

# 1 Doha Declaration: Compulsory Licensing and Access to Drugs

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## 5 **Abstract**

6 This paper analyses compulsory licensing evolution phases and sheds light on reasons behind  
7 development especially after trade related aspects of intellectual property rights (TRIPS)  
8 provisions. Without patents, the innovators can neither be adequately compensated for their  
9 costs of research nor be encouraged for further research to develop new and improved  
10 products. Patent protection is therefore accepted as a necessary evil, despite its conflict with  
11 the competitions laws and human rights law (in case of pharmaceutical patents). Prior to  
12 Doha declaration pharmaceutical companies were enjoying the monopoly right because of  
13 patent protection regime for manufacturing, sale, and import the products which result into  
14 high cost of the patented products. Doha Conference on November 14, 2001 forced many  
15 countries to amend their patent rights for the purpose of compulsory licensing. This increased  
16 cost on patented molecules was a major hindrance for access to medicine. Public health  
17 officials considered Doha Declaration on compulsory licensing a positive approach in  
18 prioritizing public health over intellectual property rights. (Jain, 2009)

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20 **Index terms**— TRIPS, compulsory license, patent.

## 21 **1 Introduction**

22 xclusive rights on innovations is permitted to an individual known as patent holder for twenty years who invents  
23 a useful or something new products or process. Patent holder enjoys a kind monopoly right which prevent him  
24 from exploitation on inventions. Government provides rewards in the form of royalty to the patent holder on  
25 efforts and skills which encourage further research and innovations. (Gupta, 2010) Research and development in  
26 pharmaceutical is very costly affair, unpredictable in nature and also time consuming process. Therefore patent  
27 on intellectual property rights to the innovator pharmaceutical firm is must, which may prevent patent abuse  
28 and allows competitor to enter into generic medicine market. (Kaur et al., 2015) Research and development in  
29 pharmaceutical patents provides patent holder a kind of monopoly rights. If patent holder is not compensated  
30 adequately for cost on research and development activity incurred on development of a new product leads to  
31 decline in research and development activity. Patent holder is compensated in the form of royalty for innovations  
32 on compulsory licence without permission from holder of patent. (Durojaye, 2011) "It is necessary to strengthen  
33 the system of compulsory licenses in the developing and least developed countries because of their inability/  
34 inefficiency to cater to the needs of its people. And the granting of compulsory licensing over the patent  
35 protected drugs shall give monetary benefits to the patented pharmaceutical companies". Unites State criticized  
36 the implementation of compulsory licensing provisions because compulsory licensing policy reduces the benefits of  
37 further research and development. An individual under intellectual contribution on any research and development  
38 activity must enjoy the patent exclusive right. Monopoly right which is provided to the inventor has both the  
39 implications with regards to human rights law as well to the competition laws. Thus an effective mechanism  
40 is necessary to ensure the fair usage of the exclusive monopoly rights and compulsory licensing is one such  
41 safeguard. And granting of compulsory licenses to the developing countries on one hand can be least expensive  
42 and beneficiary to the people who are in need but at the same time it can incur heavy loss or put burden on the  
43 companies creating it but if it is seen from another point of view then it can be said that granting of compulsory  
44 licenses by paying the royalty to the originator company can make money to them which they would not be able  
45 to make it in the potential market due to the high prices. This review paper will deal with the issues related to

## 5 A COMPULSORY LICENSE MAY ADDITIONALLY BE GRANTED IN THE FOLLOWING WAYS

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46 that and analyse the aspects where granting of compulsory license can be beneficiary to the inventors in cases of  
47 pharmaceutical companies.

### 48 2 II.

49 Research Objectives 1. To highlight the Doha Declaration and examine the relationship between the access to  
50 drugs and the employment of compulsory licensing. 2. To outline the Compulsory License regime in India and  
51 to ascertain the rationale and impact of the Judgment given by Supreme Court to Bayer Corporation v. Union  
52 of India. 3. To trace out whether the compulsory licenses for patent protected drugs is a necessary measure, or  
53 a threat to innovation. 4. To draw conclusions towards grant of compulsory licenses.

