

# D+C

MONTHLY E-PAPER

DEVELOPMENT AND  
COOPERATION

D+C

ENTWICKLUNG UND  
ZUSAMMENARBEIT

E+Z

International  
Journal

ISSN  
2366-7257

2021 06

**AFGHANISTAN**  
How the Taliban  
have changed in  
two decades

**CLIMATE CRISIS**  
Chile is setting  
standards ahead of  
Glasgow summit

**COVID-19**  
Second wave hits  
India hard, causing  
mass suffering



# Pharma supply

## Magazine

Rishikesh Thapa: Taliban ideology has softened slightly in the past 20 years | D+C/E+Z survey result: loyal readership | Waldo Soto Bruna: Chile is setting standards concerning climate action | Nowadays column by Thuany Rodrigues: Modern-day slavery in Brazil | Masthead/imprint **4**

## Debate

Roli Mahajan: Covid-19 is devastating India | Hans Dembowski: China is weaker than it seems | Letter to the editor **10**



## Focus: Pharma supply

**INTERVIEW WITH ACHAL PRABHALA**  
In what sense is ongoing WTO debate on intellectual property is halfhearted **14**

**CHIMEZIE ANAJAMA**  
IMF applies big-spending paradigm to vaccination programmes **17**

**MAX KLEIN AND JÖRG SCHAABER**  
Patent protection kills people in the global south **18**

**MESFIN TEKLU TESSEMA**  
Fighting disease takes more than vaccines and drugs **21**

**INTERVIEW WITH BENJAMIN M. KAGINA**  
Cape Town-based expert assesses state of African vaccination campaigns **24**

**KRUPALI PATEL**  
Why the repurposing of existing pharmaceuticals is attractive **26**

**MARION LIESER**  
Civil-society organisations oppose protection of intellectual property **28**

**SUMEYA ISSA**  
Malawi's rural health care lacks drugs – and expertise **30**

**CHRISTIAN SPLETT**  
Pharmacists without Borders are doing valuable work internationally **31**

**LINDA ENGEL**  
Relevant reading: EU and OECD assess impact of fake pharma **33**

## FOCUS

# Pharma supply

## Half-hearted action

Policymakers should act more determinedly to suspend intellectual-property rights during the pandemic. That is what Achal Prabhala of the AccessIBSA project, a tri-continental civil-society initiative to improve access to pharmaceuticals in India, Brazil and South Africa, said in a D+C/E+Z interview. Max Klein and Jörg Schaaber of BUKO Pharma-Kampagne, a German civil-society initiative, agree, and they insist that patent protection has a long history of harming patients in low- and middle-income countries. Marion Lieser of Oxfam Germany also endorses the call for an international patent waiver. **PAGES 14, 18, 28**

## Spend heavily

The IMF wants G 20 nations to invest \$50 billion immediately to boost global vaccination rates. Chimezie Anajama, a development sociologist studying at Ruhr University Bochum, argues that this proposal fits the IMF's new paradigm of aggressive state expenditures. **PAGE 17**

## More than vaccines and drugs

Social dimensions matter: Mesfin Teklu Tessema of the International Rescue Committee spells out what is needed to contain epidemics. **PAGE 21**

## Moving ahead in Africa

In the past, it often took a decade for an innovative pharmaceutical to arrive in Africa. Benjamin M. Kagina of the University of Cape Town appreciates that Covid-19 vaccinations have begun in many African countries. He discussed their current state in an interview and pointed out that Africans are learning from the experience of other world regions. **PAGE 24**

## Repurposing established drugs

Some drugs deliver good therapy results for illnesses they were not initially designed for. For pharma producers as well as health-care providers, such additional applications make sense, as Krupali Patel of Bonn University elaborates. **PAGE 26**

## Pharmacists matter

Malawi's rural areas often not only lack medical goods, but relevant expertise too, writes Sumeya Issa, a journalist. Christian Splett of Pharmacists without Borders Germany praises the work of volunteers who support humanitarian-relief missions and development efforts. **PAGES 30, 31**

## Vitally important government action

Health care requires regulations and state institutions because market forces, left to themselves, do not lead to satisfying results.

The most important reasons are:

- Healthy people often shy away from buying health insurance, so when they do fall seriously ill, treatment far exceeds their purchasing power.
- On the other hand, sick people will often pay any price for anything they believe may help. Entire families drop into poverty this way.
- Health-care measures often produce “public goods” which benefit more persons than the individual buyer. Vaccinations are a good example. A jab not only protects the person concerned from infection, it also prevents that person from spreading the disease.

