



# 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

## Cont.

- 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

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- Blog post: rebutting IFPMA rejection: <https://msf-access.medium.com/will-history-repeat-itself-87b622>
- Briefing: <https://msfaccess.org/india-and-south-africa-proposal-wto-waiver-ip-protections-covid-19-related-medical-technologies>
- 5 reasons of supporting the waiver: <https://msfaccess.org/5-reasons-new-proposal-india-and-south-africa-could-be-gamechanger-covid-19-response>
- Myths and realities regarding the COVID19 TRIPS waiver proposal: [https://msfaccess.org/sites/default/files/2020-12/MSF-AC\\_COVID\\_IP\\_TRIPSWaiverMythsRealities\\_Dec2020.pdf](https://msfaccess.org/sites/default/files/2020-12/MSF-AC_COVID_IP_TRIPSWaiverMythsRealities_Dec2020.pdf)
- Voluntary license and access to medicines: <https://msfaccess.org/voluntary-licenses-access-medicines>
- Overcoming IP barriers in COVID19: [https://msfaccess.org/sites/default/files/2020-07/MSF-AC\\_COVID-19\\_IP-monopolies\\_briefing-doc\\_July2020.pdf](https://msfaccess.org/sites/default/files/2020-07/MSF-AC_COVID-19_IP-monopolies_briefing-doc_July2020.pdf)
- Compulsory licensing, the TRIPS waiver and access to health technologies: [https://msfaccess.org/sites/default/files/2021-05/COVID\\_TechBrief\\_MSFAccessIPCompulsoryLicensesTRIPSWaiver\\_ENG\\_21May2021\\_0.pdf](https://msfaccess.org/sites/default/files/2021-05/COVID_TechBrief_MSFAccessIPCompulsoryLicensesTRIPSWaiver_ENG_21May2021_0.pdf)