

21st October 2015

Ambassador Michael Froman
United States Trade Representative
600 17th Street N.W.
Washington, D.C. 20508

Ambassador Michael Punke
Permanent Representative to the WTO
Geneva

Dear Ambassadors,

We are shocked and outraged that the United States, a rich and powerful nation, has offered a paltry 10-year duration to the world's poorest nations to address their severe need for access to affordable medicines.

This offer is unconscionable given the widespread poverty and suffering in LDCs, the majority of which are in sub-Saharan Africa, their economic vulnerability, and their enormous public health needs.

According to the UN, more than 70 per cent of the LDC population lives on less than US\$2 per day and an estimated 252 million people live in hunger. The WTO website states: "Least-developed countries (LDCs) are the poorest members of the world community. They comprise about 12 per cent of the world's population but account for less than 2 per cent of world GDP and about 1 per cent of global trade in goods. Their participation in global trade in services is even less." In 2013, LDCs' trade deficit stood at a staggering deficit of US\$60.6 billion. At the same time, LDCs' population growth is projected to double to 1.7 billion by 2050.¹ Clearly LDCs are now at a critical stage of development whereby population growth is high, and the socio-economic challenges are massive.

LDCs also disproportionately suffer health risks associated with poverty such as malnutrition, unsafe water and poor sanitation. About 50% of their population's health expenditure is also out of pocket.

The 2001 Doha Declaration on Public Health and TRIPS sought to ensure access to affordable treatment, allowing for the scaling up of HIV/AIDS treatment, but the treatment gap remains massive. For example in Uganda only 22% of children (0-14) and 40% of adults living with HIV are receiving ARVs while in Tanzania only 16% of children and 41% of adults living with HIV are receiving ARVs². Overall at the end of 2013, 63% of the 10.7 million people living with HIV in LDCs did not have access to ARV therapy. Failing to take prompt action to expand current treatment coverage will most definitely result in a rise in new HIV infections and the number of AIDS-related deaths. A similar significant need exists to address non-communicable diseases.

The 10-year offer by the US is also unjustified considering the almost universal support the LDCs' request has received. Except for the US, other WTO members have acknowledged the urgent needs of LDCs and are willing to accord LDCs a pharmaceutical transition period until they cease to be LDCs. Civil society from across the global and international UN and other agencies have also chimed in with their unequivocal support. In 2012, the Global Commission on HIV and Law has also recommended "WTO Members must indefinitely

¹ See <http://www.un.org/esa/population/publications/wpp2008/pressrelease.pdf>

² See UNAIDS, "The Gap Report" available at

http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf

extend the exemption for LDCs from the application of TRIPS provisions in the case of pharmaceutical products”.

A short limited transition period of 10 years creates an uncertain environment for the producers of affordable medicines, procurement agencies, donors, and LDC governments that rely on the pharmaceutical transition period to produce, procure, and import affordable medicines. This jeopardizes the health of people and communities within LDCs, with especially adverse consequences for the scaling up of HIV/AIDS treatment. A short time frame also does not allow LDCs to fully utilize the transition period as the process of amending national laws is a long-term process and LDCs will not amend their laws for a short time frame.

Further, in the 20 years since the TRIPS Agreement, the socio-economic conditions in LDCs have not improved significantly (and may have actually worsened) and the public health need is even greater. The 2014 UNCTAD (United Nations Conference on Trade and Development) LDC Report points out that, “As for LDCs, the unfavorable external environment, exacerbated by the stagnation of ODA (Official Development Assistance) flows and a widening external resource gap, are likely to jeopardize their economic growth”. It states further that, “A less favourable external environment coupled with LDCs’ weaker growth performance suggests that achieving the Sustainable Development Goals (SDGs) is likely to become more difficult”.

This shows that a short time frame of 10 years or 15, 20 or even 25 years is simply inadequate. LDCs cannot deal with the increasing communicable and non-communicable disease burden without the assurance of continuous availability of generic medicines. Moreover, it is unreasonable for the US to burden severely impoverished and vulnerable LDCs by requiring them to repeatedly seek extensions.