As Covid-19 is a global pandemic, Covid-19 vaccines are global public goods. Humanity has a shared interest in vaccinating as many people as possible everywhere. If the coronavirus keeps spreading in some places, new mutants will keep emerging there – and those variants will sooner or later haunt places where vaccination campaigns have supposedly provided safety.

In early 2020, policymakers around the world emphasised the public-good dimension. In recent months, we have nonetheless witnessed vaccine nationalism. Vaccination campaigns took off fast in Britain and the USA – where governments claimed all vaccines produced in their countries for domestic use.

In this context, the debate on patents for innovative pharmaceuticals has re-erupted. To some extent, it is a distraction. Scaling up vaccine production requires much more than the legal permission. Important constraints include technological know-how and ingredient supply. Intellectual property (IP), moreover, does not necessarily limit production. Oxford University has set a good example in its deal with AstraZeneca, insisting on low vaccine prices and generous licensing.

One good example, of course, does not solve the underlying problem. Global IP rules are indeed inconclusive. In principle, every country is allowed to grant compulsory licenses for the production of any drug its health sector depends on should patent holders keep that drug unaffordably expensive. In practice, however, dominant powers have ensured that this right is not made use of systematically, so many patients in developing countries do not get life-saving medication they need. This must change. After all, the UN motto for the Sustainable Development Goals (SDGs) is “leave no one behind”.

Patents make sense when goods are freely traded on markets, helping inventors to maximise profits thanks to a monopoly. Anyone who wants the product, must pay – and those who do not pay, are excluded from the benefits.

In health care, this approach is extremely brutal. In contrast to most consumer goods, there are no substitutes of essential pharmaceuticals. Moreover, vaccination campaigns promote the common good, so governments typically lead them. Indeed, the Covid-19 vaccines we have today, have largely come about thanks to state action in the form of generous research subsidies and guaranteed mass demand. Profit maximisation is not the only or even the main driver of health care – and the goal must be to treat every patient and ensure the provision of public goods.

► You'll find all contributions of our focus section plus related ones on our website – they'll be compiled in next month's briefing section.



**HANS DEMBOWSKI**  
is editor in chief of D+C Development and Cooperation/E+Z Entwicklung und Zusammenarbeit.  
[euз.editor@dandc.eu](mailto:euз.editor@dandc.eu)

## Magazine

### Dear readers,

as many of you will have noticed, we have discontinued our old sections Monitor and Tribune, and are introducing the new section Magazine in this e-Paper. The reason is that we are adapting the e-Paper to our bimonthly print issue. In terms of content, we will keep publishing the same kind of stories, though the appearance has changed. We trust that you will get used to the new section fast. Yours faithfully, D+C/E+Z



### Chile sets standards on climate action

In terms of environmental protection, Chile is more ambitious than most other countries. At the UN climate summit in November, its diplomats will spell out impressive goals for reducing emissions, investments in sustainability and legislation to become climate neutral by 2050. Waldo Soto Bruna of 2811, a civil-society organisation, assesses Chile's achievements.

PAGE 6

## Debate



### Disastrous second wave

Covid-19 is wreaking havoc in Indian villages and cities. Case numbers started to rise in March and may not have peaked yet. Funeral pyres are the symbol of the past few weeks, as Lucknow-based journalist Roli Mahajan writes.

PAGE 10





Participants in an event to celebrate International Women's Day in Kabul in 2018.

## ISLAMISM

# Some softening, but not much

After two decades of war in Afghanistan, it is time to reassess the Taliban ideology. The big question is: will they contribute to a peaceful order? Thomas Ruttig, a German scholar who has been observing the country for decades, recently shared insights in an essay he wrote for a publication of West Point, the US military academy.

By Rishikesh Thapa

As the USA and NATO prepare to withdraw their troops from Afghanistan, it is clear that the influence of the militant Islamist Taliban, who never accepted the occupation, will play a stronger role. Current Taliban rhetoric sheds light on several issues, including:

- the media,
- schools,
- women rights and

- the role of Islam in politics.

As Berlin-based Ruttig writes in West Point's CTC Sentinel the Taliban are sticking to their principle religious motivation, so power-sharing with others should prove difficult. Before 2001, they imposed their dictatorial rule on the country, but their regime was toppled by the US-led invasion after the Islamist attack on New York and Washington on 11 September 2001. The big worry now is that they will try to rise to totalitarian power once again and may even succeed to do so.

According to The New York Times, US President Joe Biden's administration has launched a diplomatic effort with a roadmap for a future Afghan government with Taliban participation. It foresees a revised constitution, terms for a permanent ceasefire and eventually national elections. The road map insists on fundamental rights

for all citizens, including women and minorities. Part of the plan is an independent judiciary which, however, would be supported by a high council for Islamic jurisprudence.

