

«Lifespan Revolution» : a Contested History (1959-2000)

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Swiss Medical Students' Convention:

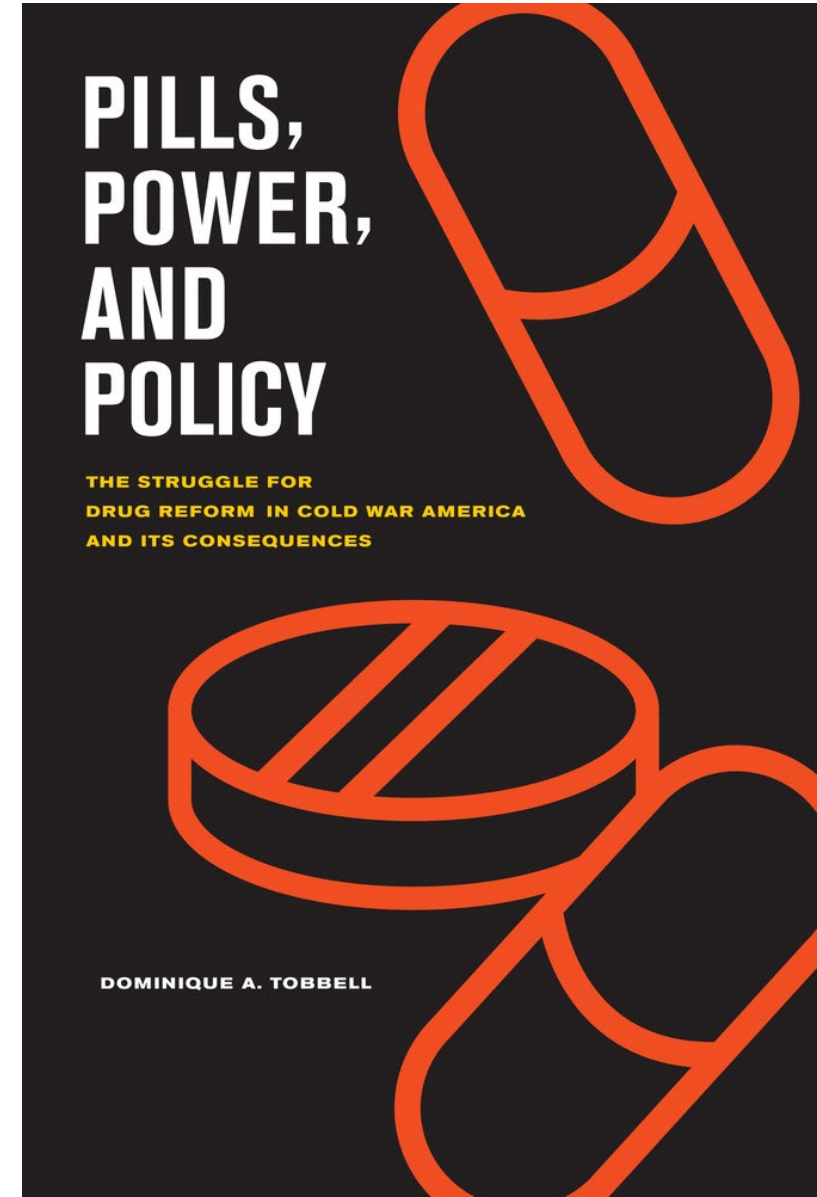
“Lifespan Revolution - Push the Limits of Time”

18 October 2025, Fribourg

Lifespan Revolution: A Contested History (1959-2000's)

Argument. *Scientific discoveries and innovation are still often seen as the decisive drivers of lifespan. A critical historical view says we must look wider—toward **economic, political, and institutional** forces. From this stance, the policies that enabled humans to live longer are the outcome of a **contested** history where progress is **not** linear.*

Questions. Who decides **what** **healthcare technology and drugs** reach whom, **when**, and **at what price**? How did changes in global health governance (1970s–2000s) reorder access and shape **North–South** gaps in longevity?



