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Written statement for:

***14:30-16:15 PANEL II. Global cooperation and measures to improve the universal access to health as a fundamental human right***

The issue of access is by its nature very complex and multi-dimensional. On the one hand, we have various commercial interests of the originators, that is biopharmaceutical companies who develop and manufacture medicines, vaccines and health products. On the other hand, we have the recipients – that is us, the global community. The Medicines Patent Pool, which I represent today, strongly believes that all people, no matter where we live, have the right to health. And that implies equal access to effective prevention and treatment.

In fact, increasing access to affordable and life-saving medicines for people living in LMICs lies at the very core of MPP’s mission. With a decade long experience in licensing under public health-oriented terms, the Medicines Patent Pool has developed an innovative model based on a voluntary licensing mechanism whereby patent holders agree to give some of the global market to generic manufacturers to enable competition, facilitate price reductions and ensure sustainability of supplies with the goal to promote access to affordable and high-quality medicines and treatments in LMIC settings. Having the support and trust of patent holders is key, but the engagement of the civil society and national governments cannot be underestimated. The alignment of regulatory agencies, rapid inclusion of recommended products into the catalogues of procurement agencies, swift roll-out of a new product to ensure considerable uptake among the patient populations are of utmost importance.

When MPP was created back in 2010, our initial mandate was to accelerate access to affordable quality treatments for people living with [HIV](https://medicinespatentpool.org/what-we-do/disease-areas#pills-HIV). Several later that mandate was expanded to include [hepatitis C](https://medicinespatentpool.org/what-we-do/disease-areas#pills-VIRAL-HEPATITIS/) and [tuberculosis](https://medicinespatentpool.org/what-we-do/disease-areas#pills-TUBERCULOSIS/) treatments. As clear progress was being made on that front, in 2018 the Board of MPP decided that the organisation should also work on patented medicines which are listed on the WHO’s Model List of Essential Medicines (EML) or have a strong potential for future inclusion. When in 2020 Covid-19 pandemic started, created a state of emergency prompting all parties to act fast. The Medicines Patent Pool very quickly got involved in facilitating pandemic preparedness and response. To date, we have signed two licences for oral antiviral treatments: one with MSD for molnupiravir and the other one with Pfizer, both of which enable additional production and distribution, which will lead to a greater access for people living in LMICs.

Most recently, under the auspices of WHO’s [COVID-19 Technology Access Pool (C-TAP)](https://www.who.int/initiatives/covid-19-technology-access-pool), we signed a worldwide licence with the [Spanish National Research Council (CSIC)](https://www.csic.es/en/csic) for a COVID-19 serological antibody diagnostic test, which detects the presence of anti-SARS-CoV-2 antibodies and allows to precisely determine their origin. On the vaccine front, MPP works together with WHO to establish the very first mRNA technology transfer hub in South Africa, which aims to expand capabilities of existing Covid-19 vaccine manufacturers in low- and middle-income countries. Local production for regional consumption is one of the key premises on which this initiative was built.

What makes MPP licences unique is the fact that their terms and conditions are public-health oriented as those agreements aim to expand treatment options for people living in LMICs as much as possible. Aside from having a wide geographical scope, those agreements come with requirements for quality-assurance and non-exclusivity both of which contribute to creating sufficient competition among generic manufacturers. Transparency is another key feature. It allows for civil society scrutiny, something that is incredibly important yet appears to be absent in many of the recently signed non-public, bilateral agreements.

MPP’s work has already made a considerable impact. By the end of 2020, MPP’s licences had supplied 18,5 billion doses of treatment averting 11,000 deaths and saving US$ 920 million; and those numbers keep going up. Still, there are significant challenges to our work:

* Patent holders (innovators) need to understand that what MPP offers is complementary to their work in “commercial” countries
* Terms of negotiated licence agreements must be attractive enough (especially in regard to the market size) to enable sustainable generic competition and substantial price reductions (often obtained through economies of scale)
* At the country level, uptake needs to take place promptly and smoothly, facilitated by a large ecosystem of collaborating organizations, including funders, procurement agencies, governments (in particular, Ministries of Health), civil society and affected communities
* Health systems must continue to be strengthened to be able to absorb these medicines and ensure the appropriate enabling environment, that is timely diagnosis, counselling, and care.

It is, therefore, crucial for generic companies to release their products into LMIC markets at the same time as the originator companies prepare to enter their commercial markets. Delayed access in LMICs should not be the norm. Recent advances can pave the way for that type of parallel planning for access and we have already seen this happen with dolutegravir (DTG), which is a promising antiviral treatment for HIV in young children. It was introduced less than a year after it became available in HICs proving that when there is a will, there is a way.