Waiver war at WTO over Covid jab IP rights

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The World Trade Organization faces calls led by India and South Africa to waive intellectual property rights for COVID-19 vaccines—a notion fiercely rejected by pharmaceutical giants and their host countries.

The WTO will thrash out the divisive issue at its general council meeting on Monday and Tuesday as its new head Ngozi Okonjo-Iweala takes up

her post.

Some countries see the waiver as a shortcut to ending the novel coronavirus that has hobbled the global economy.

The big idea

The IP plan was filed by India and South Africa on October 2 and garnered support from a host of developing countries which—correctly—anticipated being left behind in the vaccination race.

The text proposes a temporary exemption from certain obligations under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), so that any country can produce vaccines without worrying about patents.

The waiver would also cover "industrial designs, copyright and protection of undisclosed information", and would last "until widespread vaccination is in place globally, and the majority of the world's population has developed immunity".

All those in favour

More than 80 countries support the proposal, including Argentina, Bangladesh, the DR Congo, Egypt, Indonesia, Kenya, Nigeria, Pakistan and Venezuela.

Backed by NGOs including the medical charity Doctors Without Borders (MSF), they think it would facilitate timely access to affordable medical products for all countries in need.

"All COVID-19 health tools and technologies should be true global public goods, free from the barriers that patents and other intellectual

property impose," said Sidney Wong, MSF's co-director for access to medicines.

The idea also has the backing of World Health Organization chief Tedros Adhanom Ghebreyesus.

"If not now, then when?" Tedros said of the scheme on Friday, condemning the "serious resistance" against it.

All those against

The International Federation of Pharmaceutical Manufacturers and Associations is strongly against the proposal.

"Taking away patents now or imposing a waiver wouldn't give you a single dose more," IFPMA chief Thomas Cueni told reporters last week.

"It wouldn't empower you to get the vaccine because you still wouldn't know how to roll them out on a large scale."

The United States, the European Union and Switzerland—home to major pharmaceutical firms—oppose the idea, along with other wealthy nations including Australia, Britain, Japan, Norway and Singapore.

They underline the vast financial investment made by laboratories to develop vaccines in record time, and believe they are best placed to produce them on the global scale required.

They also say the existing WTO IP rules contain provision for so-called compulsory licences, intended specifically for emergency situations.

Compulsory licences give companies other than the patent holder authorisation to make a product, subject to certain procedures and

conditions being respected.

However, countries backing the waiver proposal say that actually getting hold of such a licence is an exceptionally bureaucratic procedure with far too many hurdles—in particular, that each request must be treated on a case-by-case basis.

The new WTO director-general Ngozi Okonjo-Iweala, who took up her post on Monday, wants to avoid a row on day one.

She is calling for flexibility, and has instead been encouraging voluntary licencing agreements, such as the one agreed between AstraZeneca and the Serum Institute of India plant to manufacture the pharmaceutical giant's COVID-19 vaccines.

AIDS drugs template

In the late 1990s, antiretroviral drugs revolutionised the treatment of HIV/AIDS. However, the cost of such treatments was beyond the reach of most sufferers.

It was not until the early 2000s that several agreements were signed to facilitate the manufacture and distribution of generic antiretroviral drugs at low prices for poor countries.

In 2001, after heated discussions, the WTO Ministerial Conference in Doha permitted some flexibility on the patents held by pharmaceutical groups, recognising the right for countries facing health emergencies to manufacture cheaper generic drugs.

Then a temporary agreement in 2003, later confirmed in 2005, allowed an exemption from IP rights allowing poor countries affected by serious infectious diseases—malaria, tuberculosis and AIDS—to import generic

drugs if they could not make them themselves.