



Timeline on Brazil's Compulsory Licensing

This timeline is a project carried out by various PIJIP Dean's Fellows. The first version was completed in August 2007 by Jennryn Wetzler. It was then updated by Ana Ayala in April 2008. Please send suggestions or corrections to Mike Palmedo: mpalmedo@wcl.american.edu.

1986. Brazil established its National STD and AIDS Committee (CNAIDS).ⁱ

1987. Only Zidovudine (AZT) was available to treat HIV/AIDS in Brazil.ⁱⁱ

1993. The pill form of antiretroviral Didanosine (25 and 100mg) was first available.ⁱⁱⁱ

1994. Brazil issued Ministerial Ordinance No. 1028/GM, which enabled civil society organizations to collaborate with the National STD and AIDS Committee's actions.^{iv}

1996. Brazil first began using an antiretroviral cocktail therapy.

1996. Brazil first offered antiretroviral Zalcitabine (.75mg pill) in May. The injectable form of Zidovudine, Lamivudine (150 mg pill), Saquinavir (200mg capsule), and Ritonavir (100mg capsule) were also made available in June, September, December and December, respectively.^v

May 14, 1996. Brazil passed National Legislation for its Intellectual Property Law, which allows for compulsory licensing (Law No. 9279/96).^{vi}

November 13, 1996. Senator Jose Sarney proposed Law No. 9,313, which enabled Brazilians' universal and free access to antiretrovirals through the National Health System. The Federal Government sanctioned the law.^{vii}

1997. Brazil began providing free antiretrovirals, in effort to prevent the spread of HIV/AIDS among its young and sexually active population, in particular.^{viii}

1997. Brazil began local production of antiretrovirals used in its combined drug cocktail, which decreased the price of imported drugs. By 2002, local production spurred lower import costs by as much as eighty-three percent of the original prices.^{ix}

1998. Brazil's Minister of Public Health proposed universal access to HIV/AIDS drugs a human right at the World AIDS Conference in Geneva.^x

1998. Brazil began producing Zidovudine locally. Brazil also began distributing the antiretroviral through the National Health System.^{xi}

December 4, 1998. PhRMA requested the USTR to list Brazil as a Watch List country on its annual "Special 301" Report. PhRMA also issued a complaint about Brazil's lack of intellectual property protection to the National Trade Estimate Report on Foreign Trade Barriers (NTE).^{xii}

1999. Brazil introduced genotyping tests, which determine if one has resistance to anti-AIDS drugs.^{xiii}

December 3, 1999. PhARMA submitted a complaint to NTE 2000, concerning Brazil's limited intellectual property protection.^{xiv}

February 18, 2000. PhRMA requested the USTR to list Brazil on its 2000 "Special 301" Priority Watch List.^{xv}

May 1, 2000. The US Trade Representative ranked Brazil among the Watch List countries of its "Special 301" Report, citing: "in 1999 the Brazilian Government issued a Medida Provisoria which contains some problematic provisions related to issuance of pharmaceutical patents."^{xvi}

2001. Because of its National STD and AIDS Programme, Brazil won the "Human Rights and Culture of Peace" prize from the United Nations Educational, Scientific and Cultural Organization (UNESCO).

2001. Brazil publicly considered issuing compulsory licenses for Nelfinavir and Efavirenz.^{xvii}

January 8, 2001. The US Trade Representative filed a complaint in the WTO Dispute Settlement Body, concerning article 68 of Brazil's patent law, which allowed for compulsory licensing when patent holders do not manufacture their products locally.^{xviii} US Trade Representative officials labeled this complaint as the "Merck" case.

January 9, 2001. The US requested the establishment of WTO Dispute Settlement panel concerning Brazil's "local working requirement" of its patent law.^{xix}

February 1, 2001. A delegation of Brazil issued a statement to the WTO Dispute Settlement Body defending its "measures affecting patent protection" from the US complaint.^{xx}

February 9, 2001. After receiving criticism from Mr. Gregg Gonsalves, Director of Treatment Advocacy, concerning the US issued complaint against Brazil's use of article 68 of its Patent Law, the USTR responded by clarifying that only article 71 should permit compulsory license practices.^{xxi}

March 2001. Merck reduced Crixivan and Stocrin prices for sub-Saharan countries in Africa.^{xxii}

March 29, 2001. Merck agreed on price discounts of 59 percent for Efavirenze and 65 percent for Indinavir, as long as Brazil's government did not issue compulsory licenses for generic production.^{xxiii} Efavirenz would sell for 84 cents instead of \$2.06 for a 200mg dose, and Indinavir would sell for 47 cents instead of \$1.33 for a 400 mg dose.

April 30, 2001. In its 2001 "Special 301" Report, the US Trade Representative criticized Brazil for article 68 of its Patent Law, which requires patent owners to manufacture their products in Brazil or accept compulsory licensing of those products. The USTR asserted that compulsory licensing for antiretrovirals could be justified under Article 71 of the Patent law, however.^{xxiv}

June 25, 2001. After facing considerable negative publicity, the US Trade Representative withdrew the WTO complaint against Brazil. However, Brazil privately agreed to provide the US with advance notice of compulsory licenses issued under Article 68, and to discuss disputes with the US through a newly formed "Consultative Mechanism."^{xxv}

June 25, 2001. James Love Director of the Consumer Project on Technology and Robert Weisman, Co-Director of Essential Action, issued statements challenging the terms on which the USTR objected to Brazil's right to compulsory license antiretrovirals, and the country's local working requirement.^{xxvi}

August 22, 2001. Brazilian Health Minister Jose Serra announced that Brazil would issue a compulsory license for Nelfinavir (market name: Viracept).^{xxvii}

August 23, 2001. Roche, patent holder of Viractp, requested a meeting with Brazil's Health Minister, Jose Serra, to renegotiate prices.^{xxviii}

August 28, 2001. Brazil and Roche resumed talks.

August 31, 2001. Roche agreed to sell Viracept in Brazil at an additional 40% discount as long as Brazil does not issue a compulsory license for the drug.^{xxix}

December 19, 2002. Brazil's Ministry of Health launched the International Cooperation Program, which would provide about 10 countries per year with needed antiretrovirals.^{xxx}

May 1, 2003. The US Trade Representative elevated Brazil to the Priority Watch List of its "Special 301" Report, along with 10 other countries.^{xxxi}

September 5, 2003. Despite its negotiations with pharmaceutical companies for a 40 percent discount on antiretrovirals, Brazil was only offered a maximum reduction of 6.7 percent. Brazil issued a public decree allowing for local production or import of generic antiretrivirals without patent holders' consent. In particular, the decree applied to Lopinavir, Efavirenz and Nelfinavir.