### 54 3 E b) Access to medicines and compulsory licensing

55 Though the TRIPS Agreement was proposed to address intellectual property rights as a trade related issue, the  
56 enforcement of the rule had sweeping connotations beyond the terms in which they were negotiated and adopted.  
57 Most of the developed countries developing countries under TRIPS excluded pharmaceutical products from  
58 patent protection. For example, Brazilian legislation amendment in 1969 declared pharmaceutical processes and  
59 products nonpatentable. India implemented process patent in year 1970, for pharmaceuticals which result into  
60 the development of a strong local pharmaceutical sector. Most of the countries feared that product patenting of  
61 pharmaceutical drugs would result in endangering affordability to general public. Moreover, the rationale of such a  
62 policy is to give space for the local industry to manufacture pharmaceutical product easily and without infringing.  
63 As said, the TRIPS obligate patent protection to pharmaceuticals. The monopoly granted to pharmaceutical  
64 industry resulted in high prices for medicines. In result, the right to the exclusive use of protected drugs excluding  
65 potential competition conflicted with the fundamental right to health, one more manifestation of which is the  
66 access to medicines needed by all. (Ford & Sara., 2000)

67 IV.

68 Cases of Pharmaceutical Firms What is a Compulsory License?

69 Compulsory licenses means license given by Government for manufacturing, use and sell a particular drug or  
70 for the use of a particular process to a thirdparty which has been invented and patented without permission from  
71 patent holder.

### 72 4 a) Compulsory license origin in india

73 After Independence Indian Government realized the need for the patent regime. Government of India formulated  
74 Tek Chand Committee towards the end of 1948, the committee known as Bakshi Report 1950, to check the pre  
75 existing Indian patent legislation for patent regime betterment. In year 1999 amendment was done first time in  
76 Indian Patent Act 1970, next amendment was done in year 2002 and 2005 subsequently. The third amendment  
77 in Indian patent act 1970 explored the development of voluntary licensing and change for the grant of voluntary  
78 license that are contained within the section 84 -92 of the Indian Patents Act 1970. Grounds for getting permission  
79 on Compulsory license is by writing an application under section 84 (1) to the patent controller after expiry of  
80 patent period which shall be three years from the date of the sealing of innovation on patent on the following  
81 grounds:

82 1. If affordable necessities of general public have not been fulfilled, 2. If innovation on patent is not worked  
83 within the territory of India, 3. If the patent invention is not accessible to the general public at an economic  
84 price. b) The salient features of compulsory licensing under the TRIPS Article 31 are:

85 ? "Article 31(a) deals in the application for the issue of compulsory license shall be considered on its individual  
86 merits basis". ? Permission on voluntary license lies in the prior efforts made by applicant from patent holder on  
87 the basis of commercial terms and conditions which may be waived in the case of a national emergency or in the  
88 cases of public non-commercial use.

### 89 5 A Compulsory License may Additionally be Granted in the 90 Following Ways

91 Section 92 A -"In Exports, national emergencies of general public for uncommercialized use by proper notification  
92 to Central Government in the official gazette".

93 Section 92 A (1) "To the countries in which pharmaceutical sector having light or insufficient producing  
94 capacity to handle general public health related problem".

95 Natco Pharma applied first for compulsory license in India for the producing Roche's innovation in the medicine  
96 named Erlotinib used in cancer and failed for export it to Nepal, then second application was made by Natco  
97 Pharma for the production of medicine named (Sutent) Sunitinib then again license was not again permitted.

98 On dated 9 March 2012, Natco received compulsory license for manufacturing Bayer's patented medicine  
99 named Nexaver in India by considering all the factors which were listed under section 84 of the Indian Patent  
100 Act 1970 on the grounds mentioned below:

101 1. Affordable necessities of general public have not been fulfilled, 2. Innovation on patent is not worked within  
102 the territory of India, 3. The accessibility on patent has not been fulfilled to the general public at an economic