“Kefauver Hearings” (1959–1962): prices, power, and “progress”

- What? U.S. Senate Antitrust & Monopoly inquiry (Chair: Sen. Estes Kefauver). Probed high drug prices, brand power, patents;
- Led to 1962 Kefauver–Harris (proof-of-efficacy); Kefauver also pushed 3-year compulsory licensing (not adopted).
- Why the old people? No Medicare before 1965 → older Americans paid out of pocket; affordability was the core issue.
- Therapeutic revolution (antibiotics, cortisone, vaccines) + Cold War: industry argued patents/profits fund R&D; weaken them and the West risks losing the technological race to the USSR.



On Sept. 7, 1960, Sen. Estes Kefauver (D-Tenn.) (at the left microphone) and Sen. Everett Dirksen (R-Ill.) (at the center microphone) clashed at the reopening of the Senate drug investigation over whether witnesses could be forced to reveal "business secrets" while testifying. (Bettmann Archive via Getty Images), [Talk About Déjà Vu: Senators Set To Re-Enact Drug Price Hearing Of 60 Years Ago - KFF Health News](#), consulté le 16 octobre 2025.

See : Dominique Tobbell, *Pills, Power, and Policy: The Struggle for Drug Reform in Cold War America and Its Consequences*, Berkeley: Univ. of California Press, 2012, 294 p.

L'ABUS DES MÉDICAMENTS
MENACE LA SANTÉ PUBLIQUE

LES SUISSSES
S'INTOXIQUENT

En une seule année, il s'est vendu en Suisse environ 150 millions de comprimés antalgiques, sans parler des millions de pilules calmantes, tranquillisantes, excitantes, laxatives. L'intoxication chronique par l'abus de comprimés contre les douleurs et contre la fièvre a provoqué dans notre pays 52 morts en 1957, 40 morts en 1958.

l'effet de soulagement désiré, ou laisser la douleur et la fièvre continuer leur œuvre. La plupart du temps, c'est la première solution qui est la meilleure: l'intoxication passagère fait davantage de bien que de mal, parce qu'elle coupe une évolution malade. Mais lorsqu'il s'agit de douleurs persistantes, souvent con-

Dr A. N., Construire, 01-11-1961

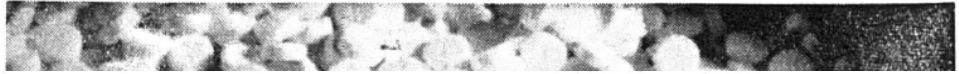
Les prix des médicaments aux Etats-Unis

PEUT-ON SPÉCULER SUR LA SANTÉ?

Après une interruption de 6 semaines, la commission Kefauver, du Sénat américain, en Australie, pour 94 cents seulement. Effectivement, les tranquilli-

pôts — des bénéfices allant jusqu'à 42 % de leur valeur nette (capital + réserves) et

