Access Challenges in COVID19

Médecins Sans Frontières, Access Campaign

CHPA CSO Forum

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COVID-19 year-in for MSF

• Response in more than 70 countries
• Repurpose existing facilities for COVID19 care and treatment
  • Haiti, Iraq, Lebanon
• Increasing response in India, Brazil and preparing for Nepal
• Challenges to secure supply and protection for COVID19 frontline workers
  • Yemen, two treatment centres in Aden, huge flow of patients and constant insufficient supply of PPE and ventilators
  • Challenges to secure access to oxygen concentration and ventilator in India
  • Shortage of supply in treatment and testing
• Challenges to maintain essential health care for other diseases
  • In Pakistan, our treatment programme for cutaneous leishmaniasis was put on standby, and a maternity hospital closed for two weeks when many staff became sick
• Challenges with people on the move
  • Restriction of movement and challenges of pandemic response in refugee camps in South Sudan, Bangladesh, Central America, Greece
Access challenges

• Inequity of global access due to
  • Intellectual property and technologies monopolies by main vaccine developers hindering maximizing global capacity in production and diversifying supply for sustainable global access
  • Hoarding of vaccine supplies based on wealth not needs by countries
  • Lacking transparency and accountability for pharmaceutical corporations who received unprecedented public funding and support to R&D, manufacturing and supply

• Global allocation mechanism undermined due to overall challenge of supply of medical tools ---
  • AstraZeneca licensing to only one company in India – Serum Institute -- who becomes the backbone for COVAX and now struggle to ensure supply because India pandemic situation continue to surge

• Ongoing challenges to secure vaccine access for frontline workers, people on the move and in conflict zones
  • MSF project observes that it is over 60 times more likely to have a vaccination in Israel than in Palestine due to inequity in distribution
  • Frontline healthcare workers in developing countries, eg. a number of Southern African countries where MSF work, including our teams, remain unsecured
IP and monopolies in COVID19 supply

• How monopoly works in COVID-19
  • Control of technologies, know-how and knowledge through vertical and bilateral confidential licensing
  • Refusal to participate WHO mechanism of open sharing and open licensing
  • Selective and restrictive terms limiting supply options
  • Disguise transfer of technologies behind contract manufacturing agreements which do not provide diversity of supply and do not provide sustainability for local production for local supply
  • Control production and supply of both finished products and raw materials – many of which are IP protected and highly monopolies in production
  • Production of different medical tools involve different types of IP beyond patents
  • Existing capacity to produce and supply not used including in developing countries via the current model

• Vaccine involves complex IP landscape and networks
  • Study on mRNA patents landscape reveals a few hundreds of patents owned or co-owned by many different entities while main developers so far refuse to work in equal partnership to make technology available for independent suppliers

• Existing legal tools are limited to address new challenges in a pandemic of this scale
• Vaccines: Constant deny of industry that IP is an issue
• Broader range of IP issues of concerns for COVID-19 vaccines
  • Background technologies --- patents on main platforms; large portfolio and legal risk
  • Foreground technologies --- patents on COVID19 vaccine products
  • Manufacturing knowhow and clinical data --- could be a hinderance when claimed as trade secrets or under exclusivity protection
  • Bilateral technology transfer and licensing remains non-transparent or limited
• Past experience:
  • PCV13 patents hindered independent development and manufacturers in South Korea and India
  • Broader scope of patenting
    • Patents applied for across the entire process vaccine R&D, manufacturing and use
• MSF report on patents and vaccines: https://msfaccess.org/fair-shot-vaccine-affordability
Recommendations

• Support countries right to use public health safeguards to remove all barriers to maximize global capacity to sustain and diversify supply and production
  • Support the temporary waiver under TRIPS agreement which provides an unique opportunity to mitigate limitations of the current policy options and address lacking participation and action by major industries
  • Support and work in solidarity with developing countries to ensure mid-long term transfer of technologies to boost local innovation, production and local supply for national health care programmes

• Immediate actions to address inequity of global access to the existing vaccines and tools
  • Sharing doses based on ethical and medical standards
  • Work concrete on solidarity and commitment to ensure access in LMICs
Blog post: rebutting IFPMA rejection: [https://msf-access.medium.com/will-history-repeat-itself-87b622](https://msf-access.medium.com/will-history-repeat-itself-87b622)


Voluntary license and access to medicines: [https://msfaccess.org/voluntary-licenses-access-medicines](https://msfaccess.org/voluntary-licenses-access-medicines)


Compulsory licensing, the TRIPS waiver and access to health technologies: [https://msfaccess.org/sites/default/files/2021-05/COVID_TechBrief_MSF_AC_IP_CompulsoryLicensesTRIPSWaiver_ENG_21May2021_0.pdf](https://msfaccess.org/sites/default/files/2021-05/COVID_TechBrief_MSF_AC_IP_CompulsoryLicensesTRIPSWaiver_ENG_21May2021_0.pdf)