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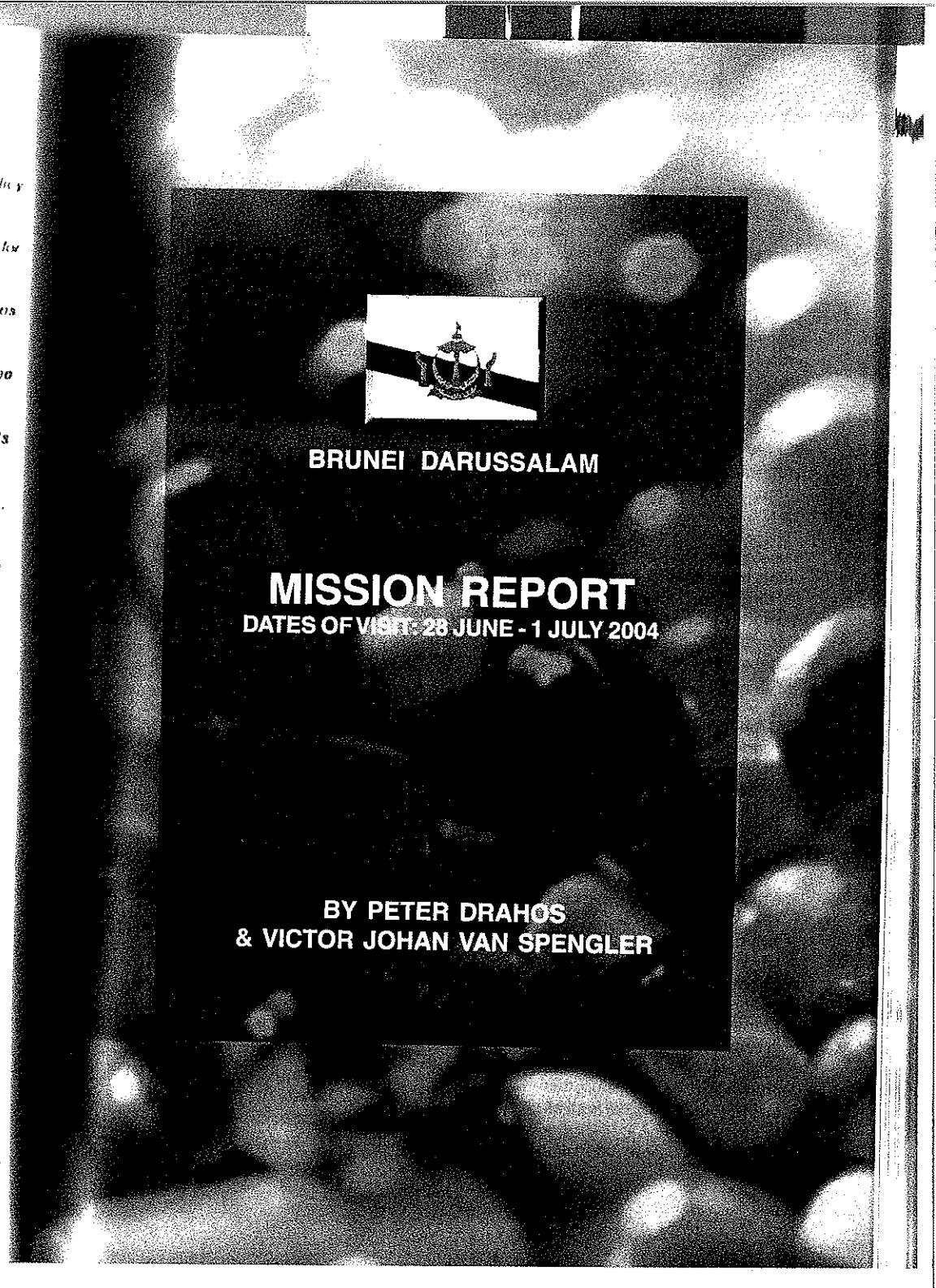

1. DESCRIPTION OF THE CONSULTATIVE PROCESS WITHIN BRUNEI DARUSSALAM

The mission in Brunei Darussalam was shortened by one day from the original five days and therefore there were two days available for consultative meetings, besides a two-day workshop. We experienced that the government of Brunei Darussalam is very well organised which made the consultation-process efficient and pleasant. The high quality of the Brunei Darussalam presentations in the workshop easily compensated for the one day less of consultation-meetings.

