COVID-19 – CSO open letter to
UNITAID, the World Health Organization (WHO) and its Member States

15 May, 2020

To,

Dr. Tedros Adhanom Ghebreyesus
Director-General, World Health Organization
Geneva, Switzerland

WHO Member States

Marisol Touraine
Chair, Unitaid Executive Board

Dr Philippe Duneton
Executive Director a.i
Unitaid

Re: Civil society concerns regarding lack of governance mechanisms and binding commitments for equitable access and sharing of technology, knowledge and data, management and licensing of intellectual property for medical tools needed for COVID-19 detection, prevention and treatment.

Dear Excellencies, Dr. Tedros, Ms. Touraine, Dr. Duneton,

As initiatives, commitments, principles and resolutions for the research and development of new COVID-19 medical tools and health technologies takes shape between member states, WHO and philanthropic institutions, we the undersigned, are writing to share our concerns and recommendations.

While there is great hope as new diagnostics, therapeutics and vaccines for COVID-19 make their way through the development process, there are growing concerns regarding how these will be made available and affordable for the people and vulnerable communities who need them most.

Funding and voluntary approaches for intellectual property licensing alone are not sufficient to guarantee that life-saving health technologies and medical tools will be delivered into the hands of health ministries, treatment providers and patients around the world.

This is apparent with Gilead's approach to remdesivir, which creates a disturbing precedent for the pharmaceutical industry on COVID-19 technologies and medicines. Even as publication of data is awaited on the safety and efficacy of the drug, Gilead has opted to pursue secret voluntary licenses of its IP and technology to specific manufacturers while excluding others despite the potential need to ramp up global production. There is no transparency or accountability with respect to its actions or the terms of the license agreements, in particular how and whether they are aligned with global public health needs. The US Corporation also recently announced that it was donating a significant portion of its entire supply of 1.5million doses to the US government for distribution, with no further explanation on supply guarantee

to the other countries. This means that if remdesivir is proven effective, most countries will have limited, delayed or no access to the medicine.

In these extraordinary times, this "business as usual" approach simply cannot be accepted. There needs to be oversight to ensure transparent allocation of existing limited resources based on public health needs and special protection for vulnerable countries, with increased production of COVID-19 medical tools including medicines and vaccines to achieve equitable access.

The Access to Covid-19 Tools Accelerator (ACT) was launched as an opportunity to address some of the challenges that have emerged with the management of supply and access to COVID-19 medical tools including new drugs like remdesivir. This will only be possible if the ACT is more than just a collection of global health agencies that seek to distribute funds and set out production timelines. Ensuring timely development and access to these medical technologies is fundamentally a political challenge that requires the agreement and backing of governments to work cooperatively to overcome long-standing barriers to equitable access.

Therefore, we would highlight the following commitments that must be made:

1. **Leadership of Member States and the World Health Organisation:** While we understand that some Member States are engaged in the governance of the ACT, and that WHO has a role to play in the operation and management of ACT, the decision to hand over control of the ACT to several global health funding agencies that are funded by only a few governments and primarily serve the needs of low-income countries, means that the ACT will not truly be a global mechanism. Only the proper oversight and management of the ACT, through agreement of Member States, and under the overall guidance of the WHO, can ensure that it can act on behalf of all countries - low, middle and high income.

2. **Concrete binding mechanisms with respect to equitable allocation:** There must be more than just a commitment to equitable access. We note the first commitment of the ACT is "the shared aim of equitable global access to innovative tools for COVID-19 for all". However, there is no concrete mechanism that defines "equitable global access" and holds manufacturers and other stakeholders accountable to this commitment. Nor is there any clear plan on how equitable global access will be achieved.

3. **Mandatory commitments for unhindered global sharing of intellectual property, technology and know-how and establishing platforms for open innovation and technology transfer:** We also recognize the Accelerator's commitment to collaboration and solidarity but it is truly lacking in the ability for concrete action given the absence of clear mechanisms that guarantee the sharing of technology, know-how, data and intellectual property, needed to counter Covid-19 and ramp up global manufacture of needed medical products. We express concern with WHO's continued reliance on voluntary approaches at the detriment of commonly agreed on TRIPS flexibilities. Voluntary mechanisms are insufficient in these extraordinary times of dire global need. We also note that several of the global health agencies and foundations within the ACT are reluctant, unwilling or hostile to appropriately support the right of countries to use such flexibilities to address intellectual property barriers that undermine equitable and affordable access to health technologies.

4. **Ensure transparency governance and oversight of the ACT:** The original ACT was conceptualised through a closed-door process on the basis of a White Paper developed in part by the Gates Foundation. This paper has still not been published, thereby limiting any understanding of the basis for choices that have already been made, and what other approaches may have been considered as the ACT was developed. At present, while pharmaceutical companies have been integrated into the governance of the ACT, there has been no role or engagement of civil society in the development, oversight and operation of the ACT. These choices seem to have reversed the role of civil society and industry over the last two decades in ensuring innovation and access to medicines. We request full transparency of international policy making process and meaningful participation of civil society organizations in shaping global initiatives concerning access to COVID-19 medical tools.

As the multilateral response takes shape, these are concrete steps that governments and WHO need to take to ensure their good intentions turn into tangible medical tools in the hands of treatment providers and patients.

