

Expert Available for Comment:

TAHIR AMIN

Intellectual Property Law Expert, Economic and Health Justice Advocate, and Author

Author of: [Pharma Monopoly: The Battle for the Future of Medicines](#) (Polity, May 26, 2026)

TAHIR AMIN, LL.B., Dip. L.P., is a founder and CEO of the [Initiative for Medicines, Access & Knowledge \(I-MAK\)](#) and has spent over two decades working in the global access to medicines movement addressing the systemic inequities in how medicines are developed and distributed. He has over 30 years of experience in the field of intellectual property (IP), during which he practiced as an attorney with two of the leading law firms in the UK and for multinational corporations. His work focuses on changing the structural power dynamics that allow economic and health inequities to persist by challenging and re-shaping IP laws and the related global political economy to better serve the public interest.



Tahir Amin : Photo by Bethanie Hines

Tahir is a former Harvard Medical School Fellow in the Department of Global Health & Social Medicine and has served as legal advisor/consultant to many international groups, including the European Patent Office, World Health Organization, and Unitaid, as well as testifying before Congress on intellectual property and unsustainable drug prices. To view his testimony on C-SPAN, click [here](#). Tahir was a Rockefeller Foundation Bellagio Resident in 2024 and currently serves on the Transition Committee on Health for New York City Mayor, Zohran Mamdani.

Tahir has published opinion pieces in [Barron's](#), [Bispace](#), [CNBC](#), [Foreign Affairs](#), [The Hill](#), [Jacobin](#), [The Lever](#), [Nature](#), [STAT News](#), and [TIME](#), and has been quoted in numerous outlets, including [Jacobin](#), [NBC News](#), [Pharma Voice](#), and [Reuters](#). In addition, Tahir has been interviewed on [NBC News](#), [VICE News](#), [Radical Change\(s\)](#), the [EQUALS Podcast](#), and more. For more information, visit his [website](#).

It is no accident that billions of people lack access to life-saving medicines, and in his forthcoming book *Pharma Monopoly: The Battle for the Future of Medicines*, Tahir pulls back the curtain on a system that prioritizes outdated patent rules, neoliberal policies, and the false god of innovation over human well-being. This isn't just about the pharmaceutical industry — it's a bigger look at how access to medical care is changing both in the U.S. and abroad, how governments have ceded control to monopolies, and

how global health initiatives often reinforce a status quo that leaves the most vulnerable communities behind.

Through a critical look at historical events and Tahir's personal experiences working in the global access to medicines movement for over two decades, *Pharma Monopoly* traces how the ideology of neoliberalism pushed by western governments under the guise of a 'rules based order' operated as a form of colonialism that shaped global trade and the modern pharmaceutical industry over the last 40 years. It is an urgent and powerful call for a new way forward in the movement for justice in global health.

THEMES AND IDEAS THAT TAHIR AMIN CAN DISCUSS:

- Why the United States pays the highest prices in the world for prescription drugs
- How pharmaceutical companies game the patent system to create drug monopolies that deprive millions of people access to affordable medicines
- The history and cultural understanding around the language of "innovation" and how that gets conflated with "invention" to privatize knowledge
- How the modern pharmaceutical industry's business model prioritizes financial engineering and profit maximizing (financialization), using the patent system to achieve those goals rather than investing in research and development
- How neoliberalism and globalization of intellectual property via a 'rules-based order' helped to maintain the West's dominance in the global political economy for the past 40 years at the expense of the Global South
 - How neoliberal policies and the pharmaceutical industry have undermined the global fight for affordable access to medicines in the Global South, while simultaneously making them more unaffordable for people in the West
- How philanthropy from billionaires like Bill Gates reinforce the inequities and injustices of global health systems
- How AI policy will shape the future of medicines and could create a system that is even more unjust than the current one
- How prescription drug reform is an economic security issue for women
- The connection between drug costs and racial disparities with the rising maternal/infant health crisis in low-income communities
- The impact of drug tariffs and how they affect drug supply chains during global conflicts

A Conversation with Tahir Amin about *PHARMA MONOPOLY*

Q: *Why is your forthcoming book, PHARMA MONOPOLY, so timely?*

A: Billions of people around the world still lack the freedom and right to access affordable medicines. Nearly one in three Americans struggle to afford their prescription drugs. Drug companies are delaying the launch of new products in Europe because of policies to reign in drug prices. The pharmaceutical medicine system is under unprecedented scrutiny as prescription drug prices continue to rise. *Pharma Monopoly* tells the story of how the Western political economic ideology of neoliberalism shaped the modern pharmaceutical industry, the global rules of trade and intellectual property under the World Trade Organization and today's global health solutions that preserve the status quo power dynamics.

