoting innovation.

One potential approach entails utilising government procurement policies as a mechanism to facilitate negotiations aimed at obtaining lower drug prices. The implementation of this solution holds promise in improving the accessibility and affordability of critical medical interventions for individuals living in developing countries. Moreover, it is important to acknowledge that governments possess the capability to allocate resources towards research and development initiatives with the objective of generating innovative pharmaceuticals. The implementation of this proactive approach has the potential to enhance the accessibility and cost-effectiveness of emerging treatments on a large scale. The aforementioned development holds promise in improving the accessibility and affordability of crucial medical interventions for individuals residing in developing countries. Moreover, it is important to acknowledge that governments possess the capability to allocate resources towards research and

development initiatives with the objective of generating innovative pharmaceuticals. The implementation of this proactive approach has the potential to enhance the provision of fair and equal access to emerging treatments for a wider demographic.

An alternative approach entails the utilisation of licencing agreements to grant authorization to other companies for the production of generic pharmaceuticals, thus enabling a decrease in prices. The utilisation of this approach has the potential to generate substantial advantages in developing countries characterised by a scarcity of competition within the pharmaceutical sector. Moreover, the implementation of a tiered pricing system is a viable approach to promote equitable access to pharmaceuticals in developing countries. This practise allows companies to employ variable pricing strategies for a specific pharmaceutical product in different countries, based on the income levels of their respective populations. This approach has the potential to improve the availability of pharmaceuticals for individuals living in developed nations, while simultaneously increasing affordability for individuals living in developing nations. Moreover, countries possess the ability to create a structure for issuing compulsory licences for patented pharmaceuticals during times of public health crises, or to acquire more cost-effective alternatives of patented medications from other countries. This measure has the potential to enhance the availability of life-saving treatments for individuals, irrespective of the presence of patent protection. Maintaining a harmonious equilibrium between promoting innovation and ensuring fair accessibility to life-saving treatments is of utmost importance. By embracing a multifaceted viewpoint, one can strive towards attaining a balanced state of harmony between these two prominent goals.

In a nutshell it is crucial to achieve a balanced and harmonious equilibrium between safeguarding patents for pharmaceuticals that save lives and ensuring the fundamental right to access these medications. This will ultimately guarantee the universal availability of essential treatments. The achievement of this equilibrium can be facilitated through the utilisation of diverse strategies, encompassing government procurement, licencing agreements, tiered pricing, and compulsory licences, among others.

“In today’s world, it is short-sighted to think that infectious diseases cannot cross borders. By allowing developing countries access to generic drugs, we not only improve health in those nations, we also help ourselves control these debilitating and often deadly diseases” –

Ron Wyden