

**Imperial College Union  
Imperial College Union Stance on Access to Medicines**

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**Imperial College Union notes:**

1. 10 million people die every year from treatable diseases and one third of the world's population lack access to essential medicines.<sup>1</sup>
2. Research funding is spent disproportionately to the global burden of disease where neglected diseases are overlooked.<sup>2</sup>
3. Universities are an important source of new medicines, vaccines and drug targets.<sup>3</sup>
4. Imperial College London develops and patents important healthcare-related technologies, which are licensed to members of the pharmaceutical industry for development.<sup>4</sup>
5. It is important that Imperial College clinical trial results are published quickly and fully to form the evidence-base for clinicians.
6. Universities have had important roles in increasing access to essential medicines by implementing global access licensing.
7. Many universities are now implementing global access licensing policies, including Oxford, Harvard and Yale, and have not seen a negative impact on licensing or profits.<sup>5</sup>
8. Non-exclusive licensing of intellectual property helps to ensure public benefit.
9. Generic pharmaceutical production has been shown to be the most effective way of ensuring access by driving down prices as a result of competition.<sup>6</sup>
10. Technology transfer offices (TTOs) are in a privileged position in having exclusive access to the intellectual property of a university.

**Imperial College Union believes:**

1. The products of publicly funded research should be made available to all.
2. Research value should be measured on the impact it makes on society.
3. Clinical trial results should be made publicly available in a timely manner.
4. Imperial College students should be encouraged to learn about and consider a research career in the field of neglected diseases.
5. Teaching on global health equity should take place earlier in the medical curriculum and that of other relevant life sciences.
6. Researchers working on health technologies should be educated about global access principles and be aware of mechanisms to make their own research accessible.

**Imperial College Union resolves:**

1. To actively campaign for Imperial College London to sign onto the Equitable Technologies Access Framework as published by the international student-led organisation Universities Allied for Essential Medicines under the guidance of various experts.<sup>7</sup>
2. To encourage the timely publication of clinical trial results to relevant public databases.
3. To support inclusion of neglected diseases topics on all relevant course curriculums, particularly those in the Department of Life Sciences and Faculty of Medicine and to encourage UROP projects on NTDs.
4. To encourage the education of health technology researchers about global health equity and access to medicines.
5. To facilitate the incorporation of global access licensing frameworks into research design and distribution.
6. To encourage discourse between Imperial College London TTO and interested student groups or other non-governmental organisations regarding licensing practices and policies.

**With regards to COVID-19:**

**Imperial College Union believes:**

1. The global risk to health and wellbeing posed by COVID-19 must be mitigated through equitable access worldwide to COVID-19 health technologies.
2. COVID-19 health technologies, including new vaccines, tests and treatments, developed by publicly-funded research institutes, including Imperial College London, should be transparently transferred to any secondary parties, with efforts made by the TTO to ensure equity in global pricing.

**Imperial College Union resolves**

1. To actively campaign for Imperial College London to sign the COVID-19 Equitable Technologies Access Framework as published by the international student-led organisation Universities Allied for Essential Medicines under the guidance of various experts.

**References**

<sup>1</sup>[http://whqlibdoc.who.int/hq/2004/WHO\\_EDM\\_2004.4.pdf](http://whqlibdoc.who.int/hq/2004/WHO_EDM_2004.4.pdf)

<sup>2</sup>[http://www.who.int/phi/CEWG\\_Report\\_5\\_April\\_2012.pdf](http://www.who.int/phi/CEWG_Report_5_April_2012.pdf), page 24

<sup>3</sup><https://pubmed.ncbi.nlm.nih.gov/30231735/>

<sup>4</sup><https://www.imperial.ac.uk/enterprise/business/industry-partnerships-and-commercialisation/technology-licensing/>

<sup>5</sup> <https://researchsupport.admin.ox.ac.uk/policy/oxford/medicines>

<sup>6</sup><https://www.who.int/bulletin/volumes/87/7/08-058925/en/>

<sup>7</sup>[https://d3n8a8pro7vhmx.cloudfront.net/uaem/pages/1175/attachments/original/1596472563/UAEM\\_Equitable\\_Technology\\_Access\\_Framework.pdf?1596472563](https://d3n8a8pro7vhmx.cloudfront.net/uaem/pages/1175/attachments/original/1596472563/UAEM_Equitable_Technology_Access_Framework.pdf?1596472563)