**South Africa’s Statement**

**Informal TRIPS Council Meeting, 3 December 2020**

**Questions & Answers**

**US: Could the proponents provide data that establishes that the identified trips obligations have systematically hindered or blocked the prevention, containment or treatment of covid-19?**

**US: No explanation why compliance with each of the identified trips obligation creates an identifiable and undue hardship such that waiver is necessary**

**Brazil: Further elaborate the rationale for including industrial designs in the proposal.**

**Brazil: Further specify the cases in which waiver in copyright could be pertinent for preventing containing or treating covid-19.**

**Response:**

Several questions were posed as to why the scope of the waiver extends to patents, trade secrets, copyright and industrial designs and what is the evidence that waiver of these aspects are important to contain, prevent and treat Covid-19.

In formulating the proposal, the starting point was to consider what products are needed to curb COVID-19 and what are the barriers to diversifying suppliers and scaling up manufacturing. Several key medical products crucial for curbing COVID19 include ventilators, N95 masks and other personal protective equipment, diagnostics, therapeutics and vaccines. Global shortages of these medical products have been widely reported. Shortages are also expected as vaccines are rolled out. Due to the limited voluntary license issued by Gilead, the world also witnessed shortages of remdesivir a therapeutic once thought to hasten recovery. As new therapeutics are approved, shortages are further expected. For instance, antibody treatments by Regeneron and Eli Lilly have recently been approved by the US Food and Drug Authority for COVID-19 treatment, shortages are already expected in the US[[1]](#footnote-1), while how the rest of the world will get sufficient access to these treatments remains unclear.

Disparity in access is the ugly reality of this pandemic that we cannot and must not ignore. The challenges of access are visible in developed countries, but disproportionately affects less developed countries. We have provided concrete evidence of the staggering inequality in access to essential products between developed countries and less developed countries.

According to UNCTAD, “since the onset of the pandemic, each resident of high-income countries has benefited, on average, from an additional US$10 per month of imports of COVID-19 related products. This number is much lower for middle income countries- at about US$1, and lower still for low-income countries – a mere US$0.10. In other words, per capita imports of the medical goods essential to mitigate the COVID-19 pandemic have been about 100 times larger in high income countries in comparison to low-income countries. While it should be expected that the increase of per capita imports of COVID-19 products would be larger for wealthier countries, the sheer difference is staggering.”[[2]](#footnote-2)

A solution to this challenge is to diversify and increase production and supply. This requires addressing the legal barrier of IP that prevents diversification and production. Not all categories of IP are implicated. To prevent, contain, and treat Covid-19, and more specifically for the medical technologies required, the relevant categories of IP are patents, trade secrets, industrial designs and copyright.

Several delegations have queried why the proposal includes industrial designs and copyright within the scope of the waiver.

We would like to clarify. As mentioned, the starting point of the proposal is what tools are important to curb Covid 19. This question is what led us to investigate which categories of IP would be relevant? Industrial design and copyright protection can become barriers to reproduction of the products. We have highlighted the case in Italy where two local engineers 3D printed ventilator valves to supply a local hospital as the regular supplier could not supply the valves, and faced IP barriers.

Following the case a legal firm cautioned “In scanning a component such as a valve, and manufacturing a part using 3D printing equipment, there is a risk that this action will infringe an existing patent, design or copyright which protects the component, leading to an injunction or claim from the rights holder for damages or other remedies (such as delivery up of infringing parts)”.[[3]](#footnote-3)

For medical products such as ventilators, personal protective equipment and other technologies that may be relevant to curbing the spread of Covid-19, copyright and/or industrial design can be a barrier, in addition to patents and trade secrets.

At the last informal TRIPS Council meeting, the co-sponsors provided examples of IP barriers hindering development, production and supply of Covid-19 products.

The TRIPS Agreement sets minimum standards for patents, trade secrets, copyright and industrial design, that WTO member states except for LDCs have to comply with or be subject to WTO’s dispute settlement mechanism. And these standards do limit the policy space available for countries to take the measures necessary to collaborate, manufacture and supply addressing the shortages mentioned. **Where flexibility exists, in some cases there is also uncertainty as to its scope, while in other cases, the use of flexibility is subject to conditions and procedures. As mentioned before, since t**he entry into force of the TRIPS Agreement, developing countries have faced constant pressures from their trading partners to limit the use of flexibilities, often criticising actions that may be taken to simplify the use of flexibilities.