In the morning of Monday 28 June, the day before the workshop, we had an introduction meeting at the Ministry of Health with key-persons from the National Project Coordinating Committee (NPCC) and, afterwards, a meeting with the complete NPCC to discuss the project.

On Monday-afternoon, we made a visit to the Ministry of Industry and Primary Resources (MoIPR). We were able to discuss trade-issues and Intellectual Property Rights (IPRs) in Brunei Darussalam. Representatives from the Attorney General's Chamber, which is entrusted with the registration/administration of IPRs in Brunei Darussalam, also attended the meeting.

A two-day workshop was held on Tuesday and Wednesday 29-30 June. Most participants in the workshop were from the Ministry of Health (MoH). The MoIPR and the Attorney General's Chamber were well represented and there were also participants from the Ministry of Finance. Seeing the lively discussion in the workshop, there was a lot of interest in the subject from all sectors.

On Thursday 1 July, we had a de-briefing with the NPCC-members and discussions about the finalisation of the draft country report.

2. PEOPLE INTERVIEWED

While we met with NPCC-members in several meetings, we were not able to meet with the Permanent Secretary for the MoH Health (Chairman of the NPCC).

The members of the NPCC:

- Dato Paduka Haji Zainal Haji Momin, Permanent Secretary for the MoH - Chairman
- Datin Paduka Dr Hjh Intan Hj Md Salleh, General Director of Health Services, MoH – Vice Chair
- Dr Haji Affendy POKSMDSP Hj Abidin, General Director of Medical Services, MoH – Vice Chair
- Yusof Amba, Acting Director of Policy and Planning, MoH – Member
- Dr Hajah Kalsom Abd Latif, Director of Health Services, MoH – Member
- Aminah Haji Md Jaafar, Director of Pharmaceutical Services, MoH – Member
- Dr Hajah Rahmah Hj Md Said, Acting Director of Environmental Health Services, MoH – Member
- Hajah Norsiah Haji Johari, Assistant Director of International Affairs Section, MoH – Secretary
- Naimah binti Mohd Ali, Assistant Solicitor General, Attorney General's Chamber – Member
- Dk Siti Nurbani PDP Hj Tengah, Deputy Senior Counsel International Law Division, Attorney General's Chamber – Member

- Shahrinah Hj Mohd Yussof Khan, Deputy Registrar - Registry of Trademark and Patents, Registry Division, Attorney General's Chamber – Member
- Vincent Kong Sui Fong, Assistant Director International Relations and Trade Development, MoIPR – Member
- Noramali Dato Paduka Hj Jumat, Special Duties Officer International Relations and Trade Development, MoIPR – Member

Besides the members of the NPCC who are based in the MoIPR, our Monday-afternoon visit to MoIPR was attended by the NPCC members from the Attorney General's Chamber.

As indicated above, also the workshop appeared to be a rich source of information, thanks to presentations of and discussions with members of the NPCC. Besides presentations of NPCC-members, the presentation of Ms. Han See Yin (Senior Pharmaceutical Chemist, Directorate of Pharmaceutical Services) and follow-up discussions were especially informative.

3. INTRODUCTION, INTELLECTUAL PROPERTY AND PUBLIC HEALTH IN BRUNEI DARUSSALAM

Brunei Darussalam is a country of half a million people on about 5,500 square kilometres of land. It has a wealthy economy because of oil and natural gas exports. Brunei Darussalam also earns considerable revenue from overseas investment. Besides the energy-sector, domestic (industrial) production is limited.

Although Brunei Darussalam has one of the highest per-capita GDP of less developed countries, there is no production-capacity for pharmaceutical products in the country. The main reason for this may be the market-size of only 400,000 to 500,000 people. Medicines are imported, mainly from Malaysia, Singapore, Australia and the United Kingdom.

The government provides all medical services for the people of Brunei Darussalam. Besides the mere fact that most medicines in Brunei Darussalam are bought out of the government's budget, there are more factors that make IPRs and Public Health a relevant topic, e.g.:

- the annual medicines-expenses, of currently 35-million B$, is growing approximately one-million B$ year-on-year;
- while 95% of tendering is done based on generic names, 80% of the procured pharmaceutical items are branded;
- it is estimated that the 80%-share of branded products could be brought down to 54%;
- 67% of the pharmaceutical products are bought from originator-companies, who may hold patents elsewhere. This means that, while there is no relevant patent in Brunei Darussalam, the medicines are often bought at patent premium-prices;
- tendering is mostly done locally amongst 17 licensed suppliers.