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103 price. Ministry of health in India on January 2013 allowed for production of generic medicine of the innovated  
104 firm i.e. three type's anti-cancer medicines namely dasatinib, trastuzumab, and Ixabepilone and selling them at  
105 an affordable price. (Chander et al., 2013) XI. Patented drug supplied into local market may create a kind of  
106 gray (illegal sale) market for many reasons. It is a situation when a drug is supplied into other market for which  
107 this policy was not designed and for sale on low prices than list price in the targeted market. (Christensen, 2012)  
108 This kind of marketing strategy is the contravention of the (IPR) Intellectual property rights. Where compulsory  
109 license for manufacturing of generic medicines provided to produce and for selling the innovated drug to market  
110 and the firm or their dealers sell the medicines to other country may lead to the patent abuse, which is seen  
111 in the case of license given for import of medicines. These medicines are known as counterfeit medicines which  
112 impose a heavy loss on health of public and patent holder. So gray (illegal sale) market requires a tight check  
113 while granting compulsory license. Pharma company dealers and the manufacturers are some time responsible  
114 for grey marketing situations and to avoid this situation medicine batch must contain a punch line "only to be  
115 sold in particular country" and "only for export". For Instance in year 2002 medicine named Procrit for treating  
116 anemia in cancer was a counterfeit medicine because of using non sterile water which results into major infections.  
117 ??Yadav, 2015) XIII. Perspective of Compulsory Licensing Globally

## 118 **6 Advantages of Compulsory Licensing**

119 1. Increases in competition globally would result into reduction in prices due to which more generic companies  
120 would come into market to increase their share into market. So that patients can access economic medicines  
121 and compulsory licensing breaks up monopolies and cartels agreements sometimes and will save lives by ensuring  
122 accessibility of drugs at affordable prices. 2. Compulsory licensing will discourage research and development  
123 activity because it will make them dependent on the generic medicines because of low cost on investment as  
124 compare to cost on research and development activity. 3. Financially challenged patients: This development of  
125 compulsory licensing in developing countries would be useful for the poor patients for simple access and utilization  
126 to the medicines at low cost. Some pharmaceuticals gives free access to the medicines to the economically  
127 challenged people by launching programmes such as free access to the medicine within developing countries to  
128 shield their patent. Patent holder is compensated in the form of royalty for innovations on patent by Government  
129 for use of innovation in case of compulsory licence without permission from holder of patent. "It is necessary  
130 to strengthen the system of compulsory licenses in the developing and least developed countries because of their  
131 inability/ inefficiency to cater to the needs of its people. And while the granting compulsory licensing over the  
132 patent protected drugs shall give monetary benefits to the patented pharmaceutical companies". As India is  
133 a developing nation and also by considering the various important judgments pronounced by the Honourable  
134 Supreme Court of India relating to manufacturing of drugs at an economic rates, The Indian Government should  
135 promote process patent rather than providing product patent as it creates monopoly condition in the market  
136 which leads to higher price of drugs. Providing product patent is violation of various rights like public health  
137 and access to medicines, which ultimately violates the human rights of the individuals.

138 XV.

## 139 **7 Conclusion**

140 Developed countries Government limiting most developing countries not to issue compulsory licenses and expert  
141 from large pharmaceuticals feels that this policy would affect the research and innovation as patent holder would  
142 be unable to recover their amount invested in R&D activity. Opposite of this, NGO's has appreciated this policy  
143 of compulsory licensing on the perspective of good patient's health at an economic cost. In order to protect R&D  
144 and innovation, patent holder shall be compensated for developing the economic status of country, so this will  
145 help the innovator pharmaceutical company to shield their patents and accessibility for the developing countries.  
146 (Chander et al., 2013).The purpose of compulsory license lies in access to affordable drugs. Policies like drug  
147 price ceiling limit and control on profit margin on big pharmaceutical firm may control the patent abuse. With  
148 such policies general public shall access the medicines on an economic price. Countries foreign direct investment  
149 may get declined when country issue limits on the grant of compulsory license. Therefore government should put  
150 limit on compulsory license only in extreme cases in any country. Doha Declaration and Trade-Related Aspects  
151 of Intellectual Property Rights provisions give health benefits to the public on non discrimination basis. (Kaur &  
152 Chaturvedi 2015).The growing concern over compulsory license ultimately lies in country's urge to provide access  
153 to medicines at an economic cost. It is not disputed that voluntary licensing is potentially a powerful tool that  
154 developing countries including India can use to bypass patent laws and can provide their residents access to drugs  
155 mainly in some dangerous disease like cancer. Compulsory licensing breaks up monopolies and cartels agreements  
156 and sometimes provide their residents for access to lifesaving drugs at affordable prices. Though India is not at  
157 a stage to analyze the impact of first compulsory license, experiences of countries which granted such licenses  
158 shows that compulsory license has the potentiality to effectively reduce the price of the drugs and increase the  
159 accessibility of medicines. ??Bale, 2005).There have been a handful of decisions that have the potential to foster  
160 the unique lines of Indian jurisprudence that projects access to essential medicines as a fundamental public health  
161 consideration. A unique provision that exists in Indian Patent Laws which prohibits patent for the use of known