Ruttig, who speaks two Afghan languages and has lived in the country for more than a decade, reminds readers of the Taliban's history of authoritarian rule. They first grew strong in the 1990s as their militias became a force in Afghanistan's long civil war. After rising to power, they kept perpetrating brutal violence and executed many opponents. They did not respect women's rights, restricted girls' school attendance and did not allow freedom of speech. They outlawed music for purposes other than religious worship.

On the other hand, Ruttig points out that the Taliban regained strength after the US invasion because many people were angry with the corrupt government and the violence perpetrated by occupying troops. The Taliban became so strong that US President Barack Obama deployed additional troops to step up the fight against them from 2009 on. His successor Donald Trump,

however, declared he wanted to end this “endless war” and decided to withdraw US troops. In April, President Biden confirmed that choice.

According to Ruttig, who worked for UN missions in Kabul in the years 2000 to 2003, the Taliban’s main appeal to many Afghans and people in neighbouring countries is that they have consistently opposed foreign forces – first the Soviet troops, and later NATO. According to Ruttig, they have understood that their regime in the 1990s hurt the economy and isolated the country. The co-founder of the Afghanistan Analysts Network argues that now, by contrast, they appreciate that peace and prosperity depend on cooperation with Afghanistan’s neighbours.

At the same time, Ruttig states that they still want to establish a political order based on Islamic law and accuse the current government of being non-Islamic. Their ideology has been softening to some extent, but remains rigid nonetheless. The most notable change is the attitude towards the media. In their early days, the Taliban banned watching TV, monopolised the use of phones and basically relied on print media and radio to spread their views. Today, they use all kinds of technology, including social media and multilingual websites.

Ruttig also assesses the Taliban’s current approach to education. In their view, schools are an entry point for western values. When they were in power, they opposed co-education in schools and insisted on boys and girls being taught separately – and only by teachers of their own gender. Moreover, they did not want girls to continue school after puberty set in and, in some cases, limited the curriculum to Koran lessons. In recent years, however, their approach has become less restrictive, Ruttig reports. In August 2013, they proclaimed that children – not only boys – need both religious and modern education, with an emphasis on computer skills and foreign languages.

### HEADSCARVES WILL DO

The Taliban approach to women’s rights has been shifting slowly too, the German expert writes. In US sponsored negotiations in Qatar, for example, they declared that the Islamic dress code did not require women to hide their faces with burqas, since headscarves were sufficient.

In the past, the Taliban were hostile to non-governmental organisations in principle, Ruttig adds, but to some extent they have become willing to cooperate with them as well as with government agencies.

To what extent the Taliban are prepared to become one political force among others in Afghanistan, remains unclear, according to Ruttig. He acknowledges that they have been engaging in negotiations. On the other hand, they have not spelled out how they envision Afghanistan’s political future beyond demanding an Islamic system and the withdrawal of all foreign troops. In their internal affairs, of course, the Taliban have not changed much, according to Ruttig. They remain a militant organisation with an authoritarian leadership which does not give scope to open debate and democratic deliberation among their fighters.

### LINK

Ruttig, T., 2021: Have the Taliban changed? In: *CTC Sentinel*, March 2021.  
<https://ctc.usma.edu/march-2021/>



**RISHIKESH THAPA**  
is currently working as an intern for the editorial office of D+C/E+Z and studying international relations and cultural diplomacy at the Berlin campus of Furtwangen University (Hochschule Furtwangen).  
[official.anthro58@gmail.com](mailto:official.anthro58@gmail.com)

## Readers consider our work relevant

About nine percent of those who downloaded our March e-Paper filled in our questionnaire. We are grateful for such strong feedback.

Respondent shows that readers consider our work relevant. Indeed, more than half declared that they download the new e-Paper every month. About 75% said they spend up to 30 minutes or more reading it.

To the readership of our German edition E+Z, the size of the e-Paper was not relevant. About half of the D+C respond-

ents indicated, however, that they appreciate small data volumes. We assume that more data probably mean higher costs in developing countries. Internet accessibility may play a role too. Our e-Paper basically compiles four weeks’ worth of our web content. Some contributions actually appear in the e-Paper before we post them on the website. One reason we publish the e-Paper is that we believe that it is useful for people who have only intermittent internet access.



About two thirds of the respondents had downloaded the German issue. About half of the D+C readers who answered our questions were in the USA. The reason is probably that

North American media tend to have a rather poor coverage of international affairs. As expected, however, we also got responses from Africa, Asia and Latin America.

