**Urgent steps are needed to define how COVID-19 medical tools can really be “global public goods”**

Médecins Sans Frontières/Doctors Without Borders (MSF) Access Campaign welcomes the recently-launched ‘Access to COVID-19 Tools (ACT) Accelerator’and the subsequent global mobilisation, starting with the pledging conference on 4 May 2020 in support of the ‘Coronavirus Global Response.’ This conference – hosted by the European Commission, France, Germany, United Kingdom, Norway and Saudi Arabia – is an important first step to marshal funding for the development, production, distribution and delivery of diagnostics, therapeutics and vaccines for COVID-19.

However, despite the mobilisation, global demand will outstrip production and supply capacity for some essential medical tools, including personal protective equipment and COVID-19 therapeutics, diagnostics and vaccines. **Ensuring the equitable allocation of these tools should therefore be central to any discussions around financing and access**.

MSF Access Campaign believes it is high time that essential medical tools cease to be managed by general market dynamics. The current health crisis blatantly demonstrates the inadequacy of the market to serve the public health interest even in high-income countries; and MSF witnesses every year how millions of people are left behind in low-resource settings as a result of the current pharmaceutical research and development (R&D) system. As [repeated](https://www.who.int/docs/default-source/coronaviruse/transcripts/transcript-who-actlaunch-24apr2020.pdf?sfvrsn=45977318_2) by heads of state, international institutions and philanthropies at the ACT Accelerator launch, COVID-19 medical tools should be considered “global public goods” and should be “affordable, safe, effective, easily administered and universally available for everyone, everywhere.” Now is the time to define how this is going to happen. The upcoming pledging conference is the first opportunity to do so and should not be missed.

If COVID-19 medical tools are going to be global public goods, a collective governance – one where all contributors including low- and middle-income countries and civil society are represented – is needed. Furthermore, transparency across the board is essential, especially considering the gravity of the pandemic. Any plans and decisions concerning COVID-19 medical tools need to be presented publicly. The agreements between stakeholders; the conditions attached to public funds; and the costs and prices at all stages of development, production and distribution must be transparent. Technologies, data and know-how must also be shared. Public financing cannot consist of distributing blank cheques and we cannot rely on voluntary measures to ensure that lifesaving technologies are shared equitably.

Organising the development, production and supply of COVID-19 technologies and ensuring their equitable access requires that donors respond to **important practical questions about how the commitments made will be used, and about the terms and conditions attached**. To ensure that any public and philanthropic funds pledged on 4 May 2020 and beyond truly advance the call for “global public goods” that are accessible to all, MSF Access Campaign is raising the following questions:

1. **How will the availability of any COVID-19 medical tools developed with public funding be ensured? And how will a collective governance over COVID-19 medical tools be developed?**

A considerable amount of public and philanthropic money is being pledged to an array of organisations with different strategies and access policies, yet it remains unclear who carries the final responsibility to ensure that those funds will result in COVID-19 medical tools that are accessible to all. How and when will the World Health Organization, as the lead UN entity with the legitimacy to steward the global COVID-19 response, establish a system for the equitable allocation of COVID-19 medical tools? How will collective governance over COVID-19 medical tools be designed and organised,making sure that any decisions around allocation are inclusive, with fair representation from countries and all relevant stakeholders, including civil society organisations? How will conflicts of interest be addressed and mitigated considering the private sector’s involvement in the ACT Accelerator?

1. **How will the recipient organisations of the pledge funds make diagnostics, therapeutics and vaccines equitably available and affordable?** **How will prices be set and by whom?**

Equitable global access and availability will require fair and affordable prices that break from the traditional paradigm of pricing medical tools according to what the market can bear. Public and philanthropic actors are massively subsidising the R&D, manufacturing scale-up and delivery of COVID-19 medical tools. How will this be reflected in the final price and who will be setting the price?

Sufficient availability of quality COVID-19 medical tools will require massive decentralised manufacturing efforts in different countries, including in developing countries, both building on existing resources and creating new ones. What safeguards have been put in place in order to avoid protectionism by countries that prevents solidarity and fair distribution and to avoid monopolies that allow pharmaceutical corporations to dictate the level of production and which governments get preferential access? If an advanced purchase commitment mechanism is considered to try to secure suppliers, who will guarantee that its use is not restricted to only a limited number of companies? How will the fair distribution of medical tools be ensured, meaning that their distribution is based on public health and outbreak control needs, and not the ability to pay high prices or the capacity to manufacture in-country? How will the availability of medical tools for the protection and treatment of frontline healthcare workers be prioritised? How are the resulting products from COVID-19 R&D going to be made accessible to all in need and free at point-of-care for all vulnerable populations?

1. **How will the sharing of technologies developed with public funds be ensured and how will monopolies be avoided?**

Patents and other forms of intellectual property give companies exclusive rights to make and sell a product with no fear of competition, leaving producers largely free to charge what they please – in other words, a monopoly. Patents, marketing exclusivities and trade secrets threaten supply and availability, and encourage researchers to work in isolation from, and in competition with, one another, rather than collaboratively for a common goal like responding to COVID-19.

The public will pay for the R&D, manufacturing, stockpiling and distribution of COVID-19 medical tools, but who will own the rights to them? The [European Commission has raised the question](https://ec.europa.eu/commission/presscorner/detail/en/qanda_20_731) but did not provide a clear answer. How will the open sharing of technologies, knowledge and data on COVID-19 medical tools be ensured?And how will intellectual property rights, trade secrets, and monopolies on clinical trial data and technical know-how that hinder research, production and access be prevented?