## **7 CONCLUSION**

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162 substance throws light in the decision of Novartis Company Ltd. v. Union of India. ??Cutler and Civil Appeal  
163 No. 2706 ??2716

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Year? Generic manufacturer pharmaceutical firm based in Hyderabad named Natco pharmaceutical applied for  
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Volume Jurisdictional analysis 1. India In-  
XIXdian Patent Office has issued first  
Is- compulsory license in year 2012  
sue to pharmaceutical company named  
I Bayer Corporation for innovation on  
Ver-cancer drug name sorafenib tosylate  
sion(Nexavar), which authorize NATCO  
I a domestic generic medicine pro-  
D ducer which also

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( produce a low-cost version of the  
drug for two reasons

Medicines mentioned below:

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Section 84 due to Unaffordable Prices and  
non Working of Patented Article Com-  
pulsory licensing are granted as following  
conditions 1) Prevent the patent abuse  
as a monopoly. 2) Commercial use of  
the patented inventions by an interested  
person. 3) Address the access of public  
health concern in India. VI. First Compu-  
latory Licensing of Article 48 deals in Non-  
functional of the patent. 4. Provision in  
Indian Patents Act under Section 83 (f)  
and Provision in China for Patents Act  
under Article 48 deals in Anti-competitive  
practice by the patentee. 5. Provision in  
Indian Patents Act under Section 92 and  
Provision in China for Patents Act under  
Article 49 deals in Circumstances of na-  
tional emergency or extreme urgency. 6.  
Provision in Indian Patents Act under Sec-  
tion 92 and Provision in China for Patents  
Act under Article 50 deals in Public health  
crises. 7. Provision in Indian Patents Act  
under Section 92 A Patent in India and  
Provision in China for Patents Act under  
Article

First compulsory license was given to Natco  
50 deals in Export of patented drugs.

Pharma Ltd. on 9 March 2012 by  
the patent office to manufacture generic  
version of Bayer Corporations medicines  
named Naxavar which is used in treatment  
of kidney and liver cancer. (The Intellec-  
tual Property Appellate Board) VII. Indian  
Patents act 1970's Main 8. Provision in  
Indian Patents Act under Section 91 and  
Provision in China for Patents Act under  
Article 51 deals in Licensing of related  
patents. 9. Provision in Indian Patents  
Act under Section 90(1) (vii) and Provision  
in China for Patents Act under Article 53  
deals in Predominant use for the domestic  
market Features 1. Patent Act 1970 fills  
the gap between the patent holder rights  
towards society and his obligations. 2.  
Section 83 curbed the monopoly rights of  
patent holder. Patents are granted to en-  
courage inventions not to enjoy monopoly  
rights and to accelerate domestic industrial  
growth. 10. Provision in Indian Patents  
Act under Section 84 (6) (IV) and Provi-  
sion in China for Patents Act under Article  
54 deals in Prior efforts of the applicant to

Tax benefits and some incentives shall be given to

holder of patent so that they can lower the price of

innovated

medicine

underdeveloped countries can encourage patent holder for donation of patented medicines willingly.

(Yang, 2012)

Global Development of compulsory licensing practiced completely different view across globe. Unavailability

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