The heads of some of the world’s largest drug makers expressed a mix of confusion and resistance to a World Health Organization voluntary pool to collect patent rights, regulatory test data, and other information that could be shared for developing Covid-19 therapies, vaccines, and diagnostics.

The WHO effort reflects mounting concern that some Covid-19 medical products may not be accessible for poorer populations. By establishing a voluntary mechanism under the auspices of the WHO, the goal is to establish a pathway that will attract numerous governments, as well as industry, universities and nonprofit organizations. But not every executive likes the idea.

“At this point in time, I think it’s nonsense, and... it’s also dangerous,” said Pfizer (PFE) chief executive Albert Bourla in remarks at a forum Thursday organized by the International Federation of Pharmaceutical Manufacturers & Associations. Companies are “investing billions to find a solution and, keep in mind, if you have a discovery, we are going to take your (intellectual property), I think, is dangerous.”

Similarly, AstraZeneca (AZN) chief executive Pascal Soriot argued at the forum that intellectual property is “a fundamental part of our industry and if you don’t protect IP, then essentially, there is no incentive for anybody to innovate. What is important is for companies to volunteer to provide their products at no profit, like we’re doing right now in case of a pandemic or crisis, when it’s needed.”

WHO embraces plan for Covid-19 intellectual property pool

It was not clear about the extent to which the executives were familiar with the WHO effort, which is set to launch on Friday. Rather than seize intellectual property, the pool would seek contributions from industry and nonprofit institutions, among others. Soriot, for instance, initially acknowledged he was “not aware of the initiative” and would “have to consider it.”

Nonetheless, there is resistance. Thomas Cueni, who heads the IFPMA trade group, argued mechanisms already exist for companies to license rights to make their drugs. He cited the Medicines Patent Pool, which focuses on HIV/AIDS, TB, and malaria, but recently expanded its scope to include Covid-19 products. “I’m not sure, to be honest, we do need additional platforms,” he said.

The WHO pool, however, was already endorsed by UNITAID, which helped create the Medicines Patent Pool. Meanwhile, approximately two dozen countries have agreed to join, according to sources. The list includes Norway, Costa Rica, Chile, Luxembourg, South Africa, Mexico, Portugal, Oman, Panama, Peru, South Africa, Ecuador, and Egypt. The U.S., however, has rejected any involvement.

One advocate suggested the remarks were part of an effort to undermine interest among other countries.
“They have not yet spent much time understanding it. They could collect royalties, for instance, to compensate for contributions, although these are details that need to be sorted,” said Ellen ’t Hoen, a senior researcher in the global health unit at the University of Groningen in the Netherlands and a former executive director of the Medicines Patent Pool. “But anyone who pitches this as something that seizes patents is deliberately misrepresenting it. They should come to the table.”

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The concept emerged from moves by countries to consider compulsory licensing for unaffordable medicines. A country may grant a license to a public agency or a generic drug maker, allowing it to copy a patented medicine without the consent of the brand-name company that owns the patent. This right was memorialized in a World Trade Organization agreement.

The Covid-19 pandemic, however, has ratcheted up this sort of activity. Over the past two months, several countries have taken steps to make it easier to issue compulsory licenses. The pharmaceutical industry argues that licenses eviscerate patent rights, but advocacy groups say industry efforts to enforce intellectual property rights may come at the expense of patients who cannot afford increasingly costly medicines.

In some cases, however, drug maker have reached voluntary licensing deals with generic companies to produce and sell certain medicines in other countries. Gilead Sciences, for instance, did so with hepatitis C treatments and, more recently, with its experimental remdesivir medicines for Covid-19. Other drug makers have worked with the Medicines Patent Pool for HIV pills, for instance.

The voluntary pool of the sort envisioned by the WHOs goes much further, though, by seeking to pull in technologies from a larger number of players, rather than on a drug-by-drug, country-by-country basis. In doing so, they hope to create more equitable access and avoid the sort of disjointed affordability that has typified some products.

Moreover, the WHO pool is touted as an opportunity for drug makers to change the conversation and work with governments that might otherwise take a confrontational stance and pursue a license. Costa Rica President Carlos Alvarado Quesada, who proposed the pool, last month described the concept as “a call for solidarity and a call for action” to defeat the novel coronavirus.

Just the same, the WHO pool was not endorsed by Emma Walmsley, the GlaxoSmithKline (GSK) chief executive officer. She did not address the pool specifically, but maintained “there’s not a lot of enormous evidence that (intellectual property) is a barrier to access.” And she pointed to alternative approaches to ensuring access, such as GAVI, the nonprofit that works with industry and government to bring vaccines to poor countries.

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