**US: How the waiver would directly resolve issues related to Covid-19 prevention, containment or treatment in a member-state.**

**US: Do the proponents have any data that would show how a waiver would demonstrable reduce covid-19 prevalence or impact during the acute phase of the pandemic. We note that new pharmaceutical manufacturing capacity typically cannot be established quickly.**

**US: If the waiver were to be implemented how long do the proponents think it will take for there to be an impact in the prevention containment or treatment of Covid? What data are proponents relying on to reach this conclusion?**

**UK: How would this help countries like in manufacturing capacities and even if limited in time the waiver creates long-term uncertainty and undermines the system for the future including future pandemics.**

**Response**

Several questions were posed as to how the waiver would resolve issues related to Covid-19 prevention, containment and treatment and what is the evidence?

It is important to note that neither the waiver alone nor any other mechanisms or policy intervention on its own, can resolve all challenges we face. Different legal and policy measures are needed to respond to different problems. The waiver by offering policy space can help leverage the full capacity globally for production and supply. We have clearly demonstrated the limitations of voluntary measures by companies. Some companies only choose to work with 1 or 2 other multinational corporation despite manufacturing capacity being available in different countries. With such an approach of course there will still be severe supply shortages.

Some delegates may argue that in those circumstances, compulsory license can be used, including Art31bis license. However, as we articulated earlier, TRIPS rules today do not facilitate a collective use of compulsory license by multiple countries on all components needed to produce a medical product. Both Art 31 and Art31bis licenses are territorial and used on a case-by-case basis raising difficulty of using them to leverage all untended capacity in different countries together. The waiver provides a practical alternative in the context of the pandemic so that countries can be better coordinated.

In addition, manufacturing capacity in this pandemic need to be discussed at the global level. Not all countries can produce everything by themselves and no single country can sustainably supply the whole world with their existing manufacturing capacity. The proposal on the table suggests that we look at a global picture of manufacturing and supply capacity and consider ways to coordinate and enable access to knowledge and technology. For countries that do not have manufacturing capacity at all at this moment in time on certain medical technologies, the waiver could open up more supply options while they do not have to stick with one or two perceived solutions and avoid being held hostage by any individual companies.

The challenges we face in this pandemic are novel as we are dealing with an unknown pathogen. We are constantly learning what works and does not work. Nationally as well governments are experimenting with different measures, to see what works and what does not, adapting and modifying as lessons are learned and new information becomes available. Most measures have been put in place without demonstrable evidence as to the efficacy of the measures. For instance, early on in the pandemic, many experts thought face coverings were not effective.[[4]](#footnote-4) Now the guidance has changed, with most countries recommending or mandating the wearing of masks.

Similarly, early on in the pandemic several WTO members such as Canada[[5]](#footnote-5), Germany,[[6]](#footnote-6) Hungary[[7]](#footnote-7) took pre-emptive steps to amend their law to simplify the procedures for issuing CL, should they need to use it to override the patent barrier. Several other countries such as Chile[[8]](#footnote-8), Colombia[[9]](#footnote-9) and Ecuador[[10]](#footnote-10) have issued resolutions or decree to set the stage for the issuance of compulsory licenses.

The waiver opens up policy space for WTO members to take steps required to initiate manufacturing of pharmaceutical products. It is well-proven that when IP such as patents are not a barrier and a country has manufacturing capacity, generic manufacturing can and does take place. We have seen this for many products even before the pandemic. Hence the freedom to operate offered by a waiver will prove to be invaluable in expanding supply options and capacity.

**US: Waiver is broad. Unclear what measures would fall within or outside the scope of the waiver. With respect to scope that the proponents explain how members would determine whether a measure is “related to the prevention containment or treatment of covid-19 and this falls within the scope of the proposed waiver”. For example, if a measure waives an intellectual property right covering a given product or book or work with the product or work have to be directly related to the prevention containment or treatment of covid-19 in order to fall within the scope of this waiver proposal. Could the product or work be indirectly related, how indirectly related and who would make this determination.**

**US: How is the waiver proposal targeted considering it implicates the suspension of at least 34 provisions of the TRIPS agreement.**

**Response:**

The co-sponsors have been asked which measures would fall within the scope of the waiver and whether measures that are indirectly related would also be included within the scope of the waiver and who would make this determination.

The issue is not whether a measure is directly related or indirectly related. It is a matter of what is needed to prevent, contain and treat Covid-19. Any measure that is not in relation to Covid-19 would not be covered by the scope of the Waiver. For instance, a therapeutic for cancer treatment would not fall within the scope of the waiver.

