Promoting Equitable Access to Essential Health Technologies in the context of COVID 19

First Progress Report

September 30th , 2020

Contents:

I.	Introduction- Brief Background to the Program	1
II.	Objectives of Program	2
III.	Progress at Global Level – Administrative & Activities	3
IV.	Progress at Country Level: South Korea	5
V.	Progress at Country Level: South Africa	8
VI.	Progress at Country Level: India	10
VII.	Next Steps	11

Annexures:

India Country Report- on COVID 19 pandemic in India, and the response of civil society.

Other country reports as relevant (see draft

I. Introduction: - a brief background to the Program

The PHM is a global network bringing together grassroots health activists, academics, policymakers and practitioners, civil society organizations and academic institutions from around the world, particularly from low and middle income countries (L&MIC). PHM currently has a presence in over 80 countries.

PHM supports a number of activities at global and regional levels that integrate the efforts of its country circles and its global and regional networks. These include the Health for All Campaign (HFAC) is a global organizing framework for different mobilization actions by civil society networks and social movements around the world. It aims to inform and influence governments to address structural and systemic weaknesses in the health system. The campaign platform incorporates thematic circles including: gender, the environment, food and nutrition, trade and health, health systems, and war and conflict.

The other important engagement of PHM is with Democratizing Global Health Governance where PHM studies, comments and campaigns for ways to improve the global environment for health by changing information flows and power relations that frame global health decision-making and implementation.

The ongoing COVID19 pandemic has been a huge challenge to people's health movements. Other than being an enormous public health crisis; it is also an unprecedented political, economic, social and humanitarian crisis. Much of the suffering caused by this pandemic lie in the weakening and privatization of health systems, and the lack of social security. The consequences of the pandemic and the state response have been further increase in inequity, undermining of freedoms, and the rise of autocratic state power. These are times when PHM is being called upon to communicate its understandings not only to health organizations, but to all democratic organizations and organizations of working people, and to many governments, not only on how to cope with the current pandemic, but how to build health systems that can cope with future pandemics.

The issue of equity in access to medical technologies is not an issue related to merely health systems preparedness or even global supply chains. It is representative of all the contradictions and conflicts created when health and health care, including access to essential technologies is seen as an opportunity for corporate profits, rather than as a global public good. The huge crisis in health care precipitated by COVID 19 has now brought this agenda of the very nature of production and allocation of health into the public discourse.

The PHMs and their country circles are closely linked to people's struggles and experiences and can document and give voice to them. But they can also relate local and country experiences to the global narrative and distribution of power and resources. It is in such a background context that PHM has applied for and undertaken the Program ""Promoting Equitable Access to Medical Technologies in the context of COVID 19 pandemic".

The Program begins with effect from July 1st 2020, and has duration of one year- closing on June 30th, 2021.

II. Program Objectives:

The broad objectives of Program have been stated as: "*Develop a stronger commitment within governments and global institutions and in the public discourse to make policies related to access to technologies based on public health priorities, rather than on market principles and corporate profits."*

This would include reiterating the role of the state in ensuring universal and equitable access to essential health technologies through better policies reflecting pubic health priorities with regard to manufacture, procurement, distribution, pricing of products as well as the better organization and financing of healthcare services. Policies of universal access would further require re-framing of governance (both global and national) in areas of research and development (R&D) The Program is built on the shared understanding that access to essential health technologies is seen as one of the most important elements of achieving the right to health and health equity, but not the only element.

In operational terms, the Program sets itself the tasks of building an adequate description of the current situation in terms of access and governance with a focus on three nations, and monitoring both the dynamics of community access with India, South Africa and South Korea.

1. Monitor developments in such areas and note trends in both global governance and in proposed countries that lead to greater or lesser public ownership of companies, distribution, and platforms as opposed to or in favour of dependence on market mechanisms.
2. Monitor community access to essential health technologies in the post Covid-19 context. In particular to note how access has changed with the coming of the pandemic and how equity in access changes as new technologies for COVID-19 emerge with special focus on marginalized communities, which are marginalized and live in poverty. This would be important in all three countries, but would have a special emphasis on South Africa.
3. Undertake advocacy action through interactions with decision makers, and through shaping public opinion and critical thinking and discussion on the issue of equity in access to essential health technologies. .
4. Use comparative learnings between the three countries and from other regional and relevant country experiences to provide inputs towards global discussions and decision-making on access to technologies.