4. INTERNATIONAL INTELLECTUAL PROPERTY AGREEMENTS

- Brunei Darussalam is member of the WIPO (WIPO Convention, since April 1994);
- Member of the WTO and as such also a Signatory to TRIPS Agreement (January 1995);

- Brunei Darussalam has signed a Trade and Investment Framework Agreement with the United States of America in 2002. This agreement includes provisions on Intellectual Property;
- Brunei Darussalam seems to be preparing to become a member of the Patent Cooperation Treaty (PCT). This treaty usually leads to a large influx of (extra) foreign pharmaceutical product patent-applications.

5. INTELLECTUAL PROPERTY LAWS OF BRUNEI DARUSSALAM

5.1. Chapter 72 of the Laws of Brunei Darussalam (Cap.72), as revised

It is not possible to apply for patents in Brunei Darussalam; it is only possible to register certain foreign patents. Cap. 72 as it is currently in force, allows for the registration and protection of patents from Malaysia, Singapore and the U.K. in Brunei Darussalam, after it has been established that the exclusive rights to the respective invention would not be prejudicial to the public interest. Cap.72 does not explicitly prohibit parallel importation.

There is no effective compulsory licensing provision in Cap. 72. The exclusive rights to the invention can only cease if His Majesty the Sultan and Yang Di-Pertuan declares in a public statement in Bandar Seri Begawan that the exclusive right, or the way in which it is exercised, is mischievous to Brunei Darussalam or prejudicial to the public.

5.2. Emergency (Patents) Order, 1999

The government has prepared the Emergency (Patents) Order, 1999 (Patents Order), but it is not yet being implemented. However, comments on Patent Law of Brunei Darussalam are based on the Patents Order, expecting that it will come into operation in the near future.

6. PHARMACEUTICAL PATENTING IN BRUNEI DARUSSALAM

6.1. Novelty and Inventive Step

The TRIPS Agreement requires that Brunei Darussalam makes patents available for any inventions, whether products or processes, in all fields of technology, provided that they are new, involve an inventive step and are capable of industrial application (Article 27.1 TRIPS Agreement).

Section 16.2 of the Patent Order indicates that "An invention of a method of treatment of the human or animal body by surgery or therapy or of diagnosis practised on the human or animal body shall not be taken to be capable of industrial application.", but substances or compositions that are invented for use in treatment-methods, shall not be prevented from being treated as capable of industrial application (Section 16.3). This indicates that new and inventive medicines can be considered industrially applicable and should thus be eligible for patent-protection, even though they are intended for the use in treatment-methods for the human or animal body.

Section 14.7 of the Patent Order explains how the novelty requirement has to be applied in the area of pharmaceutical products:

"(7) In the case of an invention consisting of a substance or composition for use in a method of treatment of the human or animal body by surgery or therapy or of diagnosis practised on the human or animal body, the fact that the substance or composition forms part of the state of the art <=is not new> shall not prevent the invention from being taken to be new if the use of the substance or composition in any such method does not form part of the state of the art."

This provision indicates that substances or compositions that are known to be useful in any method of treatment of the human or animal body are not considered new. Only substances or compositions that have not been used as medicines before may be eligible for a patent, because only those are considered "new" for the purpose of the novelty requirement.

It is important to note that Section 14.7 does not allow for the (re-)patenting of known medicines for newly discovered (second/third/...) therapeutical use. Besides the ethical considerations for providing patent-protection for therapeutical methods, it is also not always practicable to provide a new patent for an old product, because it may be difficult to determine infringement.

6.2. Patent Cooperation Treaty (PCT)

The Patent Order indicates that Brunei Darussalam is preparing to become a member of the Patent Cooperation Treaty (PCT). The PCT will bring a lot of new medicines under foreign patents, while the underlying technology may have otherwise been in the public domain in Brunei Darussalam and therefore completely free to use for all.

The TRIPS Agreement provides foreign patent-applicants with a 12 months priority period. This means that that after the first application for a patent abroad, the applicant should apply within 12 months for a patent covering the same technology in Brunei Darussalam (and in other WTO-members). After the expiration of this 12-months period, the invention is not considered "new" anymore.