The survey results show that most of our readers use either a laptop or a smartphone. Multiple entries were allowed, and many of you apparently use more than one digital device. It was striking, however, that smartphone use was more common among English-language readers (50%) than German-language readers (25%). The reason is probably that many people in developing countries rely entirely on their mobile phones to access the internet.  
DEM



**Solar panels installed in northern Chile.**

#### CLIMATE CHANGE

## Chile's reasons to boast

**While most countries are lagging in meeting their global environmental commitments, Chile is setting a positive example. Its delegation heads to the UN climate conference set for this November with ambitious emission-reduction targets, major green investment plans and a draft law aiming for carbon neutrality by 2050.**

**By Waldo Soto Bruna**

Chile is well positioned to enjoy bragging rights at the next global climate conference.

At the upcoming 26<sup>th</sup> Conference of Parties (COP26), set for this November in Glasgow, Chile can point to three major achievements in fighting climate change:

- ambitious emission-reduction commitments;
- a far-reaching draft environmental protection law that sets a specific goal for carbon neutrality by 2050 and
- a major infrastructure investment plan focused on green projects.

While Chile shows signs of taking its climate change commitments seriously, others are lagging behind their pledges. That is not acceptable. At current trends, the world could see a 3.2° Celsius global temperature increase compared to pre-industrial levels, the UN Environment Programme warned in November 2019. That is a long way off the Paris Agreement's target of less than 2°C, and preferably less than 1.5°C, by 2100.

A related goal set out in the Paris Agreement is for countries to cut greenhouse-gas (GHG) emissions and become emissions neutral – i.e., absorbing as much gases as they emit – in the second half of this century. That objective, too, is out of reach in current. According to a study by statisticians from the Seattle-based University of Washington published in *Nature* magazine in February 2021, governments' measures worldwide are simply too weak to achieve the targets.

“To have an even chance of staying below 2°C, the average rate of decline in

emissions would need to increase from one percent per year [pledged under] the ‘nationally determined contributions’, to 1.8% per year,” the authors say.

The purpose of COP26 – the next plenary session of the UN Framework Convention on Climate Change (UNFCCC) – is to put those efforts into higher gear. Delegates from nearly 200 countries are expected.

### THREE-PART PLAN

Chile's delegates will bring good news to COP26:

- First of all, in its required filing of its climate change commitments – a document called the “Nationally Determined Contributions” (NDC) – in April 2020, Chile set ambitious goals for emissions cuts. It pledged to keep GHG emissions below 1,100 million tonnes CO<sub>2</sub> equivalent (Mt CO<sub>2</sub>eq) between 2020 and 2030, and below 95 Mt CO<sub>2</sub>eq in 2030. The document also commits to cutting black carbon emissions by at least 25% by 2030 compared to 2016 levels. The term “black carbon” stands for solid particles emitted during incomplete combustion. Chile is the second country after Mexico to set a specific target for cutting black carbon, according to the World Resources Institute, a Washington-based think tank. Signifi-



cantly, Chile's NDCs include social commitments linked to decarbonisation. The "social pillar" focuses on improving water and sanitation systems and providing clean energy, all of which will particularly benefit disadvantaged population groups.

• Second, Chile's government proposed a draft climate change framework law early last year. The bill, now before the Congress, sets overall national GHG emissions limits for 2030 and 2050. It also sets emissions-reductions goals for each sector, which must be met by 2030, and assigns responsibility for specific targets to specific agencies. Most significantly, the bill sets a goal of making Chile carbon neutral by 2050. If approved, this would make Chile the first developing nation to pass a law that sets such a target. The bill could be passed before COP26.

• Finally, Chile's government adopted a "just and green" plan for recovering from the Covid-19 pandemic as well as from the country's political upheaval and from an ongoing drought. The plan was launched late last year and includes a series of large investments in decarbonisation projects. Among other provisions, the plan calls for 30% of funds allocated to the Environment Ministry under the pandemic-recovery plan to go to projects that promote environmental sustainability. A separate "green hydrogen strategy" seeks to create 100,000 green jobs and invest \$200 billion in green energy projects over the next 20 years. Together, the various elements of the "just and green" plan could cut Chile's GHG emissions by 25% by 2030 compared to pre-pandemic levels.

Chile's share of global cumulative CO<sub>2</sub> emissions in 2019 was 0.17%, according to

"Our World in Data", an online publication. Its emissions are small, compared to other nations. But judging from its recent initiatives, its environmental ambitions are comparatively large.

#### LITERATURE

Liu, P. R. and Raftery, A. E., 2021: Country-based rate of emissions reductions should increase by 80% beyond nationally determined contributions to meet the 2°C target. *Nature Magazine*, February 2021.