It is also important to note that the Program is conceived as having four arms- the three country circles plus what is being described as the global arm of the Program. In each of these

arms- there is a set of administrative/organizational steps that have to be achieved; plus a set of activities.

We describe below the progress at global level- and then in each of the three country levels.

III. Activities and Organization at Global Level:

This section lists a number of key activities and products that were carried out by the global arm of the Program- and some of the key organizational developments.

1. **Note on Global Arm of the EACT Program:** This note was in response to discussions in the Program committee to spell out the specific role that the global team does as different from the country teams. This has since been discussed and approved and is the basis for functioning of the EACT Program. Some of it is aspirational and will depend upon the sort of response we are able to evoke in terms of both voluntary inputs and response from different countries.
2. **Note to Trade and Health Circle:** This was sent by the co-ordinator to the members of the trade and health circle to inform them of the Program and seek their participation in the program. Their active involvement was sought in both global policy and networking component. This is in addition to the support to the three Program countries, which for the PHM should be more of a pilot that will facilitate the implementation of the Program through other PHM country circles as the Program unfolds, building on the experience from South Africa, South Korea and India. The note sought volunteers, from within the Trade and Health Circle, who would like to be actively involved in this Program; perhaps (i) working with the Program team in your own country if yours is one of the pilot countries; or (ii) focusing on the situation in your own country, and working towards full participation in Stage 2; &/or (iii) working in the global policy and networking component, &/or (iv) working on the coordination functions.
3. **Global Program Advisory Group:** A number of emails have been sent to organizations and individuals whom we would like to involve in this Program and whom we know have been working in this space for many years. This email requests them to join our global Program advisory group. This Program advisory group will provide input to Program planning and implementation strategy, and it will monitor Program implementation and advise the Program management team accordingly. Members of the group will assist in promoting and extending the reach of EACT Program activities in the different settings and networks in which PAG members are involved. This group will operate virtually and the transaction burden would not be high.
4. **Note on Theories of change- Fran Baum and David Legge**: (July 27- 2020) This note was prepared and approved for circulation, to promote a discussion about how the Program activities would relate to change, the possibilities of change, and the ways in

which we can optimize the contribution that this Program makes. It stresses that the drivers of change are through (a) Movement building that amplifies the demand for equitable access (b) New alliances that strengthen demand for change, increases our capacity (c) New information and changes in attitudes (d) New policy discourse/public discourse - contesting/shaping existing discourse and the manufacture of consent for anti-peoples policies (e) Policy change and implementation (better policies and effective implementation achieves change) and Institutional development (systems work better). However, at this stage it is not clear what the country teams will set as priorities or how the drivers of change listed above will operate will depend on country specific factors and on the health technology products which each country prioritises. The identification of a number of issues, barriers and opportunities as well as resource requirements that would need to be readied at global level.

5. **Note on Access to COVID 19 medical products: (David Legge 2020-07-23).** This paper overviews the problems faced for procurement and distribution. It then describes the ACT accelerator and its four pillars- diagnostic, therapeutic, vaccines and health systems- and overviews the politics of this accelerator and the marginalization of WHO in the process. It describes also the COVID 19 technology access pool and the way corporate reject and distances them from the latter. The tension between these two approaches and its implications for equity in access, is an area that PHM should highlight-
6. **Note on Policy Maps and Policy Products: This note looks at the need to promote policies** directed to regulatory, fiscal and institutional reform at the national, regional and global levels; and mobilising around such policy reforms. This note highlights the importance of mapping of the policy space we are working in, and flowing from it a list of policy products that we might need to locate, create or commission, which will be needed as inputs to our policy development, capacity building and advocacy. This list of possible policy products will have implications for the kinds of partnerships we will need to forge and for the use of our very limited budget. In doing so we must also remember that much of this is already done well by partners- and we should be careful to build on what is already available.
7. **Important Easy to Access Policy Resources:** One of the important ideas we took up early was to create an easy access to Important Policy Resources for EACT teams to access. Here we are referring to EACT teams not only in the three Program countries but across the PHM network. To enable this a web-page has been created in the PHM web-site called " Equitable Access to Essential Covid Technologies - Useful websites and articles"
8. **Channels of Communication:** Another important PHM function at global level was managing Program communications platforms that include website, newsletter, and social media. Of these thewebsite is fully functional – and it is being built on.
9. **We note that in addition to the above work, there are already existing a small body of publications and statements on COVID 19 response. Important among these are the** PHM comment on World Health Assembly 73- resolution on COVID 19 response:

(https://docs.google.com/document/d/1ihGsUJx1HCgDpDMelopcXMQHIO-o0pmIjNX0U4BE-ic/edit) and the "PHM Statement on Global Trade and Intellectual Property barriers to Access to medicines, diagnostics and vaccines in the context of the COVID 19 pandemic. A call to UN agencies and WHO and member nations." that was released in May 4th, 2020.

10. **Administrative: The Project Committee:** The Coordination Commission of PHM was informed of the sanction of the this Project "Promoting Equitable Access to Medical Technologies in the context of COVID 19 pandemic" in its meeting of July 8th, 2020. For management of the Program, a Project committee was approved. This committee would have two-member team from each of the three participating countries and one member from global finance team and one from local financial host of the global secretariat. The coordinators of the Trade and Health Thematic Group, David Legge would chair the committee, and the global coordinator would be its convenor. A full time Program coordinator (global) recruited and he/she would also be on this committee.
11. **Meetings of the Project Committee:** This Program Committee has since met five times- July 17th, July 27th, August 14th, September 4th, and September 29th. Each of these meetings have reviewed progress, adopted key guidance documents that were circulated in draft form earlier , introduced and welcomed consultants who have joined the Program at global or country level and introduced a number of volunteers who are willing to contribute to the campaign.
12. **Appointment of EACT Program Coordinator-Global** One important administrative milestone was the recruitment and appointment of Mr. Prasanna Saligram as the EACT Program Coordinator (Global) with effect from 24th August 2020 A post graduate 'Global health and Public Policy' at the University of Edinburgh, he worked earlier as communications officer of the global People's Health between 2003 and 2006. He is currently an active member of All India Drug Action Network in India working on access to medicines and a guest faculty with Azim Premji University where he teaches a course on 'Political Economy of Global Health'

IV: Progress at the Country Level: South Korea:

The South Korean network has been working on access to medical technologies, well before the pandemic. When Covid 19 struck the network expanded and had been publishing some statements, and campaigning. The current Program was an opportunity to take this work further.

The People's Health Institute (PHI, PHM Korea secretariat) took on the task of hosting the EACT-Korea Program. Sun Kim would be the PI with support from Hongjo Choi (Director of Globalization and Health Research Center at PHI),

It was also decided that salaries for the two PHM Korea Fellows would be factored in. One fellow would assist PHM Korea coordination, and the other fellow would assist PHM SEAP region coordination.

These fellows would also help monitor the role of the South Korean government at the domestic and international level for R&D, production and supply of the health technologies to respond to the COVID-19; and Monitor domestic and overseas situations of the South Korean companies that are developing, producing, and supplying health technologies to respond to COVID-19 with support from the Korean government.

Both fellows are since recruited and in place from mid August.

PHI was already part of a Civil Society Organizations (CSO) network in this theme. The network has been doing advocacy together, publishing statements, and attracting sign-ons from individuals and organizations. (see here). Two recent such statements were on voluntary pooling as well as insisting on compulsory licensing if needed of the COVID-19 health technologies and another statement on transparency and accountability of the public investment (infrastructure and financing) of R&D for the COVID-19 health technologies companies.

The EACT-Korea Program is collaborating with this network. The network consists of the following CSOs.