As corporate concentration and monopoly power peaks and is about to become worse with the rise of artificial intelligence, co-author Rohit Malpani and I reflect on our experiences of challenging these power systems globally over the last two decades and how we need to escape from incrementalism and 'third way' policies to ensure the freedom and right to access affordable medicines for all.

Q: You started out working in the corporate world as an IP lawyer in the private sector. What changed your views and inspired you to challenge pharmaceutical patents in the public interest?

A: Spending a decade as a corporate lawyer protecting the intellectual property rights of multinational corporations made me see that it was less about the rule of law, and more about who had the deepest pockets to shape the law according to their interests. There were instances in private practice where legally my client did not have any merit to bring a case, but because they had the financial power, they could make smaller parties capitulate. Aside from their political lobbying power to get legislation passed, my clients had immense legal budgets to file test cases that would then shape how laws are interpreted and implemented. It was during this period that the recently created WTO globalized intellectual property rules that countries in the Global South were required to implement and abide by. Coinciding with this period was the HIV pandemic and millions in low- and middle-income countries unable to get access to HIV medications because the pharmaceutical companies were charging up to \$10,000. The pharmaceutical companies were using their patents under the new WTO rules that countries had to implement to block affordable versions. Many of these generic and affordable HIV medicines were coming from India.

Having realized what this globalized system of intellectual property rules could do to countries now having to implement them, and that my reasons for being a lawyer had more to do with enforcing power than practicing the law, I sold my apartment in London and gave up my partnership track to move to India so I could utilize my legal practice skills to help patients who did not have a voice in a system dictated by a few who were deciding who lived or died. It was in India in 2004 that I joined a local NGO and other advocates. Along with local groups, we came up with the idea to use the law in the interests of the public and file patent challenges against the pharmaceutical companies. This was the birth of civil society groups in the Global South challenging pharmaceutical patents in the public and patients' interest, and it would be replicated in many other countries where the legal systems allowed it. While in India, I co-founded the organization I-MAK that I run today. It focuses on changing the structural power dynamics that allow economic and health inequities to persist by challenging and re-shaping IP laws and the related global political economy to better serve the public interest.

Q: How have pharmaceutical companies shaped the concept of "innovation" to weaponize the patent system and fuel the drug pricing crisis?

A: Historically, patents were given for inventions that were considered novel and inventive. As technological utilitarianism and its rapid availability took hold after World War II, the concept of innovation started to rise. By the 1970s, with the U.S. and global economy facing a crisis and neoliberal policies on the rise, the language of innovation came to the fore to drive economic growth through greater private sector investment. In conjunction with neoliberal 'free market' policies, the U.S government, along with corporations including the pharmaceutical industry, sought to lower the bar for what was considered an invention and patentable. They argued that by granting patents for knowledge previously not considered inventive or in the public domain, it would drive greater private

investment for commercialization of existing inventions/knowledge into “new” products and, therefore, consumption and economic growth. It was a policy to maintain the U.S. global economic dominance and comparative advantage. From the 1980s onwards the words “invention” and “innovation” became blurred and culturally indistinguishable, even though they clearly had different meanings both economically and etymologically. As a consequence of relaxing patent standards under the concept of driving “innovation” alongside the weakening of other regulations, we have seen a significant rise in the number of pharmaceutical patents. This has resulted in pharmaceutical companies extracting dozens or hundreds of patents to build moats around a drug product in order to extend their market monopoly and block competition — all of which has contributed to fueling the drug pricing crisis we see today.

Q: Can you explain how neoliberalism and ‘philanthrocapitalism’ have ensured that the pharmaceutical industry and Western governments remain in charge of who has the freedom to access affordable medicines?

A: Neoliberalism stripped away key regulations that kept monopolies and corporate concentration in check. It also reframed medicines as commodities rather than public goods. This logic was embedded in global trade architecture, most consequentially through the WTO TRIPS Agreement which bypassed the sovereignty of countries by globalizing strong intellectual property protections and handed price-setting power to manufacturers. Philanthrocapitalism, a model of philanthropy in which market-based strategies, business principles, and private capital are applied to solving social problems and charitable giving as an extension of capitalist enterprise, then layered a second form of control on top. Rather than challenging the intellectual property monopolies that make medicines unaffordable, foundations like the Gates Foundation negotiate access deals within the existing system, set research agendas without democratic accountability, and fund multilateral institutions like the World Health Organization in ways that blur the line between public authority and private preference. Together, these forces ensure that decisions about who gets medicines, at what price, and under what conditions remain in the hands of Western corporations, governments, and donors, with access granted as charity rather than guaranteed as a right. COVID-19 made this brutally legible — vaccine nationalism, the COVAX failure, and the resistance to a WTO TRIPS waiver were not accidents but the system working as designed.