November 17, 2003. Brazil's Health Ministry reached a deal with Bristol-Myers Squibb to buy Atazanavir at a 76% discount.^{xxxii}

November 18, 2003. After long negotiations, Brazil's Health Ministry reached an agreement with Merck to buy Efavirenz at a discount of 25%.^{xxxiii}

December 2003. Brazil's next Health Minister, Humberto Costa, suggested compulsory licensing Nelfinavir if necessary, but expected negotiations with its manufacturer, Hoffman-La Roche, first.^{xxxiv}

January 2004. Brazil announced that after negotiations, pharmaceutical companies Hoffman-La Roche, Gilead and Abbott agreed to discount the five most expensive antiretrovirals by 10% and 76%. According to a Kaiser Network report: "The deal was expected to save the treatment program \$107 million last year and allow 20,000 new patients to obtain treatment through the program in 2004."^{xxxv}

January 2004. Costa successfully negotiated a 37 percent price reduction for Nelfinavir, Lopinavir, Efavirenz, Tenofovir and Atazanavir.^{xxxvi}

May 3, 2004. The US Trade Representative ranks Brazil among its "Special 301" Report's Priority Watch List countries. The USTR stated: "Unauthorized copies of pharmaceutical products continue to receive sanitary registrations that rely on undisclosed tests and other confidential data, although no unauthorized copies have been marketed yet."^{xxxvii}

December 1, 2004. Pedro Chequer, Head of Brazil's Aids program, announced that in 2005, Brazil would issue compulsory licenses for antiretrovirals whose import costs have assumed up to 85% of Brazil's total AIDS program costs.^{xxxviii}

2005. Brazil's Federal Deputy PT, Roberto Gouveia presented justification for Brazil's Parliamentary Bill No. 22/03, which would free antiretrovirals from their patent coverage and enable local industries to produce them.^{xxxix}

June 1, 2005. Brazil's Chamber of Deputies unanimously approves Parliamentary Bill Number 22/03, which Federal Deputy PT, Roberto Gouveia. Bill No. 22/03 would free antiretrovirals from their patent coverage and enable local industries to produce them, if approved by the Federal Senate and ratified by the President.^{xl}

June 2, 2005. Interfarma issued a statement entitled: “Statement of Interfarma - Brazilian Research-Based Pharmaceutical Manufacturers Association - on Bill 22/03,” which warned against noncompliance with Brazil’s Patent Law.^{xli}

2005. Brazil Health Minister Humberto Costa signed a decree declaring that compulsory licensing Kaletra for public interest was appropriate.

2005. The government of Brazil announced that they were considering a compulsory license for Tenofovir (market name: Viread).

March, 2005. Jarbas Barbosa, Brazil's Health Ministry Control Secretary, announced that Brazil could reduce its antiretroviral expenditure in half if able to make generic versions of Efavirenz, Tenofovir, Lopinavir and Ritonavir.^{xlii}

March 14, 2005. Brazil asked pharmaceutical companies Merck, Gilead and Abbott Laboratories, to voluntarily license the generic production of their respective antiretrovirals for Brazil’s National STD/AIDS Program. Those antiretrovirals included Merck’s Efavirenz, Gilead’s Tenofovir, and Abbott’s Lopinavir and Ritonavir.^{xliii}

March 21, 2005—May 18, 2006. NGO’s and business groups issued a series of statements concerning Brazil’s potential compulsory license. Examples: NGO’s ACT-UP, Health GAP and the Global AIDS Alliance issued a mutual statement of support. Meanwhile, Defenders of Property Rights issued a statement supporting the USTR’s reprimand of Brazil. One concern raised was the Brazilian President and Minister of Health’s discussion of possible collaboration with African countries, in effort to help them produce antiretrovirals.^{xliiv}

April 29, 2005. The US Trade Representative maintained Brazil on the Priority Watch list of its 2005 “Special 301” Report. The USTR cited: “Brazil has not made significant progress in processing its backlog of pending patent applications, due in part to a requirement that the health regulatory agency issue approval before pharmaceutical patents are granted by the Brazilian patent office.”^{xlv}

May, 2005. Brazil refused \$40 million in US AIDS grants because such funding required HIV/AIDS organizations to pledge to oppose commercial sex work. Funding also would have required HIV/AIDS groups to accept Bush's moral agenda on issues such as sexual abstinence and drug use. Brazil’s HIV/AIDS program is one of the most progressive in the world, and Brazilian officials affirmed that such limitations would hinder Brazil’s efforts to fight the spread of HIV/AIDS among sex-workers.^{xlvi}

May 5, 2005. Signed by 138 Civil Society groups, ‘The Declaration of Civil Society regarding the Brazilian Negotiations for Voluntary License for AIDS drugs’ called on the Brazilian government to both issue compulsory licenses for antiretrovirals and allow for the export of those drugs to countries in need of them.^{xlvii}

May 24, 2005. US Congress members Ginny Brown-Waite, Mario Diaz-Balart, and Ileana Ros-Lehtinen wrote to the US Trade Representative Rob Portman, requesting economic sanctions for Brazil, should the country issue compulsory licenses.^{xlviii}

May 25, 2005. US Congressman Joe Wilson wrote a letter to the US Trade Representative opposing Brazil’s consideration of compulsory licenses. Wilson questioned the validity of Brazil’s national emergency, and suggests that compulsory licensing would threaten bilateral trade relations with Brazil.^{xlix}

June 24, 2005. Brazil’s Health Minister Costa, announced that Brazil would issue a compulsory license for Kaletra. Costa affirmed that while the government paid Abbott \$1.17 per pill of Kaletra, Brazil’s generic version would cost 68 cents a pill.¹ This announcement led to price negotiations with Abbott Laboratories.

June 24, 2005—July 28, 2005. A flurry of NGO and activist group statements were published concerning Brazil's potential compulsory license. NGO and interest group sources include but are not limited to: The Council on Hemispheric Affairs, Tech Central Station, Global Network of People Living with HIV/AIDS, USA for Innovation, and Health GAP.^{li}

June 29, 2005. US Representative Henry Waxman made a congressional statement, entitled: "Brazilian Government's Decision to Issue a Compulsory License for Lopinavir/Ritonavir." The statement supported Brazil's decision.^{lii}

July 1, 2005. Billy Tauzin, PhRMA President and CEO issued a statement claiming that assistance with Brazil's HIV/AIDS programs "lies in furthering the constructive relationships between our companies and the government of Brazil – not breaking patents."^{liiii}

July 8, 2005. Costa concluded negotiations with Abbott, which resulted the following mutual decisions: a reduced price of forty-six percent for Kaletra capsules (from US \$1.17 to \$.63 each) for six years, access to Meltrex, a new form of Kaletra, and a technology transfer for the generic manufacturing of the drug.^{liv} Costa allowed Abbott ten working days to sign the agreement, or face Brazil's compulsory license for Kaletra. Brazil also continued negotiations with Gilead Sciences for Tenofovir, and with Merck for Efavirenz.

July 8, 2005. Brazil's new Health Minister, Joe Saraiva Felipe was appointed.

July 9, 2005. Abbott Laboratories announced that it met its goals in negotiating an agreement with Brazil, concerning Kaletra. The agreement does not specify a per-capsule price, nor does it specify the terms of assistance to which Abbott agreed, concerning local manufacturing of the drug, once the patent expires in 2015.^{lv}

July 9, 2005. Billy Tauzin, PhRMA President and CEO, issued a statement concerning Brazil's protection of patent rights, asserting PhRMA's disappointment with Brazil's threats to issue compulsory licenses.^{lvi}

July 14, 2005. In Brazil's *Correio Braziliense* newspaper, Felipe announced that despite the July 8th agreement, Abbott Laboratories had not signed the accord for Kaletra's full price reduction, and that negotiations would continue. Abbott's (then) current proposal only reduced Kaletra's price to 99 cents per pill, with further price reduction of 27 cents estimated for 2010.