The US administration is a major contributor to health programmes in LDCs. In 2014, the US topped the list of donors to the Global Fund on HIV/AIDS, TB and Malaria. The US President’s Emergency Plan for AIDs relief (PEPFAR) is also heavily dependent on affordable generics to implement their treatment programmes in LDCs.

Consistent with that position, we appeal to you to not gamble with the lives of one billion people living in LDCs. We urge you to immediately express your full and unconditional support for LDCs’ request for a pharmaceutical transition period for as long as they remain LDCs.

In making this request, we are mindful that both of you have been successful in the private sector before joining the government, and that you both may move on from your positions at USTR to rejoin the private sector, or take some other post, in the not too distant future. **Please consider that if in the last year of the Obama Administration your legacy is to block a permanent waiver of drug patent rules for LDCs, while you have in your power the ability to protect poor people, then you will be remembered as having taken a decision that only makes living in LDCs more at risk for lacking access to basic health care needs.**

CC

Michele Lee, USTR

George York, USTR

Shira Perlmutter, USTR

Emily Bleimund, HHS

SIGNATORIES

International and Regional NGOs
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1.	LDC Watch	A global alliance of national, regional and international civil society organisations (CSOs), networks and movements based in the LDCs and supported by civil society from development partner countries.
2.	Agency for Cooperation and Research in Development (ACORD)	A pan african organisation working for social justice and development in Africa in 17 countries including in Angola, Burkina Faso, Burundi, Central African Republic, Chad, Congo DR, Guinea, Mali, Mozambique, Rwanda, Tanzania and Uganda.
3.	ACP Civil Society Forum	Represents organizations in Africa, the Caribbean and the Pacific Islands
4.	AIDS Accountability International	An independent research and advocacy think tank holding leaders accountable for the commitments they have made to respond to health needs. With global reach and an African focus.
5.	Asia Pacific network of people living with HIV (APN+).	A network of member organizations in 30 Asia-Pacific countries including in Cambodia, Myanmar, Lao, Nepal and Vanuatu.
6.	East African Health Platform (EAHP)	An advocacy forum of private sector organizations, civil society organizations, faith based organizations and other interest groups working on health in East Africa.
7.	Eastern Africa National Networks of AIDS Service Organization (EANNASO)	A regional network of 8 national networks of AIDS Service Organizations in 7 countries (Burundi, Ethiopia, Kenya, Rwanda, Sudan, Tanzania mainland, Zanzibar and Uganda).
8.	Pan African Treatment Access Movement (PATAM)	Works to scale up HIV/AIDS treatment, care and support.
9.	Southern and East African Trade, Information and Negotiation Institute (SEATINI)	A regional non-governmental organisation founded in 1996 to strengthen capacity of stakeholders in Africa to better negotiate trade agreements and participate in trade processes in a way that improves livelihoods and sustainable development for the African continent
10.	South Asia Alliance for Poverty Eradication (SAAPE)	An alliance of journalists, academics, trade unionists, human rights activists, NGOs and other civil society actors to fight against poverty and injustice in South Asia.

National Organizations

11.	ADB International	Bangladesh
12.	Awaz, Dinajpur	Bangladesh
13.	Bangladesh Allied Health Tech. Association	Bangladesh
14.	Bangladesh Diploma Health Technology Association	Bangladesh
15.	Bangladesh Krishak Federation	Bangladesh
16.	Bangladesh Institute of Labour Study (BILS)	Bangladesh
17.	Bangladesh Bhumihin Somity	Bangladesh
18.	Bhasoman Nari Sramik Union	Bangladesh
19.	Bangladesh Sramik Federation	Bangladesh
20.	Banchte Shekha Nari	Bangladesh

