Equity and Justice: Access to Health Technologies for COVID-19

PHM-SA held a webinar on 26th June to explore the challenges facing Civil Society in ensuring equity and justice in Access to new Health Technologies for COVID-19.

The webinar had two inputs. Yousuf Veriawa from UKZN mapped the [Intellectual Property (IP) environment](#) in South Africa and the important policy challenges and changes needed to ensure that the regulatory framework promoted the right of access to needed technologies. KM Gopakumar from the Third World Network sketched [the global context for health technologies as a public good,](#) identifying some of the key challenges with respect to global governance if we want to see new health technologies equitably distributed. Tracey Naledi from Tekano, a health equity NGO, then responded, outlining what she saw as the key challenge facing civil society in South Africa in working to ensure equity in access to future technologies.

[CLICK HERE](#) to listen here to the webinar

In the discussion, we outlined the need for the following:

1. **Action** to education ourselves and communities so that people understand the issues and can campaign for access and justice from an informed base. We saw how the Treatment Access movement was able to achieve huge victories because all participants understood the issues and could assert claims to rights based on this understanding.
2. **Action** to build connections across sectors and involving many partners. We need a campaign that is broad based and involves multiple sectors, drawing, for example, academic partners, NGOs, other groupings into alliances with mass movements and CBOs, giving voice, particularly, to the marginalised.
3. **Action** to monitor: We need to set up ways to monitor the quality of technologies and that technologies are reaching those who need them. We should build on our existing monitoring capacities and opportunities.
4. **Action** to leverage policy change: We should initiate and take advantage of policy dialogues to ensure that ministers and policy makers understand what civil society want and that policies prioritise the most vulnerable. We need to exert influence on policies so that implementation plans are monitored and there is accountability. We also want to see government commit more funds to Research and Development to address COVID-19.
5. **Action** at international level: We need to partner with other civil society formations to pressure global governance mechanism for more equitable decision-making and rules. This applies at the level of the African Union where South Africa is playing a key role. We need to identify who are the key players and influence them to support a pro-equity position.
6. We are noted two important **framing issues**:
    a. The demand should not just be for loosening of patent protection but should extend to the whole gamut of technology transfer and on a global level, since it is not guaranteed that indigenous industry would be able to ramp up quickly enough to develop capacity to manufacture these technologies in

time even if IP obstacles were removed. In other words, we should be able to import these technologies at cost from other LMIC countries with capacity to do the manufacturing. Further, it is also in the distribution of technology that we fail, so we must ensure that all along the care deliver pathway, the benefits of new technologies can reach those most in need.

b. Civil society needs to forefront the idea of equity as a norm and undo the idea that inequality is inescapable or acceptable. Driving this idea will help to drive the campaign for access.

These actions and perspective will need to be fleshed out and taken forward in a campaign over the next few months. We invite anyone who is interested in getting involved in this campaign to contact us on secretariat@phm-sa.org . PHM will be working with partners to develop a country case study to track civil society work on equitable access to new health technologies over the next few months.