September 30, 2005. Gilead's 2005 Quarterly Report (SEC Form 10-Q), highlighted the company's licensing dispute with Brazil for Tenofovir, asserting that both parties agreed on the reduced price of Tenofovir by approximately 50% in May 2006.^{lvii}

September 8, 2005. Saraiva Felipe, Brazil's Minister of Health issued a statement claiming that negotiations with pharmaceutical companies Merck Gilead, and Abbott Laboratories would likely conclude in one month.^{lviii}

September 28, 2005. The Brazilian Federation of Pharmaceutical Industry Executive President, Ciro Mortella, issued a statement opposing Brazil's compulsory licensing efforts.^{lix}

October 19, 2005. NGO's pressure the former Secretary of State George Shultz and his wife, San Francisco Chief of Protocol Charlotte Swig Shultz, to encourage Gilead to enable Brazil's compulsory license of Tenofovir. The Shultzs own shares in Gilead worth \$8,700,000. Advocates promoting the campaign include Priority Africa Network, HealthGAP, Survive AIDS, ACT UP East Bay, Peninsula Peace and Justice Center, WorldCentric, East Bay AIDS Advocacy Foundation, Former Berkeley Vice Mayor Maudelle Shirek, San Francisco Bay View, Middle East Children's Alliance.^{lx}

November 6, 2005. The Whitehouse issued a press release entitled: “Joint Statement on the Occasion of the Visit by President George W. Bush to Brazil.” The Press Release affirmed the close bilateral ties between the two countries, and the need for greater structure in dialogue and activities addressing HIV/AIDS.^{lxi}

2006. Because of its increased dependence on patented drugs, Brazil spent more than R\$960 million on antiretrovirals, which was close to double the amount spent in 2003.^{lxii}

May 9, 2006. After negotiations with the Brazilian government, Gilead Science agreed to reduce the price of Tenofovir in Brazil by 51 percent. By the time Gilead Science agreed to reduce the price of Tenofovir, 9 of Brazil’s 17 antiretrovirals were imported, while 8 were nationally produced.^{lxiii}

April 28, 2006. The US Trade Representative maintained Brazil on the “Special 301” Report’s Priority Watch List. The USTR cited: “The United States is concerned about Brazil’s lack of protection against unfair commercial use of undisclosed test and other data submitted by pharmaceutical companies seeking marketing approval for their products. In addition, concerns remain that Brazil has not significantly reduced its backlog of pending patent applications...”^{lxiv}

(Elsewhere in the world) June 2006. U.S. government began issuing compulsory licenses on patents for software, Direct TV’s set-top box, a Toyota transmission, a J&J medical device, and computer memory chips.^{lxv}

(Elsewhere in the world) September 1, 2006. After winning the lawsuit against Abbott for patent infringement, Innogenetics sought an injunction to prevent Abbott from using the patent to manufacture and sell HCV genotyping test kits.^{lxvi}

(Elsewhere in the world) January 12, 2007. Abbott Laboratories lost a bid for a compulsory license to manufacture and sell Hepatitis C virus genotyping test kits, which is patented by Innogenetics, Inc.^{lxvii}

(Elsewhere in the world) January 19, 2007. Abbott Laboratories received a temporary stay from the Federal Circuit to begin its appeal on the District Court’s injunction.^{lxviii}

February 1, 2007. James Love published an article entitled: “[IP-Health] Compulsory Licensing on Patents Outside of the Thai Case,” which revealed the prevalence of compulsory licensing practices for all products.^{lxix}

(Elsewhere in the world) March 8, 2007. The Federal Circuit lifted Abbott Laboratories’ temporary stay against the injunction issued by Innogenetics Inc.

(Elsewhere in the world) March 21, 2007. Italy issued compulsory licenses for patents on a medication for prostate problems.^{lxx}

April 25, 2007. The Minister of Health, José Gomes Temporão, signed Decree 866, which declared compulsory licensing Efavirenz acceptable for non-commercial, public interest purposes. Brazil’s Federal Official Gazette published the decree.^{lxxi}

April 25, 2007. Brazil’s Ministry of Health answered questions concerning its compulsory license for Efavirenz.^{lxxii}

April 25, 2007. James Love, Director of the Consumer Project on Technology (CPTech), posted an article entitled, “Brazil’s Latest Compulsory License Announcement,” to the IP Disputes in Medicine blog. He asserted that Brazil should not start negotiation for royalties at as low a rate as Thailand did. Instead, Love argued for Brazil using the 2005 WHO/UNDP remuneration guidelines, or establishing a prize fund.^{lxxiii}

April 25—May 11, 2007. Several News articles concerning Brazil's recent compulsory license were published in sources ranging from (but not limited to) The Wall Street Journal, BBC News, Associated Press, and Bridges Weekly Trade News Digest.^{lxxiv}

April 26, 2007. The Working Group on Intellectual Property (GTPI) from the Brazilian Network for the Integration of Peoples affirmed Brazil's Decree 866.^{lxxv}

April 26, 2007. The Working Group on Intellectual Property (GTPI), which is part of The Brazilian Network for the Integration of Peoples (REBRIP), issued a statement of support for Brazil's Decree 866.^{lxxvi}

April 30, 2007. The US Trade Representative demoted Brazil to the Watch List on its annual "Special 301" Report. However, the USTR cited: "The Brazilian Government has at times indicated consideration of the use of compulsory licensing on patented pharmaceutical products. The United States underscores the importance of Brazil engaging in open and transparent discussions with all relevant stakeholders..."^{lxxvii}

April 30, 2007. Pharmaceutical Research and Manufacturers of America (PhRMA) responded to the USTR's 2007 report, requesting the USTR to make an Out-of Cycle review concerning Brazil. PhRMA CEO Billy Tauzin stated: "Brazil's recent decision to move forward issuance of a compulsory license of a product patent is a very troubling development."^{lxxviii}

May 3, 2007. The Wall Street Journal praised the US Supreme Court decision to enable judges to not enforce patent owners' exclusive patent rights.

May 4, 2007. After a series of unsuccessful meetings with Merck Sharp and Dohme, starting in 2006, Brazilian President Luiz Inácio Lula Da Silva announced Brazil's issuance of a compulsory license for Merck's Efavirenz, on national television.^{lxxix}

May 4, 2007. Merck issued a statement concerning its disappointment about Brazil's compulsory license of Efavirenz, entitled: "Merck & Co., Inc. Statement on Brazilian Government's Decision To Issue Compulsory License for STOCRIN."^{lxxx}

May 4, 2007. James Love, Director of Knowledge Ecology International, issued a statement in support of Brazil's recent compulsory license for Efavirenz, citing that it was an important first step in implementing the Doha Declaration. He also advocated the benefits of a prize fund to avoid pharmaceutical monopolies controlling access to medicines, while maintaining drug research and development standards.^{lxxxii}

May 4, 2007. Robert Weissman, Director of Essential Action, issued a statement supporting Brazil's compulsory license, entitled: "Brazil Decides to be Held Hostage No More: Statement in Response to Brazil's Issuance of a Compulsory License on Efavirenz."^{lxxxiii}

May 4, 2007. Daniel W. Christman, Senior Vice President for international affairs in the US Chamber of Commerce, issued a press statement calling Brazil's compulsory license of Efavirenz a "major step backward" for intellectual property enforcement.^{lxxxiiii}

May 5, 2007. Brazil's Ministry of Public Health issued a press release about its issuance of a compulsory license for Efavirenz, entitled: "[Brasil decreta licenciamento compulsório do Efavirenz.](#)"^{lxxxv}