21.	Bangladesh Water Dev. Staff-Employees Federation	Bangladesh
22.	CLEAN, Bangladesh	Bangladesh
23.	Development Synergy Institute	Bangladesh
24.	Diploma Nurses Association of Bangladesh	Bangladesh
25.	Equity and Justice Working Group Bangladesh (EquityBD)	Bangladesh
26.	Jatiyo Sramik Jote	Bangladesh
27.	Jago Bangladesh garments Sramik Federation	Bangladesh
28.	Jono Oddyan Kendro	Bangladesh
29.	Humanity Watch, Khulna	Bangladesh
30.	Mehenoti Garments Sromik	Bangladesh
31.	Nagorik Shanghati (Peoples Solidarity)	Bangladesh
32.	Online Knowledge Society	Bangladesh
33.	Readymade Garment Workers' Federation	Bangladesh
34.	Roads & Highway Labour Union	Bangladesh
35.	Trade Union Centre	Bangladesh
36.	Udayan Bangladesh	Bangladesh
37.	Unnyayan Dhara	Bangladesh
38.	Young Power in Social Action (YPSA)	Bangladesh
39.	Association Ned Laato	Burkina Faso
40.	Association Lafi La Viim (ALAVI)	Burkina Faso
41.	Association Responsabilité Espoir Vies Solidarité (REVS+)	Burkina Faso
42.	Vie Positive	Burkina Faso
43.	Association African Solidarité (AAS)	Burkina Faso
44.	Association Zeems Taaba (AZT)	Burkina Faso
45.	Association Lafi La Viim (ALAVI)	Burkina Faso
46.	Association des Elèves et Etudiants Burkinabé contre le SIDA (AEEBS)	Burkina Faso
47.	Association Yerêlon	Burkina Faso
48.	Association Yamwékéré	Burkina Faso
49.	Association des Elèves et Etudiants Musulmans (AEEMB)	Burkina Faso
50.	Union des Routiers Burkinabé de Lutte contre le SIDA (URBLS)	Burkina Faso
51.	SOS SIDA	Burkina Faso
52.	Le RAME (Réseau Accès aux médicaments essentiels)	Burkina Faso
53.	Cambodia network of positive people (cpn+)	Cambodia
54.	Call for Africa Development (CAD)	Lesotho
55.	Consumers Protection Association	Lesotho

56.	Development for Peace Education (DPE)	Lesotho
57.	Environmental Justice and Advocacy Centre (LEJAC)	Lesotho
58.	Patriot Vision in Action (PAVA)	Lesotho
59.	United Textile Employees (UNITE)	Lesotho
60.	Policy Analysis and Research Institute of Lesotho (PARIL)	Lesotho
61.	Myanmar positive group	Myanmar
62.	All Nepal Peasants Federation	Nepal
63.	All Nepal Women's Association	Nepal
64.	Beyond Beijing Committee, Nepal	Nepal
65.	Center for Socio-economic Research and Development	Nepal
66.	Child Workers in Nepal	Nepal
67.	Civic Concern Nepal Dalit Landless Peasants Association	Nepal
68.	Jagaran Nepal	Nepal
69.	National Youth Federation	Nepal
70.	National association of people living with HIV in Nepal (napn+).	Nepal
71.	NGO Federation of Nepal	Nepal
72.	Rural Reconstruction Nepal (RRN)	Nepal
73.	Youth Peasants Association	Nepal
74.	Universities Allied for Essential Medicines Nepal	Nepal
75.	Women Welfare Society	Nepal
76.	Rwanda Healthcare Federation	Rwanda
77.	Somali Organisation for Community Development Activities (SOCDA)	Somalia
78.	Community Empowerment for Progress Organization-CEPO	South Sudan
79.	Governance Links Tanzania	Tanzania
80.	Tanzania Network of Women living with HIV	Tanzania
81.	Tanzania Organization for Agricultural Development	Tanzania
82.	Worldview	The Gambia
83.	Coalition for Health Promotion and Social Development	Uganda
84.	Coalition of Health Promotions and Social Development Foods Rights Alliance	Uganda
85.	Center for Health Human Rights and Development	Uganda
86.	Center for Participatory Research and Development	Uganda
87.	Mariam Foundation	Uganda
88.	The Positive Men's Union	Uganda

89.	UHURU Institute	Uganda
90.	Uganda Network of Law, Ethics and HIV/ AIDS	Uganda
91.	Uganda Network of Young People Living with HIV	Uganda
92.	Uganda Network of AIDS Service Organizations	Uganda
93.	Uganda Harm Reduction Network (UHRN)	Uganda