- People's Health Institute (PHI, PHM Korea secretariat): Sun Kim, Hongjo Choi
- Health Right Network (HRN, a current member CSO of PHM Korea): Jae-cheon Kim (also work with HIV/AIDS patients group)
- Association of Physicians for Humanism (APH, a current member CSO of PHM Korea): Seok-kyun Woo, Hyung-joon Chung
- People's Solidarity for Social Progress (PSSP, participant CSO for PHA1): Jin-hyun Kim
- Center for Health and Social Change (CHSC): Sang-yoon Lee
- Korean Pharmacists for Democratic Society (KPDS): A-ra Kang, Dong-geun Lee
- Korean Federation Medical Activist Groups for Health Rights (KFHR): Jin-han Jeon (KFHR is an umbrella organization of several progressive professionals organizations - APH, KPDS and CHSC are members of it.)
- Knowledge Commune: Heesob Nam
- Intellectual Property Left (IPLeft): Mi-ran Kwon (also work with HIV/AIDS patients group).

The existing body of actions that took place prior to this Program and/or are ongoing in parallel is briefly described in the attached note.

Based on its consultations and internal discussions, and also drawing from its experience to date, the Korea Program has defined its goals as follows:

Program goals

- To picture the landscape of the public roles in ongoing R&D and manufacturing efforts in South Korea to cope with the COVID-19, domestically, and globally.
- To let the people aware of this landscape and then demand the government more public values and public interest-oriented production regime and its outcomes. (i.e., universal and equitable access to the technologies with affordable prices and stable supply, domestically and globally)
- To let the decision-makers aware of this landscape and the people's demands and then make the current production regime more public, democratic, and participatory. (i.e., public production and supply if needed, as well as political control of the for-profit industries)
- To find an alternative model of production regime for South Korea that goes beyond nationalistic one.

Program of activities:

To address these goals, EACT South Korea has described, tentatively decided to focus its activities on Monitoring and advocacy for accountability focused on equitable access approaches to ongoing R&D and manufacturing efforts in South Korea.

Further the team has decided on a short-list of technologies that they would be examining in greater detail. These are listed below:

1. Face masks (KF-80 and KF-94)
2. Diagnostics (sample collection kits, nucleic acid extraction kits, and COVID-19 diagnostic kits)
3. Medicines and vaccines including the ones for COVID-19 treatment and prevention

Methodology for monitoring shall be based on:

a. Review of relevant legal texts, orders, policy documents, official statements, etc.
b. Review of news reports and NGO reports
c. Interviews with officials, experts, and others with first-hand knowledge.

While the study is one important part of the EACT intervention, there is also considerable importance given into using this for advocacy action.

Some part of the advocacy action is to get more detailed pieces of evidence on the South Korean situation. For this the Program has been requesting more Ministries of information disclosure. It has also been collaborating with several members of the National Assemblies (NA) to get the inside information (Ministries are likely to respond to the NA's requests than to the CSOs') as well as to hold an open forum

Some of the forms in which advocacy action shall be pursued are:

a. Publish policy briefs on the results of monitoring
b. Write op-eds with the contents of policy briefs
c. Hold webinars on the comparative results of the monitoring in countries including South Korea, India, and South Africa

V. Progress at Country Level: PHM South Africa:

1. Prior to this project, PHM South Africa has undertaken activities aimed at promoting equitable access to medicines and health technologies. Some of the work that is pertinent to this project includes:
   a. An established relationship around the National Health Insurance (NHI) campaign with some of the civil society groups who have joined the EACT project as members of the country project partner group on this project (more details below).
   b. Hosting the Health Working Group of the C19 People's Coalition, a civil society coalition that has been formed to advocate for a just response to Covid-19. Through this, PHM has been able to build new relationships and consolidate old ones, and engage in health education and mobilisation (e.g. community workshops) on access to healthcare for patients with Covid-19.

2. PHM South Africa initiated this campaign with a webinar held on June 26 2020 on "Equity and Justice: Access to Health Technologies for COVID-19." Held in anticipation of the sanction of the Program, this webinar was also meant to reach out to the many organizations that were already active in South Africa. It was also the first national consultation on this theme that PHM South Africa was organizing and it helped to have their own members be exposed to the issues and to think about how they would proceed with the agenda.