**WALDO SOTO BRUNA** is director at 2811, an environmental civil-society organisation in Germany, Chile, and Colombia.

[waldo@2811.cl](mailto:waldo@2811.cl)

## Civil unrest: Costs and benefits

The 25<sup>th</sup> meeting of the UN's climate convention, known as COP25 (Conference of the Parties 25), was originally planned for December 2019 in Santiago, Chile. It was to be known as the "Santiago Climate Change Conference" and was to draw attention to Chile as an environmental leader.

That didn't happen. Massive civil unrest – related to Chileans' demands for a new constitution and more equitable economic policies – raised security concerns in Santiago. The conference was held in Madrid instead.

Losing the privilege of hosting COP25 on its territory was a blow for Chile. The government had spent about \$90 million on planning and logistics before the event was moved. And COP25's retreat from Santiago also cost Chile a large measure of political prestige.

But Chile did not walk away from this episode emp-

ty-handed. Before the conference was moved, Chile's status as conference host had brought

leading global scientists to Santiago to confer with national policy makers. More importantly, the unrest on the streets that chased the conference away also had a positive influence on Chile's environmental policy.

The heightened focus on social and environmental justice led to ambitious national commitments on climate change, and to setting an explicit link between climate measures and social justice. WSB



Carolina Schmidt, chairwoman of the COP25 and the environment minister of Chile, speaking at the closing plenary of the conference in Madrid.

# Slavery in all but name

Slavery was outlawed in Brazil over 100 years ago. But slave labour conditions – namely, work without pay, under sub-standard conditions and with no possibility of escape – persists until today.

According to Brazil's Secretariat for Social Security and Labour, between 2003 and 2018 authorities freed some 45,000 workers from slavery-like work conditions. That translates to an average of more than eight workers rescued each day during the 15-year period. A further 1,054 de facto slaves were rescued in 2019 from 111 different workplaces.

Freed workers tend to be internal migrants. Many left their homes to search for work in agricultural growth regions. They find work in caring for livestock, producing coal, cutting trees and cultivating crops such as sugar cane, soy and cotton. But new arrivals are charged money for their jobs, thereby sinking into debt before receiving their first wages. They work long hours without paid rest periods. In some cases their workplaces lack toilet facilities.

Slavery occurs mainly in remote rural areas with few transportation routes enabling escape. The state of Minas Gerais in southeastern Brazil had 849 rescued slave labourers in 2018, followed by Pará in the north, with 159 rescues.

The problem of slave labour in Brazil became prominent in December 2020, when a domestic worker was rescued following 38 years of working under slave-like conditions. Madalena Gordiano, a 46-year-old Black woman, had worked in slavery-like conditions since the age of eight.

Her case became known after she knocked on the door of a neighbouring family and asked for food. The family took her in and notified the authorities. The case caused an outcry throughout Brazil.

What emerged was that she had been taken out of school and forced to do unpaid housework in exchange for housing, food and clothing. She slept in a small room without a window and had no cell phone or television. Her only belongings were three T-shirts. She was forbidden to talk to neighbours. However, some knew of her situation because she put notes under doors asking for money to buy soap and other personal items.

Most of the victims of de facto slavery in Brazil are men between 18 and 24 years old. They are likely to be illiterate or at least to have had only a few years of school. Specifically, 31% of those rescued by national authorities were illiterate, and 39% had not completed their fifth year of school.

According to the national authorities, 80% of workers rescued from slavery-like conditions between 2016 and 2018 were Black. The rescued Blacks were mainly men (91%), aged 15 to 29 (40%), and originally from northeastern states (46%).

Speaking at a signing ceremony in 2019 for new occupational health and safety regulations, President Jair Bolsonaro said it is the responsibility of the national Congress to pass laws enforcing the existing ban on slave labour. But in November 2020, he rejected a measure to seize the lands of landowners whose workers live in slavery-like conditions. So these conditions persist, even though slavery was formally abolished in 1888.



**THUANAY RODRIGUES**  
is a journalist in Brazil.

[thuanayrodrigues@gmail.com](mailto:thuanayrodrigues@gmail.com)

## MASTHEAD / IMPRINT

### D+C DEVELOPMENT AND COOPERATION

Sustainable development requires global awareness and local action.

Vol. 48, 2021

D+C is the identical twin of the German edition E+Z

Internet: [www.DandC.eu](http://www.DandC.eu)

ISSN 2366-7257

The production of this e-Paper was completed on 31.5.2021.

D+C Development and Cooperation is funded by Germany's Federal Ministry for Economic Cooperation and Development and commissioned by ENGAGEMENT GLOBAL. D+C does not serve as a governmental mouthpiece. Our mission is to provide a credible forum of debate, involving governments, civil society, the private sector and academia at an international level. D+C is the identical twin of E+Z Entwicklung und Zusammenarbeit, the German edition.