However, once Brunei Darussalam would become a PCT-member, other Member Countries of the Patent Cooperation Treaty (PCT) will be given *31 months* the time to file an equivalent patent application in Brunei Darussalam.

A group of 14 industrialised PCT Member Countries is the source of almost 95% of all PCT patent-applications (year 2000). While this small group of countries hugely benefits from the PCT-system, more than 100 other PCT members (including many developing countries) are mostly at the receiving end and will have to grant exclusive rights for technologies that may have otherwise been in the public domain in their territories. Besides this TRIPS-plus priority period (31 months instead of 12 months), the PCT provides applicants with a system through which patent-applications can be easily sent to patent-offices of other PCT Member Countries around the world.

It may be better to have a patent office up-and-running before decisions are made regarding eventual PCT-membership. After a number of years, it will be possible to see how many patents are granted to people and companies from Brunei Darussalam and how many applicants could thus potentially benefit from Brunei Darussalam's PCT-membership.

7. PARALLEL IMPORTATION

While Cap. 72 does not prohibit parallel importation, the Patents Order clearly does not give the patent holder an opportunity to interfere with parallel trade. Section 66.2 sub-g indicates that the proprietor of the patent has no right to prevent acts with regard to products that have been put on the market by him (or with his consent), including products that were put on the market outside Brunei Darussalam under his equivalent patents. Parallel importation is thus allowed.

8. EXPERIMENTAL USE, BOLAR PROVISION

A Bolar provision in a Patent Law allows competitors of the proprietor of the patent to process an application for marketing-approval, while the proprietor's patent-term has not yet expired.

There is no Bolar-provision in the Patent Act. While Section 66.2 sub-b Patent Act allows for the experimental use of patented inventions, it may not be allowed to use the patented invention to prepare test-data or to provide samples of the patented product to the authorities for drug regulatory approval.

If generic medicines-producers can only submit applications for marketing-approval for off-patent medicines after the patent-term has expired, they can only place their product on the market after the completion of the medicine approval-process.

9. PRIVATE NON-COMMERCIAL USE

Any acts with regard to a patented invention, which are done privately and not for commercial purposes, do not constitute an infringement, even though those acts may have otherwise been considered infringing (Section 66.2 sub-a Patent Act).

This means that individuals can bring in as much (generic) medication as they would like, as long as it is for private use (and not for sale or other commercial purposes).

10. USE OF THE PATENTED INVENTION WITHOUT THE AUTHORISATION OF THE RIGHT HOLDER

The Patent Order has extensive provisions for use of the invention without authorisation of the right holder: compulsory licensing and use of patented inventions for services of the government.

10.1. Compulsory Licensing

Three years from the date of the grant of a patent or four years from the date of filing of the patent-application, whichever is the later, and after reasonable efforts to acquire a voluntary license on reasonable terms and conditions from the proprietor of the patent, any interested person may apply to the court for the grant of a compulsory license. Grounds upon which a compulsory license may be granted by the court:

- The patented invention is not, or at least insufficiently, made available in Brunei Darussalam, or
- The patented invention is not made available on reasonable terms.

In determining whether it is appropriate to grant a compulsory license, the court shall take into account:

- The nature of the invention (e.g. is there a market for the invention in Brunei Darussalam?),
- The time that has elapsed after the grant of the patent (did the proprietor "neglect" the Brunei Darussalam market for a long time?),
- The measures already taken by the proprietor to make use of the invention (were there serious attempts to sell the patented invention?),
- The ability of the potential compulsory licensee the work the invention to the public advantage (how is the public interest affected?), and
- Investment and other risks involved for the applicant of the compulsory license.

Except in cases of anti-competitive behaviour of the right holder, the compulsory license can only be used to predominantly for the supply of the market in Brunei Darussalam. The licensee has to pay compensation to the right holder as agreed or as determined by the court at their request. The right holder, or any other interested person, can request the court to terminate the license for the reason that the ground upon which the license was granted has ceased to exist and is unlikely to recur. In terminating the compulsory license, the court shall take into account the legitimate interests of the licensee.

In the medium term, the importance of compulsory licensing in the pharmaceutical area may be limited in Brunei Darussalam, seeing that:

- The market size for pharmaceutical products in Brunei Darussalam is very small, and
- The absence of an existing chemical/ pharmaceutical industry that can easily start producing medicines under a compulsory license.

