Dear Secretary of State for Business and Trade,

CC: Foreign Secretary, Minister for International Trade, Minister of State for Development and Africa

We are writing to you as civil society organisations, health providers, and medical professionals from low and middle-income countries. Pharmaceutical companies often deny our patients timely, affordable access to the medicines they desperately need. In this context, cheaper, generic medicines provide us with a lifeline. We write to you to warn that your government could be about to cut this lifeline short.

The United Kingdom is negotiating a free trade agreement with India, a global epicentre of generics production. India's generics industry is underpinned by a legal system which seeks to balance intellectual property rights with the right to health. However, a leaked government paper has revealed that the UK wants to introduce sweeping changes to these laws as part of any agreement.

The UK proposals include:

- **Patent term extension**: India would be required to extend patent monopolies beyond the 20 years agreed under the TRIPS Agreement, by several years. This would lead to further delays in introducing price-lowering generic competition.
- **Data exclusivity**: The UK's proposal asks India to introduce new rules that delay the registration of generic versions of medicines for six years, even when there is no patent on that medicine or even if the generic product meets the quality standards prescribed by the national drug regulatory authority. This is far beyond the TRIPS agreement's requirements.
- **Lowering the bar of patent examination on medicines**: The UK proposal asks India to introduce and allow patenting on trivial changes of known medicines, which can lead to longer monopolies and delay generic entry.
- **Removing pre-grant patent oppositions**: The UK proposal asks India to remove a "pre-grant opposition" mechanism, a democratic procedure in Indian law that allows anybody to submit evidence opposing or challenging the validity of a patent application at any time before the patent office makes a decision.

These measures could threaten the supply of generic medicines to low and middle-income countries. Patients may have to wait years longer before they can access certain medicines, and countless lives could be lost as a result. For example, this year, the Indian Patent Office rejected a controversial attempt by Johnson & Johnson to extend the patent on its tuberculosis drug bedaquiline. This case opened the door for other companies to produce affordable generic versions of Bedaquiline, with some health experts estimating the cost of treatment could be cut by up to 80%. Depriving people of affordable medicines would
increase health inequality, as only the wealthiest in our countries may be able to afford these medicines. Moreover, it would add further financial burden on our already stretched health systems.

We urge you to think of the wider context of your relations with the Global South. The UK has slashed Overseas Development Assistance funding which, by your government’s own estimations, will lead to thousands of deaths. During the COVID-19 pandemic the British Government repeatedly worked to block a widely supported proposal at the World Trade Organisation which would have helped low and middle-income countries produce generic vaccines, tests, and treatments. Attacking India’s generics industry would be yet another act of global health vandalism, which could leave the UK’s international reputation in tatters and undermine the UK’s international development strategies.

As trade negotiations reach their final stages, we hope that you will consider the harm these proposals could inflict on both patients and health systems in the Global South. As UK health workers and campaigners have warned, the measures you are pushing for could even harm the UK’s NHS. We urge you to change course and drop the UK’s demands for stricter intellectual property provisions as part of any trade deal with India. And we ask that you pledge that your government will never propose such changes in any trade negotiations with low and middle-income countries that could increase the costs of medicines globally.

The UK’s own Global Health Framework says that your country wants to play a leading role in improving health globally and in improving access to vaccines, treatments, and diagnostics. This is a noble aim. We urge you not to sabotage your own mission.

Signed,

Third World Network
People’s Health Movement
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Dr Kizza Paul, MBChB(MUST), AIDS Healthcare Foundation Uganda Cares, Uganda
Grace Akampumuza, AIDS Healthcare Foundation Uganda Cares, Uganda
Amanya Edward, AIDS Healthcare Foundation Uganda Cares, Uganda

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Diana Tibesigwa, AIDS Healthcare Foundation, Uganda
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América Latina y el Caribe Mejor Sin TLC, Chile

Sanyu Arthur Blick, Anchors for Youth Afrika (AYA), Uganda

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Asia Pacific Network of People Living with HIV (APN+), Thailand

Asociación Civil Cambio y Acción, Perú

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Cancer Alliance, South Africa