ENGAGEMENT GLOBAL gGmbH

Service für Entwicklungsinitiativen

Friedrich-Ebert-Allee 40

53113 Bonn

Phone: +49 (0) 2 28 2 07 17-0

Fax: +49 (0) 2 28 2 07 17-150

[www.engagement-global.de](http://www.engagement-global.de)

#### ADVISORY BOARD:

Thomas Loster, Prof. Dr. Katharina Michaelowa,

Dr. Susanne Neubert, Prof. Dr. Imme Scholz, Hugh Williamson

#### PUBLISHER:

FAZIT Communication GmbH

Executive directors: Jonas Grashey, Hannes Ludwig

#### ADDRESS OF THE PUBLISHER AND EDITORIAL OFFICE:

Frankenallee 71–81, D-60327 Frankfurt am Main, Germany

This is also the legally relevant address of all indicated as responsible or entitled to represent them in this imprint.

#### EDITORIAL OFFICE:

Dr. Hans Dembowski (DEM; editor-in-chief; responsible for content according to Germany's regulations), Sabine Balk (SB; managing editor), Dagmar Wolf (DW; assistant)

Freelance support: Katja Dombrowski (KD), Aviva Freudmann (AF), Monika Hellstern (MH; social media), Jan Walter Hofmann (JWH; layout), Malcolm Bell (translation), Claire Davis (translation)

Phone: +49 (0) 69 75 91-31 10

[euz.editor@dandc.eu](mailto:euz.editor@dandc.eu)

Disclaimer according to § 5,2 Hessian Law on the Freedom and Rights of the Press: The shareholder of the company is FAZ Fazit Stiftung.

ADVERTISING AND SUBSCRIPTION SERVICE:

FAZIT Communication GmbH

c/o Cover Service GmbH & Co. KG

PO Box 1363

D-82034 Deisenhofen, Germany

Phone: +49 (0) 89 8 58 53-8 32

Fax: +49 (0) 89 8 58 53-6 28 32

[fazit-com@cover-services.de](mailto:fazit-com@cover-services.de)

#### PRINTING:

Westdeutsche Verlags- und Druckerei GmbH

Kurhessenstraße 46

D-64546 Mörfelden-Walldorf, Germany

Opinions expressed by authors indicated in bylines do not necessarily reflect the views of ENGAGEMENT GLOBAL, the publisher or the editor and his team. Provided that they indicate the original source, third parties have the permission to republish in complete or abridged versions the manuscripts published by D+C Development and Cooperation and E+Z Entwicklung und Zusammenarbeit. However, those who do so are requested to send the editorial office two hard copies and/or the links to the respective webpages. This general permission does not apply to illustrations, maps and other items with explicitly and separately marked copyright disclaimers.

PRINT SUBSCRIPTION PRICES (INCL. MAILING CHARGES):

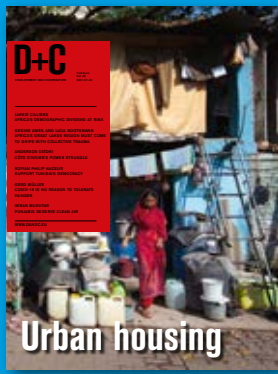
single issue: € 2.20

annual subscription, Germany: € 14.00

annual subscription, world: € 18.00





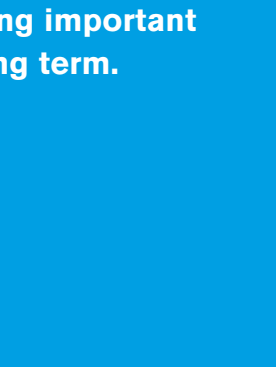
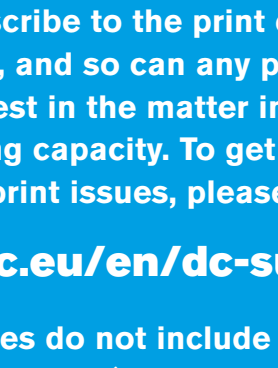


# FREE PRINT SUBSCRIPTIONS

We are updating our mailing list. Any institution involved in global development affairs can currently subscribe to the print edition of D+C free of charge, and so can any person who has a serious interest in the matter in a professional or volunteering capacity. To get free copies of our future print issues, please sign up at:

[www.dandc.eu/en/dc-subscription](http://www.dandc.eu/en/dc-subscription)

The print issues do not include everything we post on our website ([www.dandc.eu](http://www.dandc.eu)), but they are useful in terms of documenting important aspects of global debate long term.