3. The webinar was well attended. Key civil society groups were present, incl. S27. There was a lot of interest around equity around vaccines; proposing on the ground monitoring work and linking up to global activities. A presentation from Yousuf A Vawda, PHM South Africa, described the IP Landscape in SA and the Evolution of Policy related to Access in the Time of COVID-19. Another from Gopakumar of TWN provided a political analysis of the gap between calling the COVID 19 vaccine a global public good and how it plays out in practice. Past experiences in HIV campaign was also presented. The discussion also noted issues of government failure (whether deliberate or ineptitude or corruption) to distribute versus the global constraints on government that make it impossible/difficult to deliver and there is a distinction between the distribution of what we know works versus investment in developing new health technologies

4. The webinar highlighted the need for the following:

   a. Action to education ourselves and communities so that people understand the issues and can campaign for access and justice from an informed base. The

presentation from the Treatment Access movement was able to show how their victories were because all participants understood the issues and could assert claims to rights based on this understanding.

b. Action to build connections across sectors and involving many partners. The campaign has to 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 marginalized.

c. Action to monitor: There would be a need to set up ways to monitor the quality of technologies and that technologies are reaching those who need them. This should build on our existing monitoring capacities and opportunities.

d. Action to leverage policy change: There would be a need to initiate and take advantage of policy dialogues to ensure that ministers and policy makers understand what civil society want and those policies prioritize the most vulnerable. Challenge of being able to exert influence on policies so that implementation plans are monitored and there is accountability.

e. 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.

5. There was consensus on two important framing issues of South Africa campaign :

    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.

6. Organizationally, Dr Lauren Paramoer will be taking responsibility for coordinating EACT in SA. With the help of student volunteers the first report would be prepared. Part of the team is Prof. Leslie London, Bridget Lloyd and Anneleen de Keukelaere.

7. Another important activity has been obtaining the approval of the institutional ethics committee of the University of Cape Town for proceeding with the study component of the intervention.

8. The research team has met with key civil society organisations in South Africa that do work on equitable access to medicines and other health technologies. These organisations – Cancer Alliance, *Médecins Sans Frontières*, and Section 27 – have agreed to participate in the research project as members of an project partner group. They have committed to contributing their expertise, networks, and possibly resources to undertake the tasks set out in the research proposal. The project partner group will be expanded at the next meeting by inviting representatives from Treatment Action Campaign and the Stop Stockouts Campaign to join the group. The research team has already made contact with the Network on Equity in East and Southern Africa (EQUINET) and the Southern and Eastern Africa Trade Information and Negotiations Institute (SEATINI) about participating in the project and is awaiting feedback.

9. The research team has appointed a leading consultant, Catherine Tomlinson, to undertake a rapid Situation Analysis, which will inform the research design and advocacy strategy of the project. Ms. Tomlinson has extensive experience in researching access to and regulation of medical technologies. The situation analysis will compromise of a desktop analysis, as well as key informant interview. The provisional interview list includes the following individuals:
    - Helen Rees, Chairperson, South African Health Products Regulatory Authority (SAHPRA) (on regulation of medicines)
    - Marumo Nkomo, Director-Legal, International Trade and Investment, Department of Trade and Industry (on law reform process)
    - Xolelwa Mlumbi-Peter, South African Ambassafor to the WTO, Department of Trade and Industry (on SA's international engagement re use of TRIPS flexibilities, and position/engagement on WHO COVID-IP pool)
    - Swasthi Soomaraoo, Director: Advanced Manufacturing - Trade and Investment South Africa, Department of Trade and Industry (on domestic production)
    - Glaudina Loots, Director for Health Innovation at the Department of Science and Technology (on domestic R&D efforts)
    - Richard Gordon, Executive Director of the Grants, Innovation and Product Development Unit (GIPD), South African Medical Research Council (*SAMRC*). (on domestic R&D and opportunities to secure public benefit from SA engagement in COVID trials)
    - Dr Morena Makhoana, CEO of the Biovac Institute (on opportunities and challenges for domestic production of vaccines)
    - Mark Blecher. Chief Director, National *Treasury* of South Africa (on domestic procurement and budgets)