Centre for Environment, Human Rights & Development Forum (CEHRDF), Bangladesh

Center for Health Human Rights and Development (CEHURD), Uganda

Centre for Social Equity and Inclusion, India

Centre for Women Justice Uganda, Uganda

Citizens’ Health Initiative, Malaysia

Christar Innovation Centre, Uganda

Arun Kanti Howlader, Climate Hero Initiative, Bangladesh

Coalition for Health Promotion and Social Development (HEPS Uganda), Uganda

Coalition of Women Living with HIV and AIDS, Malawi

Consumers’ Association of Penang, Malaysia

Research and Support Center for Development Alternatives-Indian Ocean (RSCDA-IO) / Centre de Recherches et d’Appui pour les Alternatives de Développement-Océan Indien (CRAAD-OI), Madagascar

Crisis Home Kuala Lumpur, MALAYSIA

Dandora Community AIDS Support Association (DACASA), Kenya

DAWN, Fiji

Disability Peoples Forum Uganda, Uganda

Drugs for Neglected Diseases Initiative

Dr Gopal Dabade, Drug Action Forum - Karnataka, India

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Fundación IFARMA, Colombia

Fundación para Estudio e investigación de la Mujer, Argentina

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GABRIELA | Alliance of Filipino Women, Philippines

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Global Call to Action Against Poverty-Sénegal / CAAPOST-2015, Sénegal

Dorcas Coker-Appiah, Gender Studies and Human Rights Documentation Centre, Ghana

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Global Call to Action Against Poverty (GCAP) India

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International Community of Women living with HIV Eastern Africa, Uganda

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Francisco Rossi, IFARMA Foundation, Colombia

Karyn Kaplan, Independent

Jeremy Kwan, Independent Malaysia Advocate and Activist, Independent Advocate and Activist for Vulnerable Communities in Malaysia, Malaysia

Deepak Dholakia, Convener, Indian Community Activists Network (ICAN), India

Indonesia AIDS Coalition, Indonesia

Indonesia for Global Justice (IGJ), Indonesia

Innovarte NGO, Chile

Alma de León ITPC-LATCA, International Treatment Preparedness Coalition Latin American and Caribbean ITPC-LATCA, Guatemala

International Women’s Rights Action Watch Asia Pacific (IWRAW AP), Malaysia

Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN), Kenya

Khulumani Support Group, South Africa

Kikandwa Environmental Association, Uganda

Lhak-Sam, a Bhutan Network of People Living with HIV and AIDS (BNP+), Bhutan

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Malaysian Women’s Action on Tobacco Control and Health (MyWATCH), Malaysia

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Multiactivist for Women and Youth Development Agency, Uganda

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Erick Okioma, Nelson Mandela TB HIV Information CBO, Kenya

Nitwiriza Counselling Center, Uganda

Punawit Phongpitchanan, Not-for-profit Medical R&D, Malaysia

Observatorio de Género y Equidad, Chile

Pacific Network on Globalisation, Pacific Islands

Patient and Community Welfare Foundation of Malawi, Malawi

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People's Health Movement, Cameroon, Cameroon

People's Health Movement, République Démocratique du Congo, République Démocratique du Congo

Positive Malaysian Treatment Access & Advocacy Group (MTAAG+), Malaysia

PT Foundation, Malaysia

Dr Mira Shiva, Initiative for Health & Equity and All India Drug Action Network in Society, Public Health, India

Sahabat Alam, Malaysia (Friends of the Earth), Malaysia

SAPAM, South Africa

SECTION27, South Africa

Sexual Rights Initiative, Global

Social Action for Community and Development (SACD), Cambodia

Society for International Development (SID), Italy

Suruwat Suruwat, Nepal

Terre à Vie, Burkina Faso

Thai Network of People Living with HIV/AIDS, Thailand

The Messenger Band, Cambodia, Cambodia

Terence Dias, Director, NCA, The Noakhali Christian Association, Bangladesh

signing as an organisation, The Women and Media Collective, Sri Lanka

Together Against Cancer, Malaysia, MALAYSIA

Tosunga Baninga, South Africa

Johnson O.O.OLUA, TYSOG Consulting, Nigeria

Uganda Key Populations Consortium - UKPC, Uganda

UGANET, Uganda

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Dong Do Dang (VNP+), Vietnam Network of People living with HIV (VNP+), Vietnam

Wada Na Todo Abhiyan, India

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Women's Network for Unity (WNU), Cambodia

Worker's Information Center (WIC), Cambodia

GCCB, Wote Youth Development Projects CBO, Kenya

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