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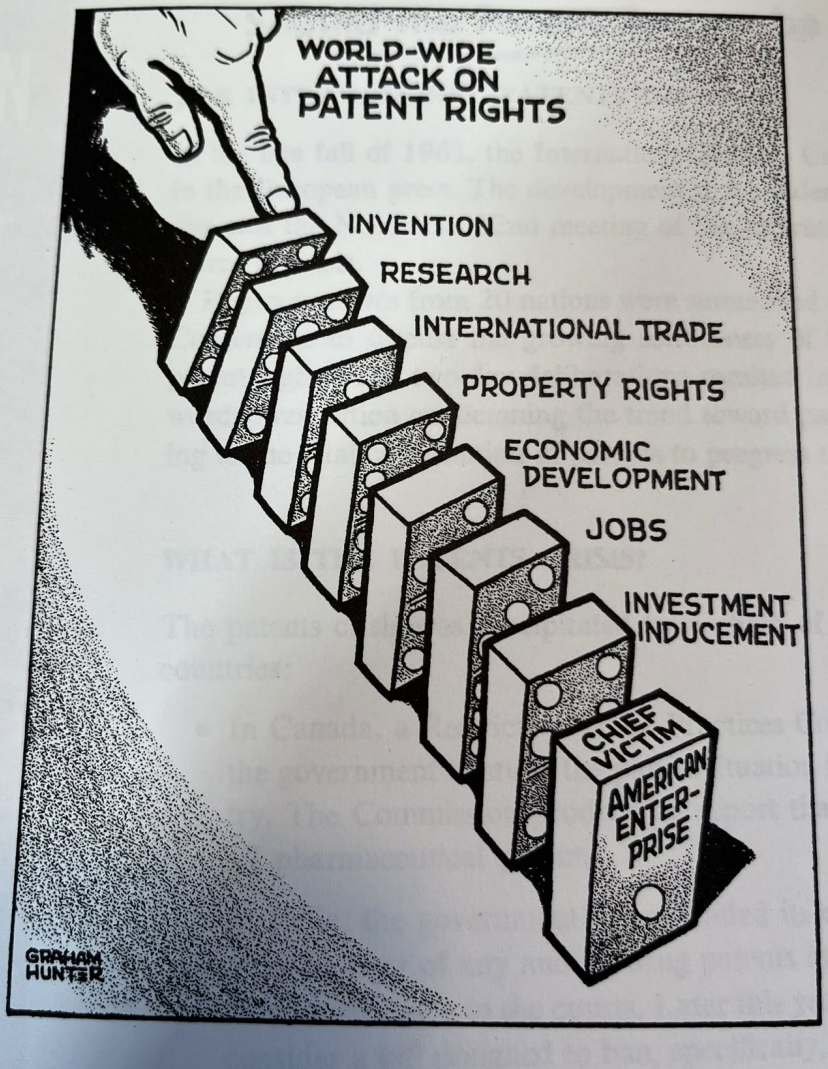


Edition Berne



“There is no doubt that the chemical industry, through its scientific research, has produced wonderful medicines that were previously unknown and has thus rendered a remarkable service to humanity. This is one of the comprehensive reasons why both critics and the authorities show great restraint when it comes to prices. But this has also led to scandalous price exaggerations and allowed large chemical companies to make fantastic profits.”

Construire (Migros-Magazin), 22 mars 1961 (original text in French, my own translation)



“The ideas of this Prometheus of Tennessee taught a lesson.”

- **Ripple effect.** Through the 1960s: inquiries/reforms in UK, Canada (1969 compulsory licensing), Australia, India, Egypt, South Africa and others → push for generics, price control, state purchasing.
- **Industry mobilizes:** “attack on patents = attack on R&D, jobs, growth” (the “domino” fear).
- **From capitals to Geneva.** The debate moves into the UN system: **UNCTAD (from 1964)** links patents to **development**; **BIRPI → WIPO (1967)** under the UN umbrella, opening a **multilateral arena** for IP rules.
- **Industry seeks harmonized, stronger protection;** many “Third World” countries demand **access & flexibility**. → This is the **prelude** to the 1990s TRIPS battles.

CHARLES LEVINSON
**LES TRUSTS
DU
MÉDICAMENT**



'Silent Spring' Is Now Noisy Summer

*Pesticides Industry
Up in Arms Over
a New Book*

By JOHN M. LEE

The \$300,000,000 pesticides industry has been highly irritated by a quiet woman author whose previous works on science have been praised for the beauty and precision of the writing.

The author is Rachel Carson, whose "The Sea Around Us" and "The Edge of the Sea" were best sellers in 1951 and 1955. Miss Carson, trained as a marine biologist, wrote gracefully of sea and shore life.

In her latest work, however, Miss Carson is not so gentle,



*Rachel Carson Stirs
Conflict—Producers
Are Crying 'Foul'*

fending the use of their products. Meetings have been held in Washington and New York. Statements are being drafted and counter-attacks plotted.