This situation may change if a pharmaceutical industry would be established in Brunei Darussalam and the IPR regulatory-framework would be adapted so that exports of generic medicines to countries with insufficient manufacturing-capacity would be possible.

However, in the meantime the opportunities for compulsory licensing for local consumption may be very limited (due to small market size).

10.2. Use of Patented Inventions for Services of the Government

Seeing the structure of the public health system in Brunei Darussalam, there are important opportunities to use the Patent Order provisions for the use of pharmaceutical product patents by the government. It is easier for the government to use patented technology than for others to acquire a compulsory license.

The most important differences with a compulsory license are:

- Government departments and persons that are authorised by a government department can use the patented invention, without making a prior request to a court;
- If the use of a patented invention for the services of the government is limited to "public non-commercial use" (by the government or persons authorised by the government), then there is no obligation to make an effort to acquire a voluntary license on reasonable terms and conditions from the proprietor of the patent;
- Excess products (not anymore to be used for government services) can be disposed off, as if the government were the patent holder and others who acquire products from the government are also not infringing the patent;
- When the patented medicine would be needed by the government for foreign defence-purposes, export of the patented invention is allowed.

A TRIPS-plus limitation of the use of patented inventions for the services of the government is the possibility of any interested party to request that the government use be terminated. The TRIPS Agreement would only require that there is a possibility for the right holder to request for adequate remuneration, but the court need not be authorised to provide for termination of the government use (as it could terminate compulsory licenses).

It would not be possible for us to predict whether patent holders will indeed go to court to ask for termination of the government use, as the Patents Order provides. However, the experience in other countries is that patent holders make use of all the means available to them to prevent products to be procured from other sources. The experience in developing countries is that pharmaceutical patent holders would rather give away their products for free, than let a competitor supply (probably to prevent others from building competing production capacity).

10.3. 30 August 2003 WTO General Council Decision on theImplementation of Paragraph 6

Brunei Darussalam could make use of the decision of the WTO on the Implementation of Paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health adopted by the General Council on 30 August 2003 (under Cap.72 and under Emergency - patents- Order 1999). Both compulsory licenses and use of a patented invention for the services of the government allow for the use of the patent without authorisation of the patent holder. The possibilities for such use include importation of products embodying the patent. In case of a third party in Brunei Darussalam requesting for a compulsory license, it is very well possible that this party intends to produce and market the patented product. The government, on the other hand, would most probably look for the cheapest and most efficient way to use the invention, which would often lead to importation (but no production in the country).

11. THE DRUG REGISTRATION AUTHORITY AND DATA PROTECTION

Competition in medicines-procurement may also be restricted by marketing approval regulations for pharmaceutical products and by the system through which companies are licensed to make, buy/import, stock and sell medicines.

11.1. Product Approval and Licensing of Suppliers

Licensing-requirements for medicine-suppliers should not be more complicated than necessary so that as many suppliers as possible can compete. Regulatory barriers to parallel trade can be removed as long as the quality of the supply chain is not compromised. The drug regulatory authority (DRA) will have to strike the right balance between on one hand extremely strict quality controls so that very few companies can qualify for a drug-supply license and, on the other hand, free trade in medicines by everybody with potential quality risks.

Brunei Darussalam does currently not have a national drug registration. Medicines that are registered in Malaysia, Singapore, U.K., Australia, USA or EU can be also sold in Brunei Darussalam. As long as the medicines-supply depends on regulatory-approval by a limited number of overseas drug regulatory agencies, it is not possible to use generic medicines in Brunei Darussalam which are not approved in any of the reference-countries. This situation may block Brunei Darussalam's access to certain quality (generic) pharmaceutical products.

Once Brunei Darussalam has enacted its own drug registration system, it will be able to allow for the registration and use of any quality (generic) medicines from any source around the world.

11.2. Data Protection

To allow for expeditious regulatory-approval of generic versions of medicines that are not under patent in Brunei Darussalam, it should be prevented that new intellectual property rights are created in the field of drug regulatory approval. For example, in some developed countries, approval-agencies are only allowed to use test-data related to pharmaceutical products for the purpose of authorising the marketing of products of the company that has produced the data.