MASS SUFFERING

## Disastrous second wave

**India's second wave of coronavirus began to surge in late March and perhaps did not yet peak in May. Funeral pyres have become the symbol of recent weeks.**

By Roli Mahajan

April was marked by Covid carnage, mass suffering of patients and a dramatic shortage of hospital beds, medication and oxygen cylinders. The second wave is much worse than the first. In early 2021, hospitals actually closed down Covid-19 facilities. There were very few cases. Some officials even said India had acquired herd immunity. Prime Minister Narendra Modi claimed India was inspiring the world. Only about 150,000 Indians died of the disease last year – tuberculosis alone kills three times more every year.

That was then. By 1 May, the daily tally of new Covid-19 cases surpassed 400,000. Some 4,000 deaths were being recorded daily. Experts agree, however, that the official statistics undercount and hide the true impact. According to the Gujarat State health bulletin, there were 78 deaths on 16 April, but local reporters counted 689 cremations and funerals on the same day. Newspapers carry many stories of this kind.

The virus spares no one, killing even children. Within a matter of days or even hours, families have lost several members. Burial grounds have no space; crematoriums cannot keep up with the demand. Public parks are being used as cremation grounds, and corpses have been found floating in rivers.

In 2020, infection seemed limited to the cities, but now it is ravaging villages too. Health infrastructure is weak in India's rural areas, and so are official statistics. What we know is that people are suffering symptoms typical of Covid-19 – and many do not survive. Typically, no one does a scientific diagnosis. It has been reported, for example, that in Tilampur, a village in the state of Uttar Pradesh, most households have at least one family member suffering from fever or cough. Apparently, villagers speak of "mysterious deaths".

What has caused the second wave is not clear. Some blame it on new variants. Genomic analysis has shown that there is a distinctively Indian "double mutant". The World Health Organization considers it worrisome. It is indeed prevalent in some parts of the country, though not in Delhi, where the situation is equally desperate.

Moreover, many people are critical of the central government. It did not insist on social distancing and Covid-adequate behaviour in recent weeks. Even worse, it allowed mass gatherings during regional election campaigns (in which the BJP, Modi's Hindu-supremacist party, fared worse than it hoped) as well as for the Kumbh Mela, a Hindu festivity attended by hundreds of thousands of worshippers.

Arundhati Roy, the author of best-selling novels, has called on Modi to step down because he did nothing to avert this catastrophe. The government, of course, wants to be seen as sensitive, bold, quick, responsive, hardworking et cetera. It is doing what it can to "manage perceptions" in order to "create a positive image". Among other things, the Modi government has told social media platforms to block informa-

tion that pertains to Covid suffering. In one BJP-run state a police report was even filed against a young man who sent out tweets to find an oxygen cylinder for his ailing father.

The judiciary is not buying the propaganda, however. The courts are trying to force state agencies to rise to the pandemic challenges. The Supreme Court has even established a panel to draft a better response.

India is a proud emerging-market nation and has tried to walk towards the goal of self-reliance since its independence. This is for the first time since the Indian Ocean Tsunami in 2004 that the country has had to accept large-scale international support. Over 40 countries have promised to send medical supplies. The first batch of assistance, including relief goods from Germany and the USA, have arrived in India. Allocation, however, did not begin until a media organisation began asking questions.

Experts warn that a third wave of coronavirus looks inevitable. In early May, a mere 1.7% of the population had been fully vaccinated, but the largest pharma producer ran out of doses. According to a recent survey, 61% of Indians are "feeling angry, upset, depressed or worried".



**ROLI MAHAJAN**  
is a freelance journalist based  
in Lucknow.

[roli.mahajan@gmail.com](mailto:roli.mahajan@gmail.com)



Lining up to refill oxygen cylinders in Amritsar in mid-May.



## GOVERNANCE

# China is weaker than it seems

**If you believe that the USA is in terminal decline and China the irresistibly rising world power, spare a thought for the Oscars. Global hegemony depends on more than manufacturing and military prowess.**

By Hans Dembowski

Chloé Zhao's movie *Nomadland* won the Academy Award for the best movie. Its protagonist is an uprooted elderly living in a van and travelling around in search for work. Her hometown has declined. Zhao also won the best-director Oscar. Born in China, she only moved to the west (Britain at first) when she was 15.

Would a young American woman who depicted some of China's harsher realities win the People's Republic's major film award? And would Chinese media celebrate her even if she showed up at the award ceremony in a way that demonstrated that she did not really belong (no make-up, modest dress, gym shoes)? Of course not. Beijing's leadership lacks the self-confidence to allow any kind of open dissent, and its power permeates public life.