Each country will need to decide what is needed nationally to curb Covid-19 and the parameters of implementation of the waiver. The needs and conditions of each country varies, hence prescribing a one size fits all approach will not be beneficial. We should recall that the WTO Agreements including the TRIPS Agreement already provides governments discretion on how to implement their commitments and implementation of the waiver is no different. If a country decides that the waiver is inappropriately implemented in another country, it may pursue its case under the WTO dispute settlement mechanism that would continue to be available to the WTO members.

In addition, it has been suggested by an opposing country, that the waiver proposal implicates suspension of at least 34 provisions of the TRIPs Agreement. We are of the view that this misrepresents the waiver proposal.

The waiver proposal is very specific to Covid-19, its prevention, containment and treatment; and therefore, is proportionate. It does not apply to other diseases, although we are aware of severe access challenges in other disease areas as well. It does not apply to other sectors. We have also been particular in excluding protection of Performers, Producers of Phonograms (Sound Recordings) and Broadcasting Organizations under Article 14 of the TRIPS Agreement, although it falls within the ambit of copyright, as it would not be relevant to the prevention, containment and treatment of COVID19. The waiver proposal does not cover all aspects of the TRIPS Agreement, for example it does not include GIs, trademarks, layout of integrated circuits etc.

In short, the waiver is very narrow and specific to the circumstance of COVID-19 and the key aspects of the TRIPS Agreement that can affect a country’s ability to prevent, contain and treat COVID-19.

I am sure we all agree that Covid-19 presents an extraordinary, unprecedented challenge for the world, and no one is safe until everyone is safe, hence the call for a waiver from certain TRIPS obligations with respect to Covid-19.

**Mexico, Korea, Ecuador, Israel: Waiver proposal is not clear enough as regards its scope and implementation and its possible implications. Additional information why current provisions are not sufficient to address concerns. ACT-A & COVAX exists.**

**Canada remains the only member to have used this special compulsory licensing system under article 31bis and can thus observe on the basis of concrete experience that this system has worked as intended. Article 31bis only used once does not suggest that the system is inadequate rather Canada believes that this suggests that the overall trips regime works as part of the broader international framework that provides members with sufficient latitude and flexibility such as there has been limited or no need to issue compulsory licenses under article 31bis.**

**Response:**

Some countries have queried why TRIPS flexibilities and Covax are insufficient to address the challenge of access posed by COVID. We have addressed this matter extensively at the last TRIPS Council. We reiterate that the targets set by Act-A including the Covax is to provide 2 billion vaccine doses (for 1 billion people) to the world by the end of 2021, 245 million courses of treatment and 500 million diagnostic tests to LMICs (excluding many developing countries) in 2021 are insufficient to meet global needs of the 7.7 billion people of this world. At best, these initiatives offer short-term and very limited access to diagnostics, therapeutics and vaccines. The insufficiency of ACT-A and Covax is apparent with the current wide disparity in access between the developed countries and the developing countries. For vaccines, it only aims to provide up to 20% of the needs of developing countries, which is insufficient to build global immunity. In addition, to date only 15% of the needed funding has been raised. ACT-A and Covax also do not extend to other tools needed during a pandemic such as masks, ventilators etc.

With respect to TRIPS flexibilities, as mentioned in our previous statement, these flexibilities have played an important role in promoting access but were never designed to address the access challenge of a pandemic. As explained an effective response to the COVID-19 pandemic requires access to various commodities and various types of intellectual property that is patents, copyrights, industrial designs and trade secrets may pose a barrier to the manufacturing and supply of these commodities.

At the informal TRIPS Council meeting of 20th November, the co-sponsors circulated patent status of several priority therapeutics for COVID-19. These therapeutics are likely to be patent protected in many jurisdictions. Let me explain how cumbersome the process will be to diversify and scale-up manufacturing simply relying on the issuance of CLs by way of Art. 31 and Art. 31bis of the TRIPS Agreement.

Assuming country X with manufacturing capacity decides to override the patent barriers to expand supply. It will have to issue a compulsory license based on national procedures, a process that can take weeks if lucky, but perhaps even months or years, if national laws have additional requirements or if trading partners and pharmaceutical industry interfere to dissuade its use. Some countries have special CL procedure for government use, which can help to accelerate the process but not all countries have such a fast-track procedure.