While the TRIPS Agreement (Article 39.3) requires Brunei Darussalam to protect data, it is not necessary to restrict the use of data by the government by the creation of exclusive rights. If necessary, there would be other ways to "protect the investment" of the company that created the data, without effectively blocking others, including the government of Brunei Darussalam, from using the data. It would also be possible to provide compensation to the creator of the data, based on the actual value of the use of the data in Brunei Darussalam (proportionate to the total expected sales of the product in the world-market and the reasonable cost of generating the data).

12. CONCLUSIONS: HOW MAY IPRS INFLUENCE THE FUTURE OF PUBLIC HEALTH IN BRUNEI DARUSSALAM?

12.1. Current Situation

Brunei Darussalam has some important advantages over some other ASEAN Member Countries:

- Brunei Darussalam has a working healthcare system, without a separation between public healthcare and private healthcare which would undermine the overall quality (as it can be seen in other countries);
- The publicly funded medicine procurement allows for effective use of compulsory licensing (especially: public non commercial use) and other strategies to control the price of medicines;
- Brunei Darussalam is a WTO-member, without having made harmful concessions in an accession negotiation process;
- Brunei Darussalam did not make unnecessary (TRIPS-plus) commitments in the field of IPRs in Bilateral agreement, and may not be easily forced to do so, already being a member of the WTO.

12.2. Opportunities, Risks and Challenges

However, in the light of these circumstances, there are a number of things that can be done to reap the benefits of the opportunity-rich situation and at the same time one has to constantly be aware of issues that could undermine the available opportunities.

12.3. Regulatory Approval and Procurement Flexibility

Brunei Darussalam is currently not using the full flexibility that it has available to increase the effectiveness of competitive bidding. By setting up an effective national system for medicines approval, it will be possible to allow a wider range of (generic) products to be used than those currently approved in the foreign reference countries. At the same time more suppliers could be licensed so that price-competition will increase. It is a challenge to keep in mind product-quality and supply-chain reliability when widening the circle of sources for medicines-procurement.

12.4. Negotiating Prices

Brunei Darussalam could consider keeping and reinforcing the publicly funded system for pharmaceutical product procurement. At the same time preventing that a growing

separate system of independently (privately) funded healthcare/medicines weakens the current strong bargaining-position in matters of medicines procurement and healthcare service provision in general.

An integrated system for medicines-procurement, be it state-funded or funded by a national (public) insurance, allows for the control of medicines expenditure, in spite of eventual patent-monopolies. A good example of such collective bargaining power is the Pharmaceutical Benefit Scheme in Australia. Prices for medicines are not only determined by market-forces and patent-monopolies, but maximum prices for new medicines are rationally determined by a neutral formula. If the medicine can not be made available for the maximum price that is justified by the increased life-expectancy (/quality), the medicine will not be reimbursed by healthcare financing institutions (such as health insurers).

In a situation with less competition through parallel importation and patent-rights that may not be set aside by public non-commercial use licenses, national bargaining may be the only way to keep medicines-cost at an acceptable level.

12.5. Risks: What to Watch Out For?

It should at least be prevented that commitments are made in international agreements that would compromise possibilities for effective medicines procurement. Brunei Darussalam has signed a Trade and Investment Framework Agreement with the United States of America (USA) in December 2002. This agreement puts the protection of Intellectual Property on the agenda for consultations with the USA.

Other countries that had consultations in the field of IPR with the USA have been asked to increase standards of IPRs-protection significantly above the level of the WTO/TRIPS-Agreement:

- Adding possible subject-matter to what could be considered a patentable invention (especially relevant to pharmaceutical products: new uses of known substances, patenting of second/third medical indication);
- Prohibiting parallel importation;
- Restricting the possible use of compulsory licenses (e.g. to "circumstances of emergency or extreme urgency");
- Creating new intellectual property rights "to protect investment", such as exclusive use of data by government regulatory approval agencies for the purpose of authorising the marketing of products of the company that has produced the data ("data-exclusivity");
- Stretching copyright-protection beyond 50 years after the death of the author.

12.6. National Development Strategy

Besides the establishment of a centre of excellence for oil-exploration technology to fulfil the traditional industrial needs of Brunei Darussalam, one could think of the development of research-based chemical/pharmaceutical industry. Maybe Brunei Darussalam could consider investing more of its oil-revenue in its own industrial development (instead of investments abroad).