By contrast, the arts, the media and scientific discourse in the USA benefit from freedom of expression. Indeed, governance itself is more legitimate because debate is not restricted and government powers are spread over several institutions. That is true in all democratically run countries, but given that English is the language of globalisation, masses of people around the world can follow for themselves how things play out in the USA. A big irony in the past four years was that dictators around the world felt encouraged by Donald Trump trying to become like them. They read that as proof of doing a good job themselves, but also saw that the US was becoming weaker.

Yes, China has made spectacular progress in past decades. For a long time, the Communist Party ran a developmental dictatorship. It differed from typical dictatorships by not just exploiting the country, but actually promoting the common good

to a considerable extent. From the 1980s on, intelligent policies regarding infrastructure, education and other matters made China enjoy fast-growing prosperity. Unfortunately, the perceivable trend towards liberalisation ended with President Xi Jinping's rise to power (see Nora Saumikat in Focus section of D+C/E+Z e-Paper 2017/02). He does



Chloé Zhao at the Academy Awards ceremony.

not feel safe, which is why repression has become harsher.

China used to be a poor agrarian country, but reforms turned it into the world's manufacturing hub. Nonetheless, the number two world power is still far behind the number one. China's technological prowess must not be overestimated. Its main

strength is what is called "artificial intelligence", but is actually about using huge data sets to teach algorithms to opt for the choice an average human being would make. To a large extent, China's strength in this field results from huge data sets rather than great numbers of cutting-edge innovations.

China's military build-up is impressive too, but Mao Zedong was wrong when he said that power comes from the barrel of the gun. Legitimacy in the eyes of the governed matters very much. As the USA and NATO learned in Afghanistan, for example, heavily armed troops are not enough to build the kind of consensus required for democratic development.

China's regime has not even built that consensus at home. That is why it has crushed the pro-democracy movement in Hong Kong and is detaining hundreds of thousands of Muslim Uyghurs. Accordingly, Beijing wields very little soft power abroad. Most of its neighbours feel intimidated, not protected. Some despotic regimes depend on China's support, but they typically fear their own people even more than the Chinese leadership does.

Today, some unbelievably rich oligarchs live in China and in the USA, but when internet billionaire Jack Ma expressed criticism of the government, he fast disappeared from public life. By contrast, Jeff Bezos, one of his American equivalents, never hid his disdain for Trump. He owns the *Washington Post*, which is the kind of fact-checking institution Chinese readers would certainly appreciate – not least, because it would tell the government a thing or two about what people really think.

None of this means that everything is fine in the west. Trump showed that democracy is fragile even in the USA. Whether President Joe Biden and his Democrats' small majorities in Congress will be able to fortify it, remains to be seen. He may yet fail, of course, but that would not be proof of Chinese strength. It would result from American self-destruction. And it may not happen at all: At this point, Biden is enjoying strong popular support.



**HANS DEMBOWSKI**  
is editor in chief of **D+C Development and Cooperation / E+Z Entwicklung und Zusammenarbeit**

[euz.editor@dandc.eu](mailto:euz.editor@dandc.eu)



# Letter to the editor



## WEEDS KEEP SMALLHOLDERS TRAPPED IN POVERTY

Patrick Ajwang: "Taking aim at pests" in the Focus section of D+C/E+Z e-Paper 2021/03

For a long time, I have been involved in development projects helping smallholder farmers in Tanzania. On average, a family farm cannot cultivate more than 2.5 acres at most. People in Germany sometimes ask me, why plots are so small. The problem is weeding.

When I grew up in the Oberfranken in Germany, our family was able to cultivate 10 hectares and more without pesticides, though all of us had to work on the farm, including my elder brother and myself after school. We could do so because we could fight weeds with plough and harrow. The point was to destroy most weeds before planting rye or wheat, and those cereals would then grow so densely that new weeds could not come up. Tanzanian farmers, however, do not have those farm tools and they cultivate maize, which requires greater distance from plant to plant.

The good news is that there are farming practices that improve productivity without pesticides. Interest in them is strong, and policymakers like our local member of parliament endorse the change. It requires investments in machinery, however.

If you want to abolish poverty and hunger, do what the global north did: support hard working and hard saving small family farms. The idea that African farmers do not save because they have no bank accounts is totally wrong. No farm can exist without savings (for example in the form of seed). The point is that any form of support must fit farmers' needs rather than the preconceptions of prosperous people in far-away places.

**Rudolf L. Meixner, Ndanda, Mtwara Region, Tanzania**



D+C/E+Z is interested in African contributors sharing their views. If you want to write for us, please send a short proposal to [