A drowsy midsummer has suddenly been enlivened by the greatest uproar in the pesticides industry since the cranberry scare of 1959.

Miss Carson's new book is entitled "Silent Spring." The title is derived from an idealized situation in which Miss Carson envisions an imaginary town where chemical pollution has silenced "the voices of spring."

John M. Lee, "'Silent Spring' is Now Noisy Summer," New York Times, 22 July 1962, 86.

Charles Levinson, *Les Trusts du médicament*, Paris : Seuil, 1974, 160 p.

ESSENTIAL DRUGS



Action for equity



WHO Action Programme on Essential Drugs

WHO Essential Drugs and Primary Health Care: Health issues become political.

- **1973 - Halfdan Mahler** becomes Director-General of WHO. He moves from vertical eradication campaigns toward **Primary Health Care (PHC)**.
- **PHC in practice:** care close to the people; community knowledge and participation; prevention + basic curative care; **appropriate technology (drugs)**; focus on equity and everyday needs.
- **1977 – First WHO Model List of Essential Drugs.** A short, evidence-based list of priority, quality-assured drugs that every health system should have; countries adapt it into national lists to guide purchasing, training, and rational use of drugs.



1978 – Alma Ata Conference
(USSR/Kazakhstan). Launches “**Health for All by 2000**”; makes PHC the global path: **universal access**, equity, community participation and inter-sector action (water, sanitation, nutrition, education)

How did the pharmaceutical industry react to the PHC paradigm in the WHO and broader critics?

- Changes in the narrative of “progress”: it is not a question of price, but of choice in a world of scarcity and overpopulation (not everyone will have the best medicine available).
- Trying to create a new legitimacy with social sciences: the Cold War narrative does not work.
- Trying to make an indispensable partner with the WHO
- The optimal allocation of limited resources rather than a “right to health”.
- Cooperation rather than conflict (on drug prices, side effects, marketing, etc.): attempt to depoliticize