May 7, 2007. Merck argued that with the world's 12th largest economy, Brazil "has a greater capacity to pay for HIV medicines than countries that are poorer or harder hit by the disease."^{lxxxvi}

May 8, 2007. The European Parliamentary group European United Left - Nordic Green Left GUE/NGL Group issued a press release announcing its support of Brazil's compulsory licensing decision.^{lxxxvii}

May 8, 2007. USA for Innovation presented a press release urging US congress to fight against Thailand and Brazil's intellectual property "theft."^{lxxxvii} The lobby group has indirect ties to PhRMA, according to their website.^{lxxxviii}

May 9, 2007. USA for Innovation's Executive Director wrote a letter to US congress critiquing Thailand and Brazil's compulsory licensing practices claiming: "In attacking intellectual property rights of American and European companies, Brazil and Thailand threaten innovation."^{lxxxix}

May 10, 2007. Fifteen NGOs sign a joint statement calling on Pharmaceutical companies and lobbyists to stop hindering access to essential medicines in Thailand and Brazil. Those NGO's are: Thai Network of People Living With HIV/AIDS (TNP+), Thai NGO Coalition on AIDS, AIDS Access Foundation, Drug Study Group, Rural Pharmacist Foundation, Confederation of Consumer Organization, Foundation for Consumers, Biodiversity and Community Rights Action Thailand, Alternative Agriculture Network, FTA Watch, Corporate Watch, Thailand, Focus on the Global South (Thailand), The Strategic Policy on Natural Resources Base, Project, National Human Right Commission, The Rural Reconstruction Alumni and Friends Association, Medecins Sans Frontiers-Belgium (Thailand).^{xc} Initially, Merck maintained that its prices in developing countries produced no profit, and could not be reduced. However, Merck recently issued a discounted price of 14.5% for Efavirenze.^{xc}

May 14, 2007. Billy Tauzin, president of PhRMA, issued a statement asserting that compulsory licensing is a dangerous short-term budget fix.^{xcii}

June 4-7, 2007. German organization "Netzwerk Freies Wissen" sent letters to the five Outreach countries (O5) - China, India, South Africa, Mexico and Brazil - asking them not accept the G8 invitation to participate in talks on better IP protection on June 9, 2007, the last day of the G8 summit.^{xciii}

June 6, 2007. AIDS Healthcare Foundation, the largest U.S. provider of HIV/AIDS healthcare, education and prevention and operator of free AIDS treatment clinics in the U.S., Africa, Latin America/Caribbean and Asia, condemned PhRMA for "successfully jockeying language opposing the issuance of compulsory licenses for the manufacturing or importation of generic drugs -- including lifesaving AIDS drugs." AIDS Healthcare Foundation also contacted legislators in Washington to urge them to remove the language from the bill.^{xciv}

June 14, 2007. During a session on the WIPO Development Agenda, an informal agreement was reached on seven draft proposals on Norm-setting, Flexibilities, Public Policy and Public Domain (Cluster B) - of which Brazil is a member.^{xcv}

June 15, 2007. A decision was reached at WIPO to set up a new WIPO Committee on "Development and IP," and to transmit 45 agreed proposals to the WIPO General Assembly for adoption. This decision marked the close of the first phase of the Development Agenda initiative led by the Group of Friends of Development, coordinated by Argentina and Brazil.^{xcvi}

June 29, 2007. Brazil's Higher Court of Justice (STJ) rejected the pharmaceutical industry's attempt to overturn a new 24.69% discount of manufacturer prices in the public sector, and the case proceeded to Brazil's Supreme Court.^{xcvii}

July 2, 2007. According to the industry federation Febrapharma, drug market volume in Brazil fell 0.8% year-on-year (y/y) to 653.16 million boxes.^{xcviii}

July 4, 2007. The U.S. government removed import tariff exemptions offered to Brazil and Thailand under the Generalised System of Preferences (GSP), apparently in retaliation for threats to U.S. intellectual property assets. U.S. commercial groups claimed that US\$3.5 billion worth of Brazilian exports to the United States would be affected due to changes to its GSP status. The sanctions were expected to affect the Brazilian and Thai auto parts industries – key export earners for both countries.^{xcix}

July 10, 2007. Brazil accepted Abbott Laboratories' offer to supply Kaletra (lopinavir / ritonavir) tablets at US\$1,000 per patient per year in that country and entered into a new agreement with the company.^c

July 31, 2007. In an interview with The Miami Herald, Brazil's health minister, José Gomes Temporão, expressed Brazil's intention to continue its policy of demanding price concessions from drug manufacturers.^{ci}

September 27, 2007. Brazil's Minister of Culture Gilberto Gil called for loosening of intellectual property obligations to allow "more people to use and republish digital forms of content as a way of encouraging personal expression, culture and political participation."^{cii}

October 1, 2007. A judgment making Brazil's federal government responsible for meeting the drug costs of a litigant was overturned. The right to healthcare is a constitutional guarantee in Brazil, but a state court in Porto Alegre held that supplying medicines should be the duty of states and municipalities in Brazil. The judge accepted the argument that states should pay out wherever the medicine in question is not available under Brazil's national health service (SUS).^{ciii}

October 8, 2007. Medecins Sans Frontieres (Nathan Ford, David Wilson, Gabriela Chaves, Michel Lotrowska, and Kannikar Kijtiwatchakul) published new data in the report 'Sustaining access to antiretroviral therapy in the less-developed world: lessons from Brazil and Thailand' in *AIDS*.^{civ}

October 25, 2007. A group of international "thought leaders" launched Essential Innovation, "a new international forum for serious discussions regarding protection of intellectual property rights to advance research, development and innovation." The focus is on strengthening the protection of rights for innovation.^{cv}

November 28, 2007. In reaction to a May 2007 decision on compulsory licensing affecting U.S Merck & Co's antiretroviral drug Efavirenz (Sustiva), debate was re-opened by the Human Rights Commission on the request of three Brazilian parliament representatives regarding patent protection and access to medicines in Brazil. The Brazilian government was asked to re-assess the consequences of patent protection and to bring its current IP policy into line with its commitment to increase access to medicines across the country.^{cvi}

December 17, 2007. The Brazilian Pharmacists' Federation (ABCFarma) presented to National Social Security Institute (INSS) a "drug purchasing card scheme with which citizens could pay for drugs with a credit up to 30% of their income." The proposal was intended to solve emergency access to treatment where citizens are "short of cash."^{cvii}

December 10-15, 2007. The Brazilian government failed to secure the extension of the CPMF tax (Provisional Contribution on Financial Transactions) in the Senate, which jeopardized the funds needed for the Growth Acceleration Plan for the Healthcare Sector announced earlier in December.^{cviii}

January, 2008. Swiss drug company Novartis began to promote regular meetings with health providers in Brazil to discuss "ways of widening access to its recently launched or soon-to-be-launched innovative medicines." According to Novartis access director Christina Rossi, "one of the main reasons for the meetings is to show that the inclusion of new medicines in healthcare schemes does not necessarily imply increased costs."^{cix}

January 8, 2008. A new bill was presented to Brazil's parliament proposing that health insurance plans cover medicines prescribed to outpatients. Supporters claim that bill would give patients immediate access to medicines, as well as reduce costs for health insurance companies, considering that fewer patients would need inpatient care.^{cx}

