Fiche de procédure

Basic information

RSP - Resolutions on topical subjects	2007/2595(RSP)	Procedure completed
Resolution on the TRIPS agreement and access to medicines Subject 4.20.01 Medicine, diseases 6.20.01 Agreements and relations in the context of the World Trade Organization (WTO) 6.30 Development cooperation		

Key players

European Parliament		
European Commission	Commission DG	Commissioner
	Trade	MANDELSON Peter

Key events

11/07/2007	Debate in Parliament		Summary
12/07/2007	Results of vote in Parliament		
12/07/2007	Decision by Parliament	T6-0353/2007	Summary
12/07/2007	End of procedure in Parliament		

Technical information

Procedure reference	2007/2595(RSP)
Procedure type	RSP - Resolutions on topical subjects
Procedure subtype	Debate or resolution on oral question/interpellation
Legal basis	Rules of Procedure EP 136-p5
Stage reached in procedure	Procedure completed

Documentation gateway

Oral question/interpellation by Parliament		B6-0130/2007	09/07/2007	EP	
Oral question/interpellation by Parliament		B6-0131/2007	09/07/2007	EP	
Motion for a resolution		B6-0288/2007	11/07/2007	EP	
Text adopted by Parliament, topical subjects		T6-0353/2007	12/07/2007	EP	Summary
Commission response to text adopted in plenary		SP(2007)4170	29/08/2007	EC	

Commission response to text adopted in plenary		SP(2007)4733	24/09/2007	EC	

Resolution on the TRIPS agreement and access to medicines

The House held a debate on Oral Questions O-0036/2007 and O-0037/2007 pursuant to Rule 108 of the Rules of Procedure by Gianluca Susta and Johan Van Hecke, on behalf of the ALDE Group, Kader Arif, on behalf of the PSE Group, Georgios Papastamkos, on behalf of the PPE-DE Group, Vittorio Agnoletto and Helmuth Markov, on behalf of the GUE/NGL Group, Carl Schlyter, on behalf of the Verts/ALE Group, Cristiana Muscardini, on behalf of the UEN Group to the Council and the Commission on the TRIPS Agreement and access to medicines.

Oral Question O-0036/2007:

The WTO Decision of 30 August 2003 was supposed to be an 'expeditious solution' to the crisis in access to medicines faced by developing countries with no or little manufacturing capacity. The amendment to the TRIPS Agreement disregards the fact that there is no proof of the Decision's efficacy. The European Parliament has now to give its assent.

In this context, could the Council:

Give its views on the mechanism created by the WTO Decision of 30 August 2003 and the Protocol to the TRIPS Agreement and, given the restricted use of the mechanism so far, explore the possibilities to improve its efficiency;

Adopt a Joint Policy Statement with the European Parliament on the necessity to find alternative ways, in particular the possibility to use the Article 30 exception provision of the TRIPS Agreement, which could be used by countries or groups of countries to find viable solutions to the problem of access to medicines at affordable prices;

Commit to restricting the mandate to the Commission in order not to negotiate pharmaceutical-related TRIPS-plus provisions affecting public health and access to medicines in the Economic Partnership Agreements (EPAs) with the ACP countries and other future bilateral and regional agreements with poor developing countries;

State that the European Union supports the developing countries which use the so-called flexibilities built into the TRIPS Agreement in order to be able to provide essential medicines at affordable prices under their domestic public health programmes;

Recognise that the European Union must take additional measures as a matter of urgency with a view to encouraging the transfer of technology, research, capacity strengthening, regional supply systems and help with registration, in order to facilitate and increase the production of pharmaceutical products by the developing countries themselves?

If not, can the Council explain why not?

Oral Question O-0037/2007:

The WTO Decision of 30 August 2003 was supposed to be an 'expeditious solution' to the crisis in access to medicines faced by developing countries with no or little manufacturing capacity. The amendment to the TRIPS Agreement disregards the fact that there is no proof of the Decision's efficacy. The European Parliament has now to give its assent.