If this country X requires to source patented ingredients from multiple jurisdictions, each of these jurisdictions will also need to issue a CL. Each of these CLs will be limited by the condition of Article 31(f) that it has to be predominantly for the supply of the domestic market. At this juncture, country X with manufacturing capacity, although able to supply, is likely to be hindered due to the number of CLs required, and the conditions imposed. Even if country X overcomes this challenge and manufactures the product under a CL, country X will not be able to export widely to supply even neighbouring countries due to the limitation in Art. 31(f) that a CL has to be predominantly for the supply of the domestic market. Instead, the manufacturing country X and each and every importing country will have to issue a CL if there is a patent and utilise the procedures of Article 31*bis* that includes among others specific notification to the WTO by importing and exporting countries specifying the quantities to be imported and exported. As more quantities are imported and exported, more notifications may be needed, in addition to other requirements such as specific labelling or marking of products; special packaging and/or special colouring/shaping of products.

It is also worth noting that whether or not a manufacturing takes place is very much dependent on whether economies of scale exist. Countries may have capacity to manufacture but lack economies of scale hence making manufacturing an unattractive option.

The country by country, case by case approach offered by CLs hinders north-south, south-south, regional and international collaboration to achieve economies of scale and ramp-up global manufacturing and supply. The waiver will remove the legal barriers and facilitate collaboration at the regional and global level, allow economies of scale to be achieved, motivating further manufacturing, and consequently lower prices. With a waiver, the administrative and procedural delays and conditions linked to Article 31 and 31bis will be avoided, meaning that countries will have full freedom to collaborate, manufacture and supply the required products.

Canada asserts that its experience shows that the Art. 31bis mechanism has worked as intended and that it shows that the overall trips regime works and that there has been limited or no need to issue compulsory licenses under article 31bis.

We believe this assessment does not reveal the depth and complexity of the access to medicines problem facing the international community including in developed countries even before the Covid-19 pandemic. To date the CLs issued have generally been by countries with manufacturing capacity for their own use or to import from countries that have manufacturing capacity but where patent was not a barrier. India for instance did not put in place pharmaceutical product patent protection until 2005, meaning that many pharmaceutical products were not patented in India, allowing other countries to import available generics for many years post 2005 without any concern. Several of the patent applications have also been opposed and challenged in India, and where this has been successful, generics have managed to enter the market after some years. These scenarios do not create a conducive environment to address the challenges of this pandemic, as the Covid 19 products are likely to be widely patented in countries with manufacturing capacity.

For many patented medicines, generic alternatives are still not available, and the originator products simply unaffordable to patients. In addition, trading partners and pharmaceutical companies have placed immense political pressure on countries with manufacturing capacity, discouraging the issuance of CL. Hence even before the pandemic, many medicines that can save lives, remains out of reach of the patients that needed them. This reveals the limitations of the options provided by the TRIPS Agreement including Article 31bis, more so in this current pandemic.

In the case of Canada’s implementation of the 30th August 2003 decision, we note that MSF was involved in the Jean Chrétien Pledge to Africa (JCPA) passed in May 2004, that implements the August 2003 decision which is now translated into Article 31*bis*. MSF notes in a paper on its experience with respect to the Act that it “contains over 19 sections and over 100 clauses and sub-clauses”.[[11]](#footnote-11) If this is indeed the case, we fail to see how such a mechanism delivers expeditious access.

MSF goes on to say that “Simply understanding the legislation requires legal training or support. Significant financial and human resources are necessary for a government to analyse and use this legislation – resources which are limited in many developing and least-developed countries”. The MSF paper also quotes Tanzania’s High Commissioner to Canada, His Excellency Ombeni Sefue, which noted “It's not that we don't want to do it. It’s just that we haven't because... all the bureaucratic, administrative, and legal requirements take a lot of time...The system is too complicated...”

We fail to see how such a mechanism can be a reliable to deliver access in this pandemic. Canada can insist it works, despite evidence to the contrary, but the failure of Canada and other WTO members to take action will cost many lives especially in the developing world.

**US: How would the waiver of each of the identified TRIPS obligations be implemented by a member? For example, how would the waiver of obligations related to undisclosed information be implemented, does proponent intend to implement legislation that would release undisclosed information submitted for regulatory purposes for undisclosed information such as Trade Secrets. Will the proponents suspend their laws on trade secret theft? Have the proponents considered whether this would result in an increase in trade secret theft?**

**Response:**

US posed questions on trade secret, how would it be implemented, would suspension of laws give rise to trade secret theft

In several common law countries, there is no dedicated legislation for trade secret protection, instead trade secrets are enforced through contract or tort law.[[12]](#footnote-12) Hence the issue of suspending trade secret protection does not arise. What is relevant in the context of facilitating access to COVID medical products is to diversify and expand the production of medical products. In this context, a waiver of Article 39 of the TRIPS Agreement can be enabling.