The Challenge of Life

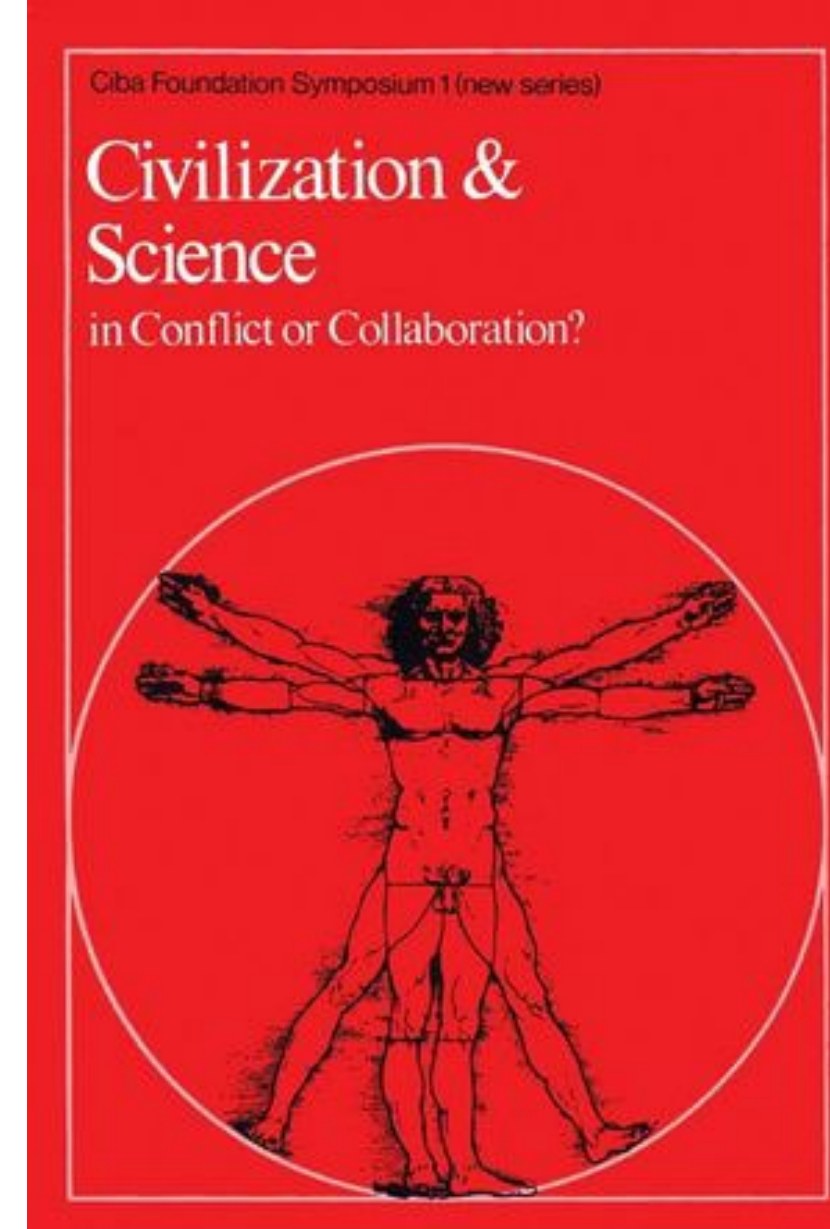
Biomedical Progress and Human Values

Roche Anniversary Symposium

Chairman: The Lord Todd, F.R.S.

Basel, Switzerland,
31 August to 3 September 1971

*The Challenge of Life:
Biomedical Progress and
Human Values: Roche
Anniversary Symposium,
Chairman the Lord Todd,
Basel, Switzerland, 31
August to 3 September
1971, Basel, Switzerland :
Springer Basel AG, 1972,
vol. 17, 456 p.*



Ciba Foundation Symposium, *Civilization & Science: in Conflict or Collaboration?* London 28th - 30th June 1971., Amsterdam: Elsevier, 1972. vol.1.



economiesuisse.ch/de/geschichte, consulted on the 16th of October 2025.

“The question will undoubtedly arise as to whether today's maximalist approach to medicine, which uses increasingly sophisticated methods to push back the limits of lifespan regardless of the cost, can be maintained.”

Étienne Junod, CEO of the Swiss company Hoffmann-La Roche, “Economic and social aspects of the pharmaceutical industry,” public speech given at the “Quinzaine de la Chimie” in Geneva, October 8, 1973.

Pharmaceutical industry facing the “Third World issue” in the 1970’s

Servipharm

Product information



*SERVIPHARM Ltd., Switzerland
a subsidiary of CIBA-GEIGY Limited,
Basle, Switzerland*

- The example of Servipharm: a subsidiary created by Ciba-Geigy in 1979 to “to open up the Third World markets and provide some of the basic drug requirement”.
- But also, internship programs for developing countries.
- Research in tropical disease: Malaria, Chagas disease, Filariasis, and Schistosomiasis

The neoliberal turn of the 1980's:
Global health governance come back to vertical
programs



40th President of the United States, Ronald Reagan's address to the Heritage Foundation, neoconservative think tank, in 1986.

John M. Starrels, *The World Health Organization: Resisting Third World Ideological Pressures*, Washington D.C.: 1985, 44 p.

U. N. Studies

The World Health Organization

Resisting Third World Ideological Pressures

by
John M. Starrels

The  *Heritage Foundation*

World Health Assembly and WHO – Geneva

La Soixante-Quatrième Assemblée mondiale de la Santé s'articulera autour du thème « La santé pour la paix, la paix pour la santé », dans une perspective de redressement et de renouvellement



- Part of the United Nations
- Democratic principles : One country, One Vote
- Main actor in public health policies until the 1980's

International monetary fund (IMF) and the World Bank (Washington)

- votes proportional to shareholding



[“IMF: What does the world’s ‘financial firefighter’ do? | World Economic Forum”](#), consulted on the 16th of Octobre 2025.