10. A full first draft of the Situation Analysis should be completed by 15 October 2020. Based on this the advisory council will decide on:

- the medical technologies, manufacturing processes, and procurement and distribution protocols that will be prioritised in monitoring equity in access to the medical technologies required for preventing and managing Covid-19;
- the location of the six pilot sites which will be used to conduct community-level monitoring;
- advocacy and information dissemination strategies to (a) create more equitable access to Covid-19 related medical technologies, and (b) facilitate knowledge of the nature, purpose and efficacy of potential Covid-19 vaccines when these emerge, so as to counter vaccine denialism; and
- at a future meeting the advisory council will decide when and how to approach high level South African officials at the WTO and National Department of Health in order to advocate for equity in access to medical technologies for Covid-19.

11. In addition to the funding under this project, the research team has also submitted two funding applications aimed at sustaining the work iniated here beyond the 12-month funding cycle of this project, in anticipation of the fact that issues around equitable access to Covid-19 related health technologies will be a priority for the next few years.

VI. Progress at Country Level: India:

1. The initiating group of EACT India, which were the India representatives on the PHM steering council, (Sulakshana Nandi and Amulya), the host organization SAMA (Sarojini) and the global coordinator met and decided to hold a more detailed consultations with CSOs and PHM country circle (Jan Swashtya Abhiyan).
2. This consultation was held with Jan Swasthya Abhiyan (Indian chapter of People's Health Movement) during its National Coordination Committee (NCC) meeting on August 27th. Dr. Sulakshana Nandi and Mr. Amulya Nidhi presented the objectives and deliverables of the Program. The NCC endorsed the objectives of the Program and agreed to collaborate on this Program and made a number of suggestions to improve on the planning and for clarity on activities. The meeting also enabled the creation of the program advisory committee, which would guide the Program and which would ensure better coordination with JSA as well as a number of other partners active in this area.
3. One of the important outcomes of this meeting was to plan a broad based national consultation so that voices from the ground could also be factored in and prioritisation of the issues that the program in India could take up for research and advocacy.
4. The program advisory committee has since met on the 9th of September, and adopted a plan of action. It has also scheduled the national consultation for mid October 2020.
5. A full time research associate, Ms. Priyam Lizmary Cherian has been appointed as a Research Associate with the EACT-India Program. She would be joining in early October. Priyam is a lawyer by training who has been working on matters of constitutional law with focus on right to health. She has been engaging with patient

groups, particularly HIV, Hepatitis C and Tuberculosis groups on advocacy regarding patients' rights, intellectual property barriers to access to medicines, and has represented them before various adjudicatory bodies on allied matters and denial of treatment cases. She has also been writing about the issues pertaining to trade and access to medicines and medical devices consistently.

6. One of the first activities that have been taken up is to draft two inter-related background documents- one on evolution of policy with respect to and the other is on the actions taken by civil society organizations. The latter notes that even before the Program was in place, civil society organizations were very active on many of the issues related to technologies- and even after the Program is in place, the activities and interventions of other partners would be the major share of CSO interventions that are taking place. These two notes would help the Program charts how it would add value best.
7. Another important decision is to develop an understanding of the development of policy and CSO action in the states as well. Necessarily, this would be a brief overview for most states, but based on the response, a more intensive study and campaign would be planned in two or three states.

VII: Next Steps:

a. As the second quarter begins, the working teams are broadly in place and so are many of the key resources. The Global Program Advisory Group and the website and EACT resources pages should also be fully functional and in much greater and regular use.
b. At the global level, more position papers or policy briefs would be published. One of these would be on Access to Vaccines- where the draft is already under discussion.
c. At the country level, all three countries have action plans in place and we could expect work to progress as indicated in their action plans.
d. We would be planning two major webinars, one to introduce the program and its approach and the other to go into the details.