We understand that the trade secret regime in US and EU recognise disclosure to advance public interest. The Re-Statement (Third) Of Unfair Competition, §40, Comment C recognized a limited privilege to disclose trade secrets, stating:

*Depends upon the circumstances of the particular case, including the nature of the information, the purpose of the disclosure, and the means by which the actor acquired the information. A privilege is likely to be recognized, for example, in connection with the disclosure of information that is relevant to public health or safety, or to the commission of a crime or tort, or to other matters of substantial public concern.[[13]](#footnote-13)*

Subsequent legislations explicitly recognises the exception. For instance, the Economic Espionage Act of 1996 provides two such exceptions. Section 1833 of the Act states:

Exceptions to prohibitions ‘‘This chapter does not prohibit—‘‘(1) any otherwise lawful activity conducted by a governmental entity of the United States, a State, or a political subdivision of a State”; or

“(2) the reporting of a suspected violation of law to any governmental entity of the United States, a State, or a political subdivision of a State, if such entity has lawful authority with respect to that violation”

The Defend Trade Secret Act which amends the Economic Espionage Act adds the following important exceptions along with other exceptions:

*‘‘(1) IMMUNITY.—An individual shall not be held criminally or civilly liable under any Federal or State trade secret law for the disclosure of a trade secret that— ‘‘(A) is made— ‘‘(i) in confidence to a Federal, State, or local government official, either directly or indirectly, or to an attorney; and ‘‘*

*(ii) solely for the purpose of reporting or investigating a suspected violation of law;*

Further, Court remedying anticompetitive aspects of a merger in *U.S. v. Bazaarvoice*, Inc, had an agreement not to enforce n its trade secret restrictions on current and past employees who were hired by the divestiture acquirer.[[14]](#footnote-14)

Similarly, Article 5 of the EU Directive on Trade Secret[[15]](#footnote-15) provides exceptions to trade secret protection:

Member States shall ensure that an application for the measures, procedures and remedies provided for in this Directive is dismissed where the alleged acquisition, use or disclosure of the trade secret was carried out in any of the following cases:

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| *(a)* | *for exercising the right to freedom of expression and information as set out in the Charter, including respect for the freedom and pluralism of the media;* |

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| *(b)* | *for revealing misconduct, wrongdoing or illegal activity, provided that the respondent acted for the purpose of protecting the general public interest;* |

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| *(c)* | *disclosure by workers to their representatives as part of the legitimate exercise by those representatives of their functions in accordance with Union or national law, provided that such disclosure was necessary for that exercise;* |

|  |  |
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| *(d)* | *for the purpose of protecting a legitimate interest recognised by Union or national law*  |

This clearly shows that disclosure to public authorities or disclosure to advance a public policy goal is well permitted under the laws of the US and EU. However, in many countries including the US the scope of public policy exception is determined by the court taking into account the facts and circumstances. This is time consuming and can delay the required result in pandemic time. In the present circumstances the waiver will bring the legal clarity with regard to the scope of exception to trade secret.

We would also quote an Associate Professor of Law David Levine from the US who has said “not all secrets deserve unwavering protection, and not all alleged “trade secrets” are actual trade secrets. As difficult, time-consuming, and expensive as it may be, because information may not qualify as a trade secret upon closer inspection and because public needs may need to trump private, profit-maximizing interests, we should always question, interrogate, and weigh any designations of untrammeled trade secret protection over valuable information. If it turns out that an alleged “trade secret” is actually a trade secret, then a harder question must be asked: Should the trade secret be shared anyway? In the Covid context, certain trade secrets might serve society more thoroughly through wider access, allowing full technology transfer that would foster rapid expansion of needed manufacturing capacity and reduced pricing”[[16]](#footnote-16)

