

The “Take Back Our Meds” Campaign: America, We Have a Drug Problem!
A campaign to change the rules of the game, targeting the world’s single largest funder of biomedical R&Dⁱ

UAEM’s “Take Back Our Meds” Campaign is working to transform U.S. Government intellectual property policy, with a focal point on the U.S. National Institutes of Health (NIH). We are going to break the virtueless circle of university-pharmaceutical industry profit-taking, on the backs of the very taxpayers who funded originator research. In addition to UAEM’s ongoing work fighting for access university-by-university, we are launching a countrywide movement to ensure that the fruits of public funding for biomedical research and development (R&D) are affordably accessible to all, in low- and middle-income countries, while also being available affordably in the United States.

The moment:

In the coming year, we have an unprecedented opportunity to harness public and congressional anger about drug-pricing scandals, fear about increasingly high-profile virulent outbreaks like Zika and Ebola, and the unusually populist energy of an unique election season in the U.S. as well as voter anxiety about their own increasing medical costs, including ACA rate increases and escalating drug co-pays. Stars are rarely aligned so helpfully--but we must move fast.

We are advocating that the next president:

1. **Set global access licensing conditions on new federally funded R&D grants.** Taxpayer-funded health innovations should be affordable, accessible, and available to the public in low- and middle-income countries, instead of hidden behind monopoly barriers and exclusive licenses.
2. **Enforce domestic affordability rules for new medications.** The NIH must serve the public, rather than being held hostage by pharmaceutical corporations and their monopoly prices. Drugs substantially created by U.S. taxpayers should not cost more in the United States than they do in other wealthy countries.
3. **Take back medicines from pharmaceutical corporations that are priced out of reach.** If a medication paid for by the public is too expensive, the NIH must use **its already-existing rights**. Fearful NIH directors have not fulfilled their responsibility to protect our health—or our wallets. **The next president must establish clear trigger criteria for march-in rights and other public use remedies, so that a future NIH director knows what to do to protect the public’s health—and our wallets.**

The United States must no longer allow prescription drug corporations and universities to continue to price lifesaving medicines, devices and diagnostics out of reach of poor patients worldwide. And American taxpayers should no longer be forced to pay multiple times for

medicines: once through taxes supporting public R&D, and then again, with out-of-control, unaffordable drug prices.

With the stroke of a pen, the next President of the United States could ensure increased affordability worldwide **by attaching conditions to new NIH grants**. In addition, for medical products already approved, the adoption of clear “trigger” criteria will force the use of existing legal authorities that have been wholly unutilized by U.S. health officials. The opportunities in front of us doesn’t require a change in law. The president can harness the public’s current outrage over price gouging, and tackle a huge piece of the corrupt drug development system. This one-two combination of upstream and downstream mechanisms will go a great distance towards increasing affordability and accessibility of medicines worldwide.

These changes will cause a tsunami of opposition from both the pharmaceutical industry and profit-seeking universities. **But, if enough of us act quickly, we can win this**. The political moment in the U.S. is aligned, briefly, to bring this breathtakingly within reach over the next year. Capitalizing on the change in U.S. Executive Branch leadership to obtain this groundbreaking win requires the largest coordinated engagement of new and existing grassroots activists in the past decade, accompanied by strong technical and strategic support by an informal secretariat of close allies to provide the policy backstop and coordination necessary to pull this off.

We’ve been close in the past, during a similar moment. In 2008, candidate Clinton committed to [“ensuring that drugs developed with taxpayer resources are made available off-patent in developing countries.”](#) With support from our long-time allies, we can realize that kind of achievement--and expand it.

What we are doing to win:

This is a large, multifaceted effort that involves students, academics, universities, allied organizations, experts, protesters, scientists, members of congress, NIH leaders, HHS appointees, and other senior U.S. officials. UAEM is leading a team to pull this off and organize the diverse tactics that are necessary to win.

For further information please contact Ali Greenberg, Advocacy & Campaign Officer ali@uaem.org

ⁱ Viergever RF, Hendriks TCC. The 10 largest public and philanthropic funders of health research in the world: what they fund and how they distribute their funds. *Health Research Policy and Systems*. 2016;14:12. doi:10.1186/s12961-015-0074-z.