Q: How does the growing participation of Wall Street and Silicon Valley in the pharmaceutical sector point to a present and future that could introduce even more serious forms of inequality?

A: Over the last few decades the financial sector’s influence, often referred to as financialization, has heavily shaped the priorities and business practices of the pharmaceutical industry toward profit maximization. This coupled with the greater deregulation as a result of neoliberal policies has created the perfect storm of industry concentration and monopoly power, all of which are drivers of inequality. Pharmaceutical CEOs are primarily motivated by returning shareholder value versus investing in R&D that meets unmet needs in health. The structure of their salaries is now commonly tied to the performance of the company’s stock value and profit-making abilities, all of which influences their business decisions. This is particularly the case when it comes to the failure to develop medicines for neglected diseases that mostly affect communities of color that are traditionally unable to pay high prices. To meet its shareholder and stock market expectations, the pharmaceutical industry uses its financial power through lobbying to shape laws in its favor while also abusing existing systems, like patents, to extract longer monopolies and greater profits without making riskier R&D investment. The

language of innovation is the perfect cover for this financialized business practice as it helps mask the recycling of existing products with a slightly different version as “new” products.

Q. What should we be worried about with the emergence of AI in the field of medicines?

A. With the growing fusion of the traditional pharmaceutical industry and the tech sector through AI, current inequalities will most likely be exacerbated. Drugs will become more personalized to cater to those who can pay, and companies will be able to speed up drug development but with greater profits. It will also mean knowledge will be further privatized beyond the existing intellectual property system by a few who hold the powers to the algorithms and AI infrastructure.

Q: What is the first step toward a solution and/or what different approach can governments take to address inequities in affordable access to medicines?

A: We need to return to a system where medicines and the knowledge underlying them are not seen as private commodities and private knowledge but public goods and public knowledge. This is even more relevant where the R&D for medicines is based on public/taxpayer funding. Such medicines need to be available at prices affordable to everyone, no matter their economic status. There also needs to be public sector pharmaceutical development and production to not be dependent on the private sector. Related to those, we need to change our intellectual property system. In particular for countries in the Global South who had the system imposed on them through the WTO or other neo-colonial influences, they should be allowed to roll back these rules in order to allow them to have development policies that allow them to play technological catch up and serve their local interests rather than being dependent upon those who have control.

Q: Women are twice as likely as men to have skipped medication due to cost. Can you share how prescription drug reform is an economic security issue for women?

A: According to a [recent national survey](#) by my organization, I-MAK, women in the United States are about twice as likely to have skipped medication due to cost. The reasons for this include higher health needs and lower financial resources compared to male counterparts, including being less likely to be in full time employment and having employment-based insurance. Adults without insurance are more likely not to take their medications due to cost. This disparity is more prominent in the United States when compared to other high-income countries. Studies have shown that the largest non-adherence to prescription medicines in the United States occurs amongst younger women. The drug pricing crisis exacerbates the current economic conditions for women in the United States and is more pronounced for women of color.

Q: Can you address the connection between drug costs and racial disparities with the rising maternal/infant health crisis in low-income communities?

A: The maternal and infant health crisis in the United States is exacerbated by structural racism in the economic and health systems. Black women die from pregnancy-related causes at two to four times the rate of white women, and this gap is widening. The costs of medicines sit at the heart of this in multiple ways: low-income women of color disproportionately skip medications they can't afford, the pharmaceutical industry's profit-driven R&D model does not see medicines specifically for pregnancy

as a market to maximize profit, and Medicaid coverage cliffs cut women off from essential treatments just weeks after delivery. Meanwhile, the commercial logic that makes blockbuster drugs so lucrative actively steers investment away from maternal health altogether. Layer onto this the dismantling of federal monitoring and support programs in 2025 under the current administration, and what emerges is a crisis that is fueled by the current pharmaceutical business model and policies that continue and even worsen the existing structural racism—the cost of which is paid almost entirely by Black, Indigenous, and low-income women.

Q: Can you discuss the impact of drug tariffs and how they affect drug supply chains during global conflicts?

A: The Trump administration has made a decision to enact tariffs on imported branded/patented pharmaceutical products and their active ingredients with a view to review the same for generic and biosimilar drugs in 12 months. Companies that enter into most favored nation pricing agreements and onshore manufacturing in the United States will be able to avoid tariffs. The impact of these tariffs is likely to increase the prices of medicines in the United States, making the existing situation worse. These policies conflated with global conflicts and supply chain problems will only exacerbate the situation.

Q: What is the takeaway of Pharma Monopoly?

A: The key takeaway is that to achieve justice and equity for all, we need to move away from incremental solutions that give the illusion of progress and access, and seek systemic transformation that changes the current structures of power into one that creates a more participatory and democratic economy.

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