1. <https://uk.reuters.com/article/us-health-coronavirus-lilly/u-s-hospitals-to-restrict-lilly-covid-19-antibody-treatment-due-to-limited-supply-idUKKBN27X1EU>; <https://www.bostonherald.com/2020/11/22/fda-allows-emergency-use-of-antibody-drug-trump-received/> [↑](#footnote-ref-1)
2. <https://unctad.org/system/files/official-document/ditcinf2020d4_en.pdf> [↑](#footnote-ref-2)
3. <https://www.shoosmiths.co.uk/insights/articles/3d-printing-social-responsibility-vs-legal-risks> [↑](#footnote-ref-3)
4. <https://www.independent.co.uk/life-style/health-and-families/face-masks-coverings-coronavirus-do-they-work-shops-transport-a9617666.html> [↑](#footnote-ref-4)
5. Canada has passed emergency legislation entitled [An Act Respecting Certain Measures in Response to COVID-19](https://wipolex.wipo.int/en/legislation/details/19717). Part 12 of Bill C-13 amends the Patent Act so that, among other things, upon the application of the Minister of Health the Commissioner must authorize the Government of Canada and any person specified in the application to make, construct, use and sell a patented invention to the extent necessary to respond to a public health emergency that is a matter of national concern. Source: <https://www.wipo.int/covid19-policy-tracker/#/covid19-policy-tracker/access> [↑](#footnote-ref-5)
6. With the Act for the Protection of the Population in the Event of an Epidemic Situation of National Significance of 27 March 2020, the Federal Ministry of Health was authorized to issue orders under Section 13, subsection 1 of the Patent Act. Section 13 was already contained in the Patent Act before the COVID-19 pandemic. The Section stipulates that a patent shall have no effect in a case where the Federal Government orders that the invention is to be used in the interest of public welfare (Section 13, subsection 1, sentence 1). Source: <https://www.wipo.int/covid19-policy-tracker/#/covid19-policy-tracker/access> [↑](#footnote-ref-6)
7. According to Government Decree 212/2020 (May 16, 2020), compulsory licensing is available for patented medicinal products, active substances and medical devices, exclusively for meeting domestic demand. This regulation will remain in force until the state of danger declared by way of Government Decree 40/2020 (March 11, 2020) is lifted. However, draft legislation is already in front of Parliament that will modify Act No. XXXIII of 1995 on the Protection of Inventions by Patents to allow for the continued issuing of compulsory licenses for products and technologies used for pandemic relief. Source: <https://www.wipo.int/covid19-policy-tracker/#/covid19-policy-tracker/access> [↑](#footnote-ref-7)
8. On March 17, the [Chilean parliament approved a resolution (896/2020)](https://www.camara.cl/legislacion/resoluciones/resolucion_documentos.aspx?prmId=6028) declaring that the COVID-19 pandemic justifies the use of compulsory licenses for COVID-19 technologies, which can facilitate the procedure for compulsory licenses to be issued in the country. [Unofficial English](https://www.keionline.org/chilean-covid-resolution)  [↑](#footnote-ref-8)
9. On March 25, [Colombia approved a decree](https://dapre.presidencia.gov.co/normativa/normativa/DECRETO%20476%20DEL%2025%20DE%20MARZO%20DE%202020.pdf) allowing the Ministry of Health to declare of public interest all medicines, medical devices, vaccines and other health technologies related to COVID19. The declaration of public interest is a necessary step prior to the grant of a compulsory license. The decree also the flexibilization of the rules regarding registration and importation of health technologies in the country. [↑](#footnote-ref-9)
10. On March 20, the [Committee of Education, Culture and Science and Technology of the National Assembly of Ecuador approved a resolution](https://www.asambleanacional.gob.ec/es/blogs/jimmy-candell/65864-ante-emergencia-sanitaria-por-el-covid-19-la) asking the Minister of Health to issue compulsory licenses on all patents related to COVID-19 technologies, as well as access to test data. [Unofficial English](https://www.keionline.org/ecuador-CL-coronavirus-resolution). [↑](#footnote-ref-10)
11. <https://msfaccess.org/neither-expeditious-nor-solution-wto-august-30th-decision-unworkable> [↑](#footnote-ref-11)
12. <https://www.dlapiperintelligence.com/goingglobal/intellectual-property/index.html?t=trade-secrets&s=legal-framework> [↑](#footnote-ref-12)
13. Peter S Mennel Et all, Intellectual Property in the New Technological Age: 2016, <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2780190>, p.128. [↑](#footnote-ref-13)
14. <https://www.ftc.gov/system/files/attachments/us-submissions-oecd-2010-present-other-international-competition-fora/ip_licensing_us-oecd.pdf> [↑](#footnote-ref-14)
15. <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016L0943&from=EN> [↑](#footnote-ref-15)
16. <http://infojustice.org/archives/42493> [↑](#footnote-ref-16)