January 22, 2008. Brazil's state-run Oswaldo Cruz Foundation (Fiocruz) announced that its manufacturing division, Farmanguinhos, received confirmation from European experts that the patent Farmanguinhos "lodged in partnership with Spain for an enteric version of the HIV/AIDS drug didanosine (DDI) [did] not infringe any

other global patents.” After the confirmation, Farmanguinhos announced plans to begin manufacturing the drug by the end of the year, in collaboration with local pharMO-chemical company Blanver.^{cxI}

March 3, 2008. Discussion on defining a work program for implementation of the 45 adopted recommendations on the WIPO Development Agenda began in the WIPO Committee on Development and Intellectual Property (CDIP). Many developing countries, including Brazil, stressed the need for CDIP to discuss and propose activities for all the 45 recommendations. Brazil emphasized the importance of not changing the nature of the decision of the General Assembly and pointed out that “there was no substantive difference between the sets of recommendations and that the difference was only operational.”^{cxii}

February 18, 2008. Harvard University scientists reported in journal *Plos Medicine* that “[l]ittle is known about the long-term drug costs associated with treating AIDS in developing countries (see also HIV/AIDS). Brazil's AIDS treatment program has been cited widely as the developing world's largest and most successful AIDS treatment program.”^{cxiii}

February 26, 2008. Brazil and Argentina agreed to create a bi-national biopharmaceutical company to guarantee the supply of essential medicines to the public health sector in both countries and to ensure that the populations of both countries have access to these medicines.^{cxiv}

March 7, 2008. The first meeting of WIPO Committee on Development and Intellectual Property (CDIP) ended. The meeting discussed procedural issues; 6 of the 45 adopted proposals on technical assistance (cluster A) and the committee's future work. Brazilian diplomat Guilherme Patriota expressed the need for WIPO and its work to become more development-oriented by “adopting a broader perspective on the complex relationship between IP and economic and social development, taking into account particularly the different realities faced by developing countries.”^{cxv}

March 17-21, 2008. At sub-group meeting of the WHO's Intergovernmental Working Group (IGWG) on Public Health, Innovation and Intellectual Property Rights, with regards to the transfer of technology, “agreement was reached on some indicators to support improved collaboration and coordination including reporting on measures taken to facilitate local and regional networks, the number of countries and the measures taken to promote training to increase absorptive capacity for technology transfer for health products.” Under discussions of paragraph 4.2. b (North to South technology transfer), Brazil sought an indicator of the number of countries that fully comply with Article 66.2 of TRIPS. The US opposed this indicator.^{cxvi}

April 8, 2008. The Brazilian National Institute of Industrial Property issued an opinion that Gilead's antiretroviral Tenofovir is of public interest. This is a step to issuing a compulsory license for the drug, which costs \$1,387 per patient per year in Brazil, but is sold as a generic by Indian firms for \$170 per patient per year.^{cxvii}

Endnotes

- ⁱ [Ip-health] From Brazil's Ministry of Health, (2007), <http://lists.essential.org/pipermail/ip-health/2007-May/011115.html>.
- ⁱⁱ Mattos HR, Hanan JL, Passman LJ, Vieira C, de Sa CA, *Who gets AZT and who doesn't: analysis of the impact of the Brazilian Health Ministry's criteria for distribution of free AZT*, *Int Conf AIDS*. 1992 Jul 19-24; 8: D511 (abstract no. PoD 5737), <http://gateway.nlm.nih.gov/MeetingAbstracts/102200916.html>.
- ⁱⁱⁱ Brazil's Ministry of Health, *AIDS Drug Policy—Ministry of Health/Brazil*, (no date available), http://www.aids.gov.br/assistencia/aids_drugs_policy.htm.
- ^{iv} S. Burgos, [Ip-health] From Brazil's Ministry of Health, (2007), <http://lists.essential.org/pipermail/ip-health/2007-May/011115.html>.
- ^v Supra note 3, at http://www.aids.gov.br/assistencia/aids_drugs_policy.htm.
- ^{vi} SICE, *Intellectual Property Rights National Legislation-Brazil; Industrial Property Law –Law N. 9.279, of May 14, 1996*, http://www.sice.oas.org/int_prop/nat_leg/Brazil/ENG/L9279eL.asp (last visited June 13, 2007).
- ^{vii} [e-drug] *Brazilian Government declares Efavirenz to be of public interest*, (2007), <http://www.essentialdrugs.org/edrug/archive/200704/msg00085.php>.
- ^{viii} BBC News, *Brazil to Break AIDS Drug Patents*, <http://news.bbc.co.uk/2/hi/health/4059147.stm> (last visited June 13, 2007).
- ^{ix} S. Burgos, [Ip-health] From Brazil's Ministry of Health, (2007), <http://lists.essential.org/pipermail/ip-health/2007-May/011115.html>.
- ^x Ibid, at <http://lists.essential.org/pipermail/ip-health/2007-May/011115.html>.
- ^{xi} J. Galvão PhD, *Access to antiretroviral drugs in Brazil*, 360 *The Lancet*, 1862-1865 (2002).
- ^{xii} CPTECH page, <http://www.cptech.org/ip/health/phrma/301-99/brazil.html> (last visited June 13, 2007).
- ^{xiii} M. S. Hirsch, MD; F. Brun-Vézinet, MD; R. T. D'Aquila, MD; S. M. Hammer, MD; V.A. Johnson, MD; D. R. Kuritzkes, MD; C. Loveday, MD, PhD; J. W. Mellors, MD; B. Clotet, MD, PhD; B. Conway, MD; L. M. Demeter, MD; S. Vella, MD; D. M. Jacobsen; D. D. Richman, MD, *Antiretroviral Drug Resistance Testing in Adult HIV-1 Infection*, 283 *Jama*. 2417-2426 (2000).
- ^{xiv} PhRMA, *Submission of The Pharmaceutical Research and Manufacturers of America (PhRMA) for the National Trade Estimate Report on Foreign Trade Barriers (NTE) 2000*, December 3, 1999, <http://www.cptech.org/ip/health/phrma/nte-99/brazil.html> (last visited June 13, 2007).
- ^{xv} Id, at <http://www.cptech.org/ip/health/phrma/301-00/brazil.html>.
- ^{xvi} United States Trade Representative, 2000 “Special 301” Report, USTR Reports and Publications, Watch List, available at http://hongkong.usconsulate.gov/uploads/images/J6EH6KGM-c0kwdU0CSnXhA/usinfo_301_00-special.pdf.
- ^{xvii} J. Love, [Ip-health] *Compulsory licensing of patents, outside of the Thai case*, CPTECH (2007, <http://lists.essential.org/pipermail/ip-health/2007-February/010490.html>).
- ^{xviii} Id, at <http://lists.essential.org/pipermail/ip-health/2007-February/010490.html>.
- ^{xix} World Trade Organization, *Brazil- Measures Affecting Patent Protection: Request for the Establishment of a Panel by the United States*, WT/DS199/3 Jan 9, 2003, <http://www.cptech.org/ip/health/c/brazil/Req4EstabPanel.html> (last visited June 13, 2007).
- ^{xx} World Trade Organization, *Dispute Settlement Body, Delegation of Brazil: Brazil-Measures Affecting Patent Protection*, Feb 1, 2001, <http://www.cptech.org/ip/health/c/brazil/MeasAffectPatProt.html> (last visited June 13, 2007).
- ^{xxi} Letter from Josph Papovich, Assistant United States Trade Representative for Services, Investment and Intellectual Property Rights, to Gregg Gonsalves, Director of Treatment Advocacy, Gay Men's Health Crisis, (February 9, 2001), available online at <http://www.cptech.org/ip/health/c/brazil/papogons02092001.html>.
- ^{xxii} Reuters, *Brazil Wins Fight Over Prices of Merck AIDS Drugs*, *New York Times*, March 29, 2001, <http://www.globalaging.org/health/world/fakedrugs.htm> (last visited Jun 13, 2007).
- ^{xxiii} Supra note 16, at <http://lists.essential.org/pipermail/ip-health/2007-February/010490.html>.
- ^{xxiv} United States Trade Representative, 2001 “Special 301” Report, USTR Reports and Publications, Watch List, available at <http://www.cptech.org/ip/health/ustr/special301.pdf>.
- ^{xxv} Supra note 16, at <http://lists.essential.org/pipermail/ip-health/2007-February/010490.html>.
- ^{xxvi} J. Love, [Pharm-policy] *CPT and Robert Weissman comments on Brazil case*, CPTECH (2001), <http://lists.essential.org/pipermail/pharm-policy/2001-June/001203.html>.
- ^{xxvii} Press Release, National STD/Aids Program, Brazilian Ministry of Health, *Ministry of Health Announces Compulsory Licensing of Nelfinavir Patent*, (Aug 22, 2001) (online at <http://www.cptech.org/ip/health/c/brazil/nelf08222001.html>).
- ^{xxviii} M. Peterson, J.L. Rich, *Roche Asks for Meeting with Brazil Health Minister*, *New York Times*, August 24, 2001, available at <http://query.nytimes.com/gst/fullpage.html?sec=technology&res=9C03E1D91231F937A1575BC0A9679C8B63>.
- ^{xxix} <http://lists.essential.org/pipermail/ip-health/2007-February/010490.html>, Roche, *Roche and the Brazilian Ministry of Health Reach Agreement for Supply of HIV Drug Viracept*, Roche Corporate Media News, 2001, available at <http://www.roche.com/media-news-2001-08-31-e.pdf>.
- ^{xxx} Press Release, Brazilian Ministry of Health, *Brazil Will Help Developing Countries Fight AIDS*, (December 19, 2002) (online at <http://www.cptech.org/ip/health/c/brazil/brazil12192002.html>).
- ^{xxxi} United States Trade Representative, 2002 “Special 301” Report, USTR Reports and Publications, Watch List, available at http://www.ustr.gov/Document_Library/Reports_Publications/2002/2002_Special_301_Report/2002_Special_301_Report_Priority_Watch_List.html.
- ^{xxxii} BBC News, *New anti-HIV drug deal for Brazil*, (Nov 18, 2003), <http://news.bbc.co.uk/2/hi/americas/3281683.stm>.
- ^{xxxiii} Id, at <http://news.bbc.co.uk/2/hi/americas/3281683.stm>.
- ^{xxxiv} D. Bandow, *IPI Policy Report - # 180: The Free Market Mirage of Reimportation*, (2004) <http://64.233.169.104/search?q=cache:FS4bbIIITfMJ:www.ipi.org/ipi%255CIPublications.nsf/PublicationLookupFullText/EC3722DC>