[“World Bank looking into support for nuclear energy - World Nuclear News”](#), consulted on the 16th of Octobre 2025



The neoliberal turn: Lifespan become an economical metric

What changed (key traits)

- **Power shift:** from **WHO** to **World Bank/IMF** and donor-led **public-private partnerships (PPPs)**; WHO budgets constrained, priority-setting moves to funders' boards + Philanthropism (Bill and Melinda Gates and Rockefeller).
- **New value rule: DALYs** (Disability-Adjusted Life Years) + **cost-effectiveness** → “value for money”, targets, dashboards.
- **Technocratic:** more **vertical** disease initiatives, short grant cycles, pilot projects; less investment in everyday **systems** (PHC, staff, maintenance).
- **Narrative:** responsibility placed on **individual behaviours**; techno-optimism and **future risks** (pandemics, biosecurity) take centre stage (Lachenal, 2013/Schrecker, 2016).

Advantages (what it delivered)

- **Fast money & quick wins** for HIV/TB/malaria and vaccines.
- Better **procurement** and quality standards; clearer **guidelines**; improved **surveillance/metrics**.
- Political visibility that helped unlock large-scale funding.

Limits (what it costs)

- **User fees** and austerity excluded the poorest; **fragmentation** of services.
- **Underfunded PHC** and supply chains; dependence on donors' timelines.
- **Accountability gaps** (private/philanthropic seats in decision arenas).
- **IP rules & prices** shape access (TRIPS): law becomes a determinant of lifespan.
- **Short-termism**: flagship sites without durable maintenance — “promises and ruins”.

WTO–TRIPS: how global rules shape access (1995–2001)

1995 — WTO is created; TRIPS enters into force.

- The World Trade Organization (WTO) embeds the TRIPS Agreement (Trade-Related Aspects of Intellectual Property Rights), setting minimum IP standards (incl. ~20-year patents for pharmaceuticals) for all members.

Public Health exception: “flexibilities.” of 2001 Doha Declaration

- Compulsory licensing and parallel importation are lawful tools inside TRIPS. The 2001 Doha Declaration confirms that TRIPS “does not and should not prevent” public-health measures and reaffirms members’ right to use these flexibilities. (It also extended LDC patent deadlines.)

Why this matters for lifespan.

- When patents meet pandemics, law decides timing and price—i.e., who gets life-saving drugs, when

South Africa vs. 39 pharma (1998–2001): law versus life

The law (1997).

South Africa's **Medicines and Related Substances Control Amendment Act** (notably **Section 15C**) enables **parallel imports**, **generic substitution**, and price transparency to lower medicine costs.

The lawsuit (1998–2001)

The **Pharmaceutical Manufacturers Association** and **39 multinationals** sue the government, claiming TRIPS violations. After massive global pressure (TAC, MSF, unions, churches), the companies **withdraw the case** in **April 2001**—a pivotal win for access.

The price gap.

Late 1990s **triple-therapy ARVs** cost **US\$10,000–15,000** per patient/year; in **Feb 2001**, **Cipla** offers **US\$350/year** generics to MSF—showing how rules + licensing shift affordability.

After Doha (2001).

WTO members **reaffirm** the right to use TRIPS flexibilities for public health—clearing the path for **generic scale-up** and procurement reforms. Lifespan gains follow access.

Conclusion

- The extension of lifespan sits at the heart of **contested narratives** about control and access to essential medicines.
- A critical historical view says scientific progress **alone** cannot explain longer lives; they hinge on **economic, political, legal, and social** forces—including international rules and social movements.

Since 1945 — three stages of global health governance

- **Vertical eradication campaigns** (top-down, disease-specific).
- **Primary Health Care (PHC)** (equity, community, essential medicines).
- **Neoliberal era** (cost-effectiveness, PPPs, globalised IP rules).

Thank you for your attention!

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