

Date: 19 July 2013
Time: 9:30am-6:30pm
Venue: University of Sussex Conference Centre

For details of how to register please visit:

the 1990s, the incidence of *S. flexneri* has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported as the most common serotype in children with acute bacterial dysentery [11]. In the United Kingdom, *S. flexneri* has been reported as the most common serotype in children with acute bacterial dysentery [12].

There is a need to develop a vaccine against *S. flexneri* to protect children in the United Kingdom and other countries where the incidence of *S. flexneri* is high. The purpose of this study was to determine the serotypes of *S. flexneri* isolated from children with acute bacterial dysentery in the United Kingdom, and to determine the serotypes of *S. flexneri* isolated from children with acute bacterial dysentery in the United States.

MATERIALS AND METHODS

Study area

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9:30 -10:00	Arrival and registration					
10:00 – 10:15	Opening remarks					
10:15 – 11:15	Public Keynote Lecture: Eradication: the science and politics of a “world without AIDS” Professor Vinh-Kim Nguyen, University of Montreal Chair: Dr. Alvaro Bermejo, Executive Director of International HIV/AIDS Alliance and Board Member of the Global Fund					
11:15 – 12:45	Plenary Panel: Pharmaceuticals and Global Health: successes, challenges and outlook Dr. Manica Balasegaram, Executive Director of MSF’s Access Campaign Dr. Kalipso Chalkidou, Director, NICE International Thomas Cueni, Director-General, Interpharma Dr. Brian Tempest, former CEO of Ranbaxy, Chairman Hale & Tempest Co Ltd Dr. Krisantha Weerasuriya, Expert Committee on Selection and Use of Essential Medicines, World Health Organization					
12:45 – 1:45	Lunch					
1:45 – 3:15	Concurrent Panel Session: <table><tr><td>Panel 1 The Pharmaceutical Industry and Global Health: Emerging Models of Pharmaceutical Development and Production</td><td>Panel 2 The Ethics of Evidence: Challenges Related to Treatment in Low- and Middle-Income Countries</td><td>Panel 3 Designing Pharmaceutical Markets: Pharmaceuticalisation, Regulation and Global Health</td></tr></table>			Panel 1 The Pharmaceutical Industry and Global Health: Emerging Models of Pharmaceutical Development and Production	Panel 2 The Ethics of Evidence: Challenges Related to Treatment in Low- and Middle-Income Countries	Panel 3 Designing Pharmaceutical Markets: Pharmaceuticalisation, Regulation and Global Health
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3:15 – 3:45	Tea break					
3:45 – 5:15	Concurrent Panel Session: <table><tr><td>Panel 4 The Price of Life: Intellectual Property, Patents and Standards in Global Health</td><td>Panel 5 Medical Countermeasures: Pharmaceuticals, Antimicrobial Resistance and Global Health Security</td><td>Panel 6 Pharmaceutical Selves: Drugs, Research Subjects and Patients in Global Health</td></tr></table>			Panel 4 The Price of Life: Intellectual Property, Patents and Standards in Global Health	Panel 5 Medical Countermeasures: Pharmaceuticals, Antimicrobial Resistance and Global Health Security	Panel 6 Pharmaceutical Selves: Drugs, Research Subjects and Patients in Global Health
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5:15 – 5:30	Closing Comments					
5:30 – 6:30	Wine Reception					
6:30	End of conference					

Keynote speaker

Professor Vinh-Kim Nguyen

Medical anthropologist and HIV physician, Department of Social and Preventative Medicine at the University of Montreal. He is author of *The Republic of Therapy: Triage and Sovereignty in West Africa's Time of AIDS* (Duke University Press).