[128AD49686256EA1005DD342+Brazil+Hoffman-](#)

[La+Roche+compulsory+licensing+Nelfinavir+December+2003+hl=en&ct=clnk&cd=2&gl=us.](#)

^{xxxv} Kaiser Network, *Brazil Requests Voluntary Licensing for AIDS Drugs To Treat More Patients, Reduce Costs of Importing Patented Drugs*, March 17, 2005, available at <http://www.medicalnewstoday.com/medicalnews.php?newsid=21378>.

^{xxxvi} S. Shashikant, R. Tayob, *BRAZIL SANCTIONS COMPULSORY LICENSE ON EFAVIRENZ*, TWN Info Service on Health Issues (2007), <http://www.twinside.org.sg/title2/health.info/twinfohealth088.htm>

^{xxxvii} United States Trade Representative, *2004 "Special 301" Report*, USTR Reports and Publications, Watch List, available at http://www.ustr.gov/Document_Library/Reports_Publications/2004/2004_Special_301/Special_301_Priority_Watch_List.html.

^{xxxviii} BBC News, *Brazil to break Aids drug patents*, (Dec 1, 2004), <http://news.bbc.co.uk/2/hi/health/4059147.stm>

^{xxxix} Roberto Gouveia, *Justification and the Original Text of Bill Number 22/03 PARLIAMENTARY BILL*, (2005), <http://www.cptech.org/ip/health/c/brazil/gouveia06082005.html>.

^{xl} Press Release, Brazilian Ministry of Health: Communication Section National STD/Aids Program, *Chamber of Deputies Unanimously Approves Parliamentary Bill to Free Aids Drug Patients*, (June 1, 2005) (online at <http://www.cptech.org/ip/health/c/brazil/moh06082005.html>).

^{xli} Press Release, Interfarma, *Statement of Interfarma-Brazilian Research-Based Pharmaceutical Manufacturers Association- On Bill 22/03*, (June 2, 2003) (online at <http://www.cptech.org/ip/health/c/brazil/interfarma06022005.html>).

^{xlii} Kaiser Network, *Brazil Requests Voluntary Licensing for AIDS Drugs To Treat More Patients, Reduce Costs of Importing Patented Drugs*, March 17, 2005, available at <http://www.medicalnewstoday.com/medicalnews.php?newsid=21378>.

^{xliii} Kaiser Network, *Brazil Requests Voluntary Licensing for AIDS Drugs To Treat More Patients, Reduce Costs of Importing Patented Drugs*, March 17, 2005, available at <http://www.medicalnewstoday.com/medicalnews.php?newsid=21378>.

^{xliv} Letter from Ginny Brown-Waite, MC, Mario Diaz-Balart, MC, Ileana Ros-Lehtinen, MC, to Ambassador Rob Portman, United States Trade Representative, (May 24, 2005) (online at <http://lists.essential.org/pipermail/ip-health/2005-May/007950.html>).

^{xlv} United States Trade Representative, *2005 "Special 301" Report*, USTR Reports and Publications, Watch List, available at http://www.ustr.gov/assets/Document_Library/Reports_Publications/2005/2005_Special_301/asset_upload_file195_7636.pdf.

^{xlvi} According to the Kaiser Network: "Although Brazil's HIV/AIDS prevention strategy emphasizes abstinence and sexual fidelity, it focuses more on condom education and distribution... Commercial sex work is not a crime in Brazil, and advocates for commercial sex workers have been "among the most active" in the country's fight against HIV/AIDS..." The Henry J. Kaiser Family Foundation, *Politics and Policy/Brazil Refuses \$40M in U.S. AIDS Grants to Protest Policy Requiring Groups to Condemn Commercial Sex Work*, Daily HIV/AIDS Report, (May 2, 2005) available online at <http://www.medicalnewstoday.com/medicalnews.php?newsid=23744>.

^{xlvii} CPTECH homepage, <http://www.cptech.org/ip/health/c/brazil/>. Follow hyperlink: [Declaration of Civil Society regarding the Brazilian Negotiations for Voluntary License for AIDS drugs.](#)

^{xlviii} <http://lists.essential.org/pipermail/ip-health/2005-May/007950.html>.

^{xlix} Letter from Joe Wilson, US Congressman, to Ambassador Rob Portman, United States Trade Representative, (May 24, 2005) (online at <http://www.cptech.org/ip/health/c/brazil/wilson05242005.pdf>).