As for Brunei Darussalam's general economic and industrial development policy, there is a need to diversify the economy, besides the exploration of fossil fuel. After acquiring industries for the production of ingredients for oil exploration, such as heavy-duty marine power cables, a strategy could be developed to attract other added-value economic activities. The Brunei Darussalam government could channel a larger amount of the income from oil exports into the development of domestic industries. Countries where the government does not have much control over the income that is generated by its industries (such as also Singapore) would have to engage in a very unpredictable battle for foreign direct investment. The Brunei Darussalam government could simply decide to invest more of the country's oil-revenue inside the country. The lower returns that are the consequence of the current worldwide economic downturn may be an extra incentive for Brunei Darussalam to invest the money at home.

The high level of human resources that can be made available in Brunei Darussalam offers opportunities for the development of research-based industries. Foreign expertise can probably also be attracted because of the high quality of living in Brunei Darussalam, compared to other countries in the region (besides maybe Singapore, where space is getting more and more expensive).

There are WTO/TRIPS compliant mechanisms to facilitate the technology transfer that would be necessary for the establishment of a pharmaceutical industry in Brunei Darussalam. For instance, it would be possible to establish a "patent pool" for pharmaceutical patents. This would mean that (compulsory) licenses of right would be available for all pharmaceutical patents in Brunei Darussalam at pre-determined compensation-rates. It would then be possible for companies to use any pharmaceutical technology without having to negotiate voluntary licenses for each single patent that they would need.

12.7. Involvement of Ministry of Health

To achieve the above objectives, it may be helpful to provide the MoH with its own expertise on trade and IPRs issues and establish permanent links for IPRs policy-making and implementation between the MoH and ministries involved in IPRs, e.g. in the form of an inter-ministerial committee. In this way the negative impact of IPRs on public health can be limited and at the same time possibilities can be explored for creating an environment conducive for the establishment of a domestic pharmaceutical industry.

Regional Workshop on Intellectual Property Laws
Related to Public Health in the ASEAN Region
Bali, Indonesia, 10-12 December 2004

Recommendations

- The major challenge in the ASEAN Region is how to encourage (in the context of the ASEAN structure, objectives, and vision and existing agreements) Member Countries[1] to adopt laws (review and amend existing or legislate one) with corresponding implementing regulations and administrative rules to facilitate the use[2,3] of the TRIPS flexibilities/safeguards and operationalise them to improve access to medicines.

- In this regard, the ASEAN should consider the following (as) priority undertakings in the region:

  1) Facilitate the review and amendment, as necessary, of laws of importing and exporting ASEAN countries for the implementation of Doha Declaration Para 6.

  2) Develop and formalize an ASEAN guidelines on key administrative and implementation areas that would facilitate effective implementation of TRIPS flexibilities i.e. compensation in compulsory licensing, data protection, competition policy, administrative issues around compulsory licensing, and implementation of Doha Declaration Para 6.

  3) Strengthen intra-country coordination among Departments/Ministries involved in IPRS and Public Health – to include private sector i.e. pharmaceutical industries, etc.

  4) Strengthen inter-country coordination:
     - On networking and information sharing.
     - Initiate efforts towards regional purchasing of drugs to reduce price.
     - Monitoring the progress of the implementation of the TRIPS and assisting the member countries facing the difficulties.

  5) Create and maintain permanent (utilizing existing group of ASEAN experts) to provide technical assistance on all aspects of IP and access to medicines[4].

  6) Review the ASEAN Work Program II on HIV/AIDS (AWPII) and develop an AWPIII to include the issues on access to affordable drugs and TRIPS.

Note:
With cooperation from ASEAN dialogue partners.

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[1] Member Countries, together, can advance shared public health objectives.
[2] I.e. Thailand's IP Code has a Bolar provision.
[3] Malaysia and Indonesia have issued government use authorization for HIV/AIDS drugs – crucial steps in helping lower prices and deliver the medicines to people who need them.
[4] ASEAN Member Countries are engaging in trade negotiations, which often involved IP. This ASEAN group of experts can provide technical assistance to member countries to strengthen their capacity and develop strategic positions in the context of trade negotiations with parties outside of the region.

Regional Workshop on Intellectual Property Laws
Related to Public Health in the ASEAN Region
Bali, Indonesia, 10-12 December 2004

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