We look forward to hearing from you on how WHO and member states will address our concerns regarding the lack of governance mechanisms, binding commitments and transparency to ensure equitable and timely affordable access to critical health technologies and products for COVID-19 for people across the world.

Signatories (alphabetical order)

Organisations:

1	100 Percent Life	Ukraine
2	Afar Pastoralist Development Association	Ethiopia
3	African Center for Biodiversity	South Africa
4	AIDS Access Foundation	Thailand
5	All India Drug Action Network	India
6	Anveshi Research Centre for Women's Studies	India
7	ARK Foundation	India
8	Asia Pacific Network of People Living with HIV (APN+)	Thailand
9	Associação Brasileira Interdisciplinar de AIDS (ABIA)	Brazil
10	Association AIDS Algerie	Algeria
11	Association des Gestionnaires pour le Developpement	Mauritania
12	Association Marocain des Droits Humains	Morocco
13	Association Reve de Vivre Positive	Algeria
14	Association Sud Contre le Sida	Morocco
15	Association Tunisienne pour la Prevention Positive (ATP+)	Tunis
16	Bangladesh Nari Progati Sangha (BNPS)	Bangladesh
17	Bangladesh NGOs Network for Radio & Communication	Bangladesh

18	Banka BioLoo	India
19	Campaign for Access to Affordable Medicines, Diagnostics and Devices	India
20	Cancer Alliance	South Africa
21	Carbone Guinee	Guinea
22	Center for Health Human Rights and Development	Uganda
23	Citizens' Health Initiative	Malaysia
24	Coalition for Health Promotion and Social Development (HEPS Uganda)	Uganda
25	COAST Trust	Bangladesh
26	Consumer Association of Penang	Malaysia
27	Delhi Network of Positive People	India
28	Diverse Voices and Action (DIVA) for Equality	Fiji, Pacific SIDS
29	Drug Study Group	Thailand
30	Drug System Monitoring and Development Center	Thailand
31	Forum das ONG/AIDS do Estado de Sao Paulo (FOAESP)	Brazil
32	Food Sovereignty Ghana	Ghana
33	Forum de ONG/AIDS do Rio Grande do Sul	Brazil
34	Freedom from Debta Coalition	Philippines
35	FTA Watch	Thailand
36	Fundacion Grupo Efecto Positivo (FGEP)	Argentina
37	Gestos	Brazil
38	GIV (Grupo de Incentivo a Vida)	Brasil
39	Global Institute for Youth Development, Inc.	Philippines
40	Golden Women Initiative	Tanzania
41	Grupo de Trabalho sobre Propriedade Intelectual (GTPI)	Brazil
42	Health Equity Initiatives, Malaysia	Malaysia
43	Initiative for Health & Equity in Society	India
44	Initiatives for International Dialogue (IID) Program Manager	Philippines
45	International Treatment Preparedness Coalition	South Africa
46	International Treatment Preparedness Coalition in Eastern Europe and Central Asia (ITPCru)	Russian Federation
47	International Treatment Preparedness Coalition Latin American and Caribbean (ITPC-LATCA)	Guatemala
48	International Treatment Preparedness Coalition Middle East and North Africa (ITPC-MENA)	Morocco
49	IT For Change	India
50	JAGO NARI	Bangladesh
51	Landless Peoples Movement	South Africa
52	Lawyers Collective	India
53	M-Coalition	Middle East North Africa
54	Malaysian Women Action on Tobacco Control and Health (MyWATCH)	Malaysia

55	Medecins Sans Frontieres Access Campaign	Global
56	Medical Action Group	Philippines
57	Mumbo	Kenya
58	National Student's Caucus	Kenya
59	Nelson Mandela TB HIV Community Information and Resource Center	Kenya
60	Network of TB Champions in Kenya	Kenya
61	Noakhali Rural Development Society (NRDS)	Bangladesh
62	NTFP EP Philippines Inc.	Philippines
63	Nyarwek Network	Kenya
64	Pamoja TB Group	Kenya
65	Pan African Positive Women's Coalition	Zimbabwe
66	Policy Analysis and Research Institute of Lesotho	Lesotho
67	Positive Malaysian Treatment Access & Advocacy Group (MTAAG+)	Malaysia
68	President , Association for Promotion Sustainable Development	India
69	Public Health Association of South Africa	South Africa
70	Sankalp Rehabilitation Trust	India
71	SECTION27	South Africa
72	Sentro ng mga Nagkakaisa at Progresibong Manggagawa (SENTRO)	Philippines
73	Setu Centre For Social Knowledge and Action	India
74	Shareteah Humanitarian Organization (SHO)	Iraq
75	SIDC	Lebanon
76	Social Watch	Benin
77	Social Watch	Uruguay
78	Solidarity of Oppressed Filipino People, Inc. (SOFP)	Philippines
79	Swasthya Adhikar Manch	India
80	Third World Network	Malaysia
81	UNIDOS	Mozambique
82	Universities Allied for Essential Medicines (UAEM)	Latin America, North America and Europe
83	Voices for Interactive Choices and Empowerment (VOICE)	Bangladesh
84	Woman Health Philippines	Philippines
85	Women's Probono Initiative	Uganda
86	Zambia Alliance for Agroecology and Biodiversity	Zambia

Individuals:

1	Dr.Mohan Rao, former professor, Centre of Social Medicine and Community Health, JNU	India
2	Amar Jesani, Editor, Indian Journal of Medical Ethics	India