In this context, could the Commission:

Give its views on the mechanism created by the WTO Decision of 30 August 2003 and the Protocol to the TRIPS Agreement and, given the restricted use of the mechanism so far, explore the possibilities to improve its efficiency;

Express its view on the importance of not negotiating pharmaceutical-related TRIPS-plus provisions affecting public health and access to medicines in the framework of the Economic Partnership Agreements (EPAs) with the ACP countries and other future bilateral and regional agreements with poor developing countries;

Explain which are in its view new and realistic solutions that could be used by countries or groups of countries to find viable and long lasting solutions to the problem of access to medicines at affordable prices and stimulate direct investment in local production facilities within a region;

Explain by which means it intends to support the work of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property process at the WHO;

Define a fair/adequate level of funding to upgrade or construct pharmaceutical production facilities owned by local persons in developing (including least developed) countries, and increase its aggregate funding to public private partnerships pursuing research and development of medicines of special relevance to developing countries?

If not, can the Commission explain why not?

The resolution winding up this debate was due to be put to the vote on 12 July 2007.

Resolution on the TRIPS agreement and access to medicines

Following the debate which took place during the sitting of 11 July 2007 on oral questions O-0036/2007 and O-0037/2007 pursuant to Rule 108 of the Rules of Procedure by Gianluca Susta and Johan Van Hecke, on behalf of the ALDE Group, Kader Arif, on behalf of the PSE Group, Georgios Papastamkos, on behalf of the PPE-DE Group, Vittorio Agnoletto and Helmuth Markov, on behalf of the GUE/NGL Group, Carl Schlyter, on behalf of the Verts/ALE Group, Cristiana Muscardini, on behalf of the UEN Group to the Council and the Commission on the TRIPS Agreement and access to medicines.

The resolution underlines that access to affordable pharmaceutical products in poor developing countries and LDCs is essential to attain the

proposed EU development goals and would contribute to poverty reduction, increase human security, and promote human rights and sustainable development. The Parliament believes that EU policy should aim at maximizing the availability of pharmaceutical products at affordable prices in the developing world.

The Commission and the Member States are asked to provide concrete financial support for pharmaceutical-related transfer of technology and capacity-building for developing countries and local production of pharmaceuticals in all developing countries.

The Council is invited to:

- commit to a specified level of funding to upgrade or construct pharmaceutical production facilities owned by local persons in developing countries (including LDCs), and increase the EU's aggregate funding to Public-Private Partnerships pursuing research and development of medicines of special relevance to developing countries;
- support the idea that the mechanism created by the WTO Decision and the Protocol to the TRIPS Agreement represents just a part of the solution to the problem of access to medicines and public health and that other measures to improve health care and infrastructure are equally indispensable;
- support the developing countries which use the so-called flexibilities built into the TRIPS Agreement and recognized by the Doha Declaration in order to be able to provide essential medicines at affordable prices under their domestic public health programmes;
- adopt a Joint Policy Statement with Parliament to the effect that the Member States remain free to use all exceptions from the TRIPS Agreement under their domestic patent laws to authorise production and export "to address public health needs in importing Members" and asks the Council to ensure that the Commission refrains from taking action to interfere with these proceedings;
- meet its commitments to the Doha Declaration and to restrict the Commission's mandate so as to prevent it from negotiating pharmaceutical-related TRIPS-plus provisions affecting public health and access to medicines, such as data exclusivity, patent extensions and limitation of grounds of compulsory licences, within the framework of the EPA negotiations with the ACP countries and other future bilateral and regional agreements with developing countries;

The Commission is invited to:

- grant funding for research and development on poverty-related, tropical and neglected diseases across a broad spectrum of locations, including Public-Private Partnerships and other possible funding ventures, and to support research institutes willing to cooperate with public health initiatives dedicated to these efforts;
- support "pool procurement strategies" and other strategies which could be used by countries or groups of countries to provide greater buying power and economies of scale in the production of generic medicines at affordable prices and stimulate direct investment in local production facilities within a region;
- support disclosure by patent applicants of the source and origin of inventions deriving from biological resources and associated traditional knowledge found in developing countries with a view to promoting the equitable sharing of the benefits and technology derived from those resources by supplying countries.

Pharmaceutical companies are encouraged to pursue pricing alternatives involving a high-volume, low-margin approach, which could enhance access to medicines.

Lastly, the Par1iament calls on LDCs and other poor countries to take the necessary measures to prevent medicines covered by compulsory licensing from leaving the country and ensuring that the medicines go to the local population in need.