**Kenya Statement: Informal TRIPS Council Meeting, 20th November 2020**

Thank you, Madam Chair.

On behalf of the co-sponsors I would like to thank all Members and observers who made statements at the last meeting of the TRIPS Council.

The co-sponsors requested a continuation in order to respond to questions raised by various Members as well to take up issues that several matters had brought up. The WHO confirms that as of this morning [**18 November 2020]**, there have been 55,326,907 confirmed cases of COVID-19, including **1,333,742** deaths. A second wave pandemic constitutes an imminent threat to society and demonstrates that COVID-19 is far from over. This week we heard the welcome news of a vaccine, based on initial data, that seems to be effective in preventing COVID-19. It has been reported that at least 500 million doses of the vaccine have been reserved by high-income countries, with the potential for this to rise to more than 1 billion doses through advance purchase agreements. Scaling up the production of this vaccine will take some time, since it is expected that 50 million doses can be delivered by the end of 2020 while up to 1.3 billion doses can be delivered by 2021. More manufacturers are needed to quickly scale up production in a shorter period of time thus ensuring equitable access to all countries.

Since the start of this pandemic, pharmaceutical corporations have continued with their ‘business-as-usual’ approaches either by maintaining rigid control over their proprietary IP rights or by pursuing secretive and monopolistic commercial deals and excluding countries heavily affected by COVID-19.The unprecedented situation today requires that all IP, knowledge, technology and data related to COVID-19 health technologies can be utilized by everyone to ensure uninterrupted production and supply by any competent country or manufacturer worldwide. To achieve this, governments have a collective responsibility to address IP and technology barriers. The TRIPS waiver proposal presents an important opportunity for all governments to unite and stand up for public health, global solidarity, and equitable access through a concrete step at the international level that can provide an automatic and expedited solution to address IP and technology challenges collectively. IP remains a substantial barrier to equitable access, to this end the co-proponents have circulated a document contain and evidencing various instances of IP acting as a barrier to access. The co-sponsors will take up these instances in turn.

Madam Chair,

A recurring concern expressed against the waiver proposal is the possible impact that it may have on the incentives for the development of diagnostics, therapeutics and vaccines.

Generally, R&D in emerging infectious diseases (EIDs) has been driven by public investment. Between 2014 and 2018, R&D funding for EIDs amounted to US$3.2billion with investment reaching its peak in 2018 with $886 million, the bulk of it from public funding.[[1]](#footnote-1) For instance, 80% of US$ 110 million coronavirus R&D (MERS and SARS) funding between 2016 and 2018 is government funding from and “[a]lthough funding has been reported from MNCs, SMEs and philanthropic organisations, these sectors jointly contributed less than 0.5% of total funding”.[[2]](#footnote-2)

A similar trend is observed in R&D funding for COVID-19. Analysis by Policy Cures Research[[3]](#footnote-3) finds that as at 4 September 2020, global committed funding for COVID-19 R&D was $9.1billion, easily eclipsing R&D spending for other EIDs. The analysis also finds that “[t]he top 10 national governments who’ve publicly announced funding has jointly committed just under $7.8 billion, more than 90% of total public funding” and “pharmaceutical companies have received funding commitments for research and development totalling more than $3.9 billion (excluding funds identified as purely for manufacturing)”. AstraZeneca has gone so far as to state that the development of the vaccine will have no financial implications for the company since “expenses to progress the vaccine are anticipated to be offset by funding by governments and international organisations.”[[4]](#footnote-4)

The narrow emphasis on maintaining intellectual property to increase resources for pharmaceutical companies, disregards the fact that rapid development of COVID-19 diagnostics, therapeutics and vaccines is the sum of public funding and global collaboration.

Affected countries have shared digital sequence information and relevant public health information enabling scientists and researchers to closely track the evolution of this novel virus and support the R&D of diagnostics, vaccines and therapeutics. In addition, governments, healthcare workers, people with COVID-19, COVID-19 survivors, and the general public around the world have supported and contributed enormously to clinical trials for different therapeutics, vaccines and diagnostics for COVID-19. For example, the WHO’s “Solidarity” clinical trial for COVID-19 treatments, is one of the largest international randomized trials for COVID-19 treatments, enrolling almost 12 000 patients in 500 hospital sites in over 30 countries.[[5]](#footnote-5)

The current monopoly-based model of R&D puts the fruits of a collective effort into a single company, allowing it to dominate the market, dictate supply and charge high prices with governments and taxpayers once again footing the costs of the medical product. The co-sponsors do not believe that such an outcome is in the interest of a solidarity-based and collaborative approach to address COVID-19.

1. Landscape of Emerging Infectious Disease Research and Development: Preventing the Next Pandemic. Policy Research Cures, 2020. [↑](#footnote-ref-1)
2. Landscape of Emerging Infectious Disease Research and Development: Preventing the Next Pandemic. Policy Research Cures, 2020. pp. 29. [↑](#footnote-ref-2)
3. Landscape of Emerging Infectious Disease Research and Development: Preventing the Next Pandemic. Policy Research Cures, 2020.pp 32 [↑](#footnote-ref-3)
4. <https://www.astrazeneca.com/media-centre/press-releases/2020/covid-19-vaccine-azd1222-showed-robust-immune-responses-in-all-participants-in-phase-i-ii-trial.html> [↑](#footnote-ref-4)
5. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments. [↑](#footnote-ref-5)