^l BBC News, *Brazil may break Aids drug patent*, (June 25, 2005)(online at <http://news.bbc.co.uk/2/hi/americas/4621735.stm>).

^{li} For further information on the statements, visit the following site: <http://www.cptech.org/ip/health/c/brazil/>.

^{lii} M. Palmeto, *[Ip-health] Rep. Waxman Statement on Brazilian Compulsory License Dispute*, CPTECH (2005), <http://lists.essential.org/pipermail/ip-health/2005-June/008087.html>.

^{liii} M. Palmeto, *[Ip-health] PhRMA statement on Brazilian compulsory licensing dispute*, CPTECH (2005), <http://lists.essential.org/pipermail/ip-health/2005-July/008104.html>.

^{liv} T. Benson, *Brazil and U.S. Maker Reach Deal on AIDS Drug*, New York Times BUSINESS / WORLD BUSINESS, July 9, 2005, available at

<http://www.nytimes.com/2005/07/09/business/worldbusiness/09drug.html?ex=1121486400&en=48a806edeb68c2eb&ei=5070&emc=eta>

^{lv} Canada NewsWire, *Abbott Statement on Agreement with Brazilian Government for Kaletra® (Lopinavir/Ritonavir)*, (July 9, 2005), <http://press.arrivenet.com/health/article.php/665926.html>.

^{lvi} M. Palmeto, *[Ip-health] PhRMA statement on Brazilian compulsory licensing dispute*, CPTECH (2005),

<http://lists.essential.org/pipermail/ip-health/2005-July/008126.html>, citing PRNewswire, *PhRMA Statement on Protecting Patent Rights in Brazil* (July 9, 2005), <http://biz.yahoo.com/prnews/050709/nysa012.html?.v=10>.

^{lvii} J. Love, *[Ip-health] Brazil consideration of compulsory license of Viread patents*, CPTECH (2006), <http://lists.essential.org/pipermail/ip-health/2006-December/010356.html>.

^{lviii} M. Palmeto, *[Ip-health] Brazil says its near end of price negotiations with Abbott, Merck, and Gilead*, CPTECH (2005), <http://lists.essential.org/pipermail/ip-health/2005-September/008295.html>.

^{lix} CPTECH, *[Ip-health] Article published in the page "opinion" of Jornal do Brazil by the president of the Brazilian Federation of Pharmaceutical Industry*, CPTECH (2005), <http://lists.essential.org/pipermail/ip-health/2005-September/008335.html>.

^{lx} <http://www.globalexchange.org/countries/americas/brazil/brazilaidsmeds.html>.

^{lxi} M. Palmeto, *[Ip-health] US & Brazil Joint Statement on the Occasion of the Visit by President George W. Bush to Brazil*, CPTECH (2005), <http://lists.essential.org/pipermail/ip-health/2005-November/008634.html>.

^{lxii}

A. Grangeiro, L. Teixeira, F. I. Bastos, *et al.* Sustainability of Brazilian policy for access to antiretroviral drugs. 40 Rev. Saúde Pública, 60-69 (2006).

- ^{lxiii} M. Lotrowska, [*Ip-health*] Brazilian deal on tenofovir—translation of MoH release of 9th of May, CPTECH (2006), <http://lists.essential.org/pipermail/ip-health/2006-May/009546.html>.
- ^{lxiv} United States Trade Representative, 2006 “Special 301” Report, USTR Reports and Publications, Watch List, available at http://www.ustr.gov/assets/Document_Library/Reports_Publications/2006/2006_Special_301_Review/asset_upload_file473_9336.pdf.
- ^{lxv} James Love, *Senator Lieberman and Four Others Rap Thailand Compulsory Licenses on Non-AIDS Drugs*. April 2, 2007, The Huffington Post Online, available at http://www.huffingtonpost.com/james-love/senator-lieberman-and-fou_b_44821.html.
- ^{lxvi} James Love, *Abbott Recently Sought Compulsory License in a US Patent Dispute*, KEI, May 1, 2007, available at http://www.keionline.org/index.php?option=com_content&task=view&id=43&Itemid=1.
- ^{lxvii} James Love, id at http://www.keionline.org/index.php?option=com_content&task=view&id=43&Itemid=1.
- ^{lxviii} James Love, id at http://www.keionline.org/index.php?option=com_content&task=view&id=43&Itemid=1.
- ^{lxix} J. Love, [*Ip-health*] *Compulsory licensing of patents, outside of the Thai case*, CPTECH (2007), <http://lists.essential.org/pipermail/ip-health/2007-February/010490.html>.
- ^{lxx} James Love, *supra note 33*, at http://www.huffingtonpost.com/james-love/senator-lieberman-and-fou_b_44821.html.
- ^{lxxi} Essentialdrugs.org, [*e-drug*] *Brazilian Government declares Efavirenz to be of public interest*, (2007) <http://www.essentialdrugs.org/edrug/archive/200704/msg00085.php>.
- ^{lxxii} M. Lotrowska, [*Ip-health*] *Q&A from the Brazilian MoH on the Efavirenz CL-official translation from the MoH available on www.aids.gov.br*, CPTECH (2007), <http://lists.essential.org/pipermail/ip-health/2007-April/011029.html>.
- ^{lxxiii} J. Love, *Brazil’s latest compulsory licensing announcement*, IP Disputes in Medicine (2007), <http://www.cptech.org/blogs/ipdisputesinmedicine/2007/04/brazils-latest-compulsory-licensing.html>.
- ^{lxxiv} For a more complete listing of articles and sources, visit: <http://www.cptech.org/ip/health/c/brazil/>.
- ^{lxxv} CPTECH, [*Ip-health*] *Brazilian Working Group on IP—comment about declaration of public interest of efavirenz*, (2007), <http://lists.essential.org/pipermail/ip-health/2007-April/011036.html>.
- ^{lxxvi} Id, at <http://lists.essential.org/pipermail/ip-health/2007-April/011036.html>.
- ^{lxxvii} United States Trade Representative, 2007 “Special 301” Report, USTR Reports and Publications, Watch List, available at http://www.ustr.gov/assets/Document_Library/Reports_Publications/2007/2007_Special_301_Review/asset_upload_file230_11122.pdf.
- ^{lxxviii} Press Release, PhRMA, *PhRMA Response to 2007 Special 301 Report*, (April 30, 2007) (online at http://www.phrma.org/news_room/press_releases/phrma_response_to_2007_special_301_report/).
- ^{lxxix} J. Love, *Brazil Puts Patients Before Patents*, The Huffington Post (2007), http://www.huffingtonpost.com/james-love/brazil-puts-patients-befo_b_47651.html.
- ^{lxxx} Press Release, Merck, *Merck & Co., Inc. Statement on Brazilian Government’s Decision to Issue Compulsory License for STOCRIN*, (May 4 2007) (online at http://www.merck.com/newsroom/press_releases/corporate/2007_0504.html).
- ^{lxxxi} J. Love, *Statement by James Love*, Knowledge Ecology International (2007), http://www.keionline.org/index.php?option=com_content&task=view&id=46&Itemid=1.
- ^{lxxxii} R. Weissman, [*Ip-health*] *Brazil Decides to Held Hostage No More*, CPTECH (2007), <http://lists.essential.org/pipermail/ip-health/2007-May/011110.html>.
- ^{lxxxiii} R. Weissman, [*Ip-health*] *US Chamber: Brazil Takes Major Step Backward on Intellectual Property Rights*, CPTECH (2007), <http://lists.essential.org/pipermail/ip-health/2007-May/011111.html>.
- ^{lxxxiv} Press Release, Ministry of Public Health, *Brasil decreta licenciamento compulsório do Efavirenz*, Brazil’s Ministry of Public Health (April 5, 2007) (online at http://portal.saude.gov.br/portal/aplicacoes/noticias/noticias_detalhe.cfm?co_seq_noticia=29717).
- ^{lxxxv} Yahoo!, *Merck Dissatisfied with Brazil over Patent Breach; India Pharma to Benefit, Seeking Alpha*, (2007), http://biz.yahoo.com/seekingalpha/070507/34684_id.html?.v=1.
- ^{lxxxvi} A. Heumber, [*Ip-health*] *EUROPEAN PARLIAMENTARIANS WELCOME THE BRAZIL DECISION TO ISSUE A COMPULSORY LICENSE TO ALLOW THE PRODUCTION OF AN ANTI-AIDS DRUG (ES-EN-FR)*, CPTECH (2007), <http://lists.essential.org/pipermail/ip-health/2007-May/011134.html>.
- ^{lxxxvii} Press Release, USA for Innovation, *USA for Innovation Announces Advertising Campaign in Thailand*, (May 9, 2007) (available at http://usaforinnovation.org/news/display_article.cfm?ID=32).
- ^{lxxxviii} Id, at http://www.usaforinnovation.org/news/display_article.cfm?ID=25.
- ^{lxxxix} Letter from Ambassador Ken Adelman, Executive Director, USA for Innovation, to Ambassador Condoleezza Rice, Secretary of State, Carlos M. Guierrez, Secretary of Commerce, Michael O. Leavitt, Secretary of Health and Human Services, Ambassador Susan Schwab, US Trade Representative, (April 23, 2007) (online at http://www.usaforinnovation.org/news/050907_USAFI_Adelman%20Letter.pdf).
- ^{xc} Id, at <http://lists.essential.org/pipermail/ip-health/2007-May/011155.html>.
- ^{xc} Thailand’s Ministry of Public Health and the National Health Security Office. *Facts and Evidences on the 10 Burning Issues Related to the Government Use of Patents on Three Patented Essential Drugs in Thailand*, 73,77-78, (2007). Available online at http://www.bilaterals.org/article.php?id_article=7349.
- ^{xcii} Press Release, PhRMA, *PhRMA: Compulsory Licensing Trend Dangerous*, (May 14, 2007) (available at http://www.phrma.org/news_room/press_releases/phrma%3a_compulsory_licensing_trend_dangerous/).
- ^{xciii} Monika Ermert & Tove Gerhardsen, *G8 Summit Strengthens IP Protection; May Undercut Compulsory Licensing*, Intellectual Property Watch (June 7, 2007), available at <http://www.ip-watch.org/weblog/index.php?p=646> (last visited Apr. 18, 2008).

-
- ^{xciv} AIDS Healthcare Foundation: *Pharma Jockeys Language Against Compulsory Licensing into FDA Re-authorization; US' Largest AIDS Group Urges House Energy and Commerce Committee to Nix Drug Lobbyists' Language that Challenges Other Countries' Rights to Access Lifesaving Drugs*, PR Newswire US (June 6, 2007).
- ^{xcv} SUNS Report on the WIPO Development Agenda (June 15, 2007).
- ^{xcvi} SUNS Report on the WIPO Development Agenda (June 19, 2007).
- ^{xcvii} Ben Shankland, *Legal Battle over Brazil's Drug Price Discount Heads for Supreme Court*, World Markets Research Centre: Global Insight (June 29, 2007).
- ^{xcviii} Ben Shankland, *Drug Market Volume in Brazil Falls*, World Markets Research Centre: Global Insight (July 2, 2007).
- ^{xcix} Ben Shankland, *U.S. Retaliates After Thai, Brazilian Decisions on Pharmaceutical IP*, World Markets Research Centre: Global Insight (July 4, 2007).
- ^c --, *Abbott to supply Kelatra to Brazil for \$1US,000 per patient per year*, Anti-Infective Drug News: Pharmaceuticals (July 10, 2007).
- ^{ci} Ben Shankland, *Brazilian Health Minister Eyes More Drug Price Cuts*, Global Insight (July 31, 2007).
- ^{cii} Martin LaMonica, *Brazil's minister of culture calls for free digital society*, News Blog (Sept. 27, 2007), available at http://www.news.com/8301-10784_3-9786370-7.html?tag=yt (last visited Apr. 18, 2008).
- ^{ciii} Ben Shankland, *Court Passes the Buck for Public Drug Costs in Brazil*, Global Insight (Oct. 1, 2007).
- ^{civ} *HIV/AIDS THERAPY; New HIV/AIDS therapy study findings have been reported from N. Ford et al*, Pharma Business Week (Oct. 8, 2007); Medecins Sans Frontieres publication page: <http://msf.openrepository.com/msf/handle/10144/19975> (last visited Apr. 21, 2008).
- ^{cv} *International Thought Leaders Join Forces to Protect Incentives for Innovation to Address Global Public Health Needs; EssentialInnovation.org launches; Website is the new global resource for serious dialogue on intellectual property rights' role in advancing research and innovation*, PR Newswire (Oct. 25, 2007); Essential Innovation: About Us page: http://www.essentialinnovation.org/wordpress/?page_id=3 (last visited Apr. 21, 2008).
- ^{cvi} Maria Tamayo, *Debate Rages Over Patent Laws in Brazil*, Global Insight (Nov. 28, 2007).
- ^{cvi} Maria Tamayo, *Brazil Pharma Association Proposes Discount Cards for Drug Procurement*, Global Insight (Dec. 17, 2007).
- ^{cvi} Maria Tamayo, *CPMF Tax Loss in the Senate Puts Brazilian Government Health Investment Plan in Question*, Global Insight (Dec. 17, 2007).
- ^{cix} Ben Shankland, *Novartis Seeks to Form Partnerships with Health Providers in Brazil*, Global Insight (Apr. 4, 2008).
- ^{cx} Ben Shankland, *New Bill Aims to Compel Insurers to Cover Outpatients in Brazil*, Global Insight (Jan. 8, 2008).
- ^{cx} Ben Shankland, *Patent Clearance Creates Path for Manufacture of AIDS Drug by Brazilian Government*, Global Insight (Jan. 22, 2008).
- ^{cxii} Riaz K. Tayob, *WIPO: Discussion begins on implementing the Development Agenda*, Suns (Mar. 5, 2008).
- ^{cxiii} *HIV/AIDS; Studies from Harvard University have provided new data on HIV/AIDS*, Pharma Business Week (Feb. 18, 2008).
- ^{cxiv} Ben Shankland, *Brazil, Argentina to Create Biotech Partnership*, Global Insight (Feb. 26, 2008).
- ^{cxv} Sangeeta Shashikant, *WIPO: Development Agenda meeting ends, slow progress on implementation*, Suns (Mar. 11, 2008).
- ^{cxvi} Riaz K. Tayob, *WHO: Slow progress in talks on IPRs and innovation*, Suns (March 26, 2008).
- ^{cxvii} Claudia Jurberg, *Brazil Declares patented AIDS Drug Of Public Interest, Could Expand Access*. Intellectual Property Watch (April 22, 2008). <http://www.ip-watch.org/weblog/index.php?p=1015>