'Eradication: the science and politics of a "world without AIDS"'

Professor Vinh-Kim Nguyen is an HIV physician and medical anthropologist. As both a practitioner and researcher, he is concerned with the relationship between science, politics and practice in global health. Since 1994 he has worked extensively with community organisations responding to the HIV epidemic in West Africa as a trainer and physician. This informed his anthropological work on the global response to HIV with a concern for the forms of triage and sovereignty they embody. He continues to follow the evolving scientific and political response to HIV in his current work which focuses on molecular epidemiology, global health and social theory. He practices at the Clinique médicale l'Actuel and in the Emergency Department at the Jewish General Hospital in Montréal (Canada). He teaches at the Department of Social and Preventive Medicine at the University of Montreal, where he is Associate Professor, and recently established a Chair in Anthropology and Global Health at the College of Global Studies in Paris. He is the author of *The Republic of Therapy: Triage and Sovereignty in West Africa's Time of AIDS*; co-author, with Margaret Lock, of *An Anthropology of Biomedicine* and also the co-editor, with Jennifer Klot, of *The Fourth Wave: Violence, Gender, Culture, and HIV in the 21st Century*, as well as numerous articles in biomedical and anthropological journals.

Professor John Abraham King's College London

Dr Adamu Addissie School of Public Health, Addis Ababa University, Ethiopia

Professor Peter Aggleton National Centre in HIV Social Research, University of New South Wales

Dr Manica Balasegaram Executive Director,

Access Campaign, Médecins Sans 14tsvdrntinetotJ 0 -1.375 TD [(Social Research, University of New1C0s9isgnty

Keynote Chair

Dr. Alvaro Bermejo

Executive Director of International HIV/AIDS Alliance and Board Member, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

The Pharmaceutical Industry and Global Health: Emerging Models of Pharmaceutical Development and Production

Pharmaceutical companies have contributed significantly to global health, supplying over 1,200 new medicines in the last sixty years, many of which have played an important part in improving the health of people around the world. Producers of generic medicines have stimulated production

global health by making many drugs much more affordable. That is especially true in response to the HIV/AIDS pandemic in low- and middle-income countries, where generic drugs represent more than 80% of donor-funded anti-retroviral therapies (ARVs). Yet the pharmaceutical industry is also undergoing profound structural transformations. Despite advances in biotechnology heralding the

The Price of Life: Intellectual Property, Patents and Standards in Global Health

The growth of the pharmaceutical industry has gone hand in hand with the expansion of legal systems for the protection of intellectual property (IP) rights. Whilst the granting of such IP rights is still largely a matter of national legislation, the World Trade Organization (WTO) agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) established internationally binding minimum standards for all WTO member states. In addition, a fast growing web of bilateral and regional free-trade and investment treaties is further strengthening the protection of IP rights at the international level, notably in the fields of data exclusivity (the protection of trial data) and the linkage of patent and registration procedures. From the outset, the creation of this international intellectual property regime has proved controversial in the context of global health, and continues to do so, because it is widely perceived as restricting access to medicines in low-income countries. Even after the move towards increased use of generic ARVs, Indian pharmaceutical companies (which contribute more than 80% of ARVs bought through international development aid) are unable to produce generic versions of newer drugs for second- and third-line treatment HIV/AIDS treatment regimes. On the other hand, several – mostly low- and middle-income countries – have invoked flexibility provisions in TRIPS when they implemented the agreement into national law, including by issuing compulsory licenses, using more narrowly defined patentability criteria, and allowing for pre-grant opposition. Against the background of a number of ongoing controversies around intellectual property, this panel asks: Which strategies have governments used to increase access to low-cost generic medicines and what challenges they have encountered? What impact does the increasing emphasis on data exclusivity have on access to medicines – given that TRIPS provides for flexibilities only with regard to patent protection? How do product development partnerships for neglected disease drugs deal with the tightening web of international IP standards? And how has the growing investment of originator companies into generics businesses and into the pharmaceutical markets of emerging economies affected their IP strategies?

Medical Countermeasures: Pharmaceuticals, Antimicrobial Resistance and Global Health Security

The areas of health protection and global health security have emerged as crucial sectors attracting substantial public investment for the development and acquisition of innovative medicines. One driver for this is the growing concern about the possibility of a bioterrorist attack – fears fuelled not only by the attacks of 11 September 2001 and 7 July 2005, but also by the anthrax letters posted to prominent addresses in the United States in the autumn of 2001. A parallel driver is the need to respond to emerging infectious diseases (SARS, H5N1, H1N1) and to what threatens lives and prosperity. However, we have seen considerable public investment in the creation and stocking of antiviral medications (like Tamiflu).

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for health

protection, especially of biotechnology, is becoming

World Health Organization in recognition of the

panel discusses: What new medicines are security?

forms of collaboration between government and industry are required to successfully