



October 19, 2015

President Barack Obama
The White House □ 1600
Pennsylvania Avenue NW Washington, DC 20500

Dear Mr. President:

The organizations signing this letter want to express our deep concerns with the meager offer of 10 years by the United States for the pharmaceutical transition period for the poorest nations in the world - the least developed countries (LDCs).

This offer is simply unconscionable and indefensible in the face of the public health and other developmental challenges facing the LDCs.

We believe the LDCs' request for a pharmaceutical transition period for as long as they remain as LDCs will receive unconditional support from WTO members, if supported by the United States. As you know, the European Union has publicly supported the LDCs' request. Even UN and international agencies (WHO, UNITAID, UNAIDS and UNDP), suppliers of generic medicines to LDCs, and civil society organizations from across the world have unequivocally supported the LDCs' request.

We fail to understand why the US, alone, continues to oppose LDCs' demand - a legally sound and justified request for a pharmaceutical transition period for as long as they remain LDCs.

The position of the US on this matter is egregious. The LDC markets are of no significant financial value. Moreover, the US is an important donor and member of the international community that is active in various LDCs in supporting HIV treatment programs as well as initiatives such as the Global Fund; hence the US administration is a major beneficiary of the LDCs' request.

LDCs are the most vulnerable and poorest segment of the international community. The majority of the LDCs (34) are in the Sub-Saharan region. They are characterized by low per capita income, low level of human development, and economic vulnerability, in addition to inherent geographical and environmental constraints.

According to the United Nations, more than 70 percent of the LDC population lives on less than \$2 per day and an estimated 252 million people live with hunger. World Bank data from 2014 reports that only 36 percent of least developed countries have access to improved sanitation facilities while 68 percent have access to improved drinking water source. As of 2012, two thirds of people in LDCs lacked access to electricity. In 2014, GNI per capita for LDCs was US \$915, compared to US \$55,200 for the United States. LDCs' productive capacity is highly limited and they have severe infrastructure deficits. They are also at the bottom of technology development.

Moreover, several LDCs face natural calamities (such as the recent earthquake in Nepal), further worsening the living conditions and adding to the development challenges in these countries. Many LDCs are also challenged by violence, war, conflict and political instability, symptomatic also of poverty, inequalities and social injustices. Out of the 20 member countries of the g7+ group of countries in post/conflict situations and fragile states, 18 are LDCs.

These countries also suffer enormous health burdens, both of communicable and non-communicable diseases. Recently, the Ebola crisis plagued Sierra Leone, Guinea and Liberia; all LDCs.

In 2001, the Doha Declaration on TRIPS and Public health, which exempted LDCs from pharmaceutical product patenting until 1 January 2016, had a hugely positive impact in improving access to affordable treatment. It enabled LDC governments, donors and the international community to treat more HIV/AIDS patients. However the treatment gap continues to be massive, as 63 percent of the 10.7 million people living with HIV in LDCs do not have access to ARV therapy. This situation is simply unacceptable. Non-communicable disease is another growing challenge for LDCs as its prevalence increases and treatments are simply unaffordable, especially as most of the medical expenses in LDCs are borne “out-of-pocket”.

Hence, we strongly urge the US to take immediate steps to express its full and unconditional support for the LDC Group's request for a pharmaceutical transition period for as long as they remain LDCs.

Oxfam America
Health Gap
Knowledge Ecology International (KEI)
Public Citizen
Union for Affordable Cancer Treatment (UACT)
Young Professionals Chronic Disease Network

cc: Ambassador Michael Froman, USTR; Ambassador Michael Punke, USTR, George York, USTR; Michelle Lee, USTR, Shira Perlmutter, USTR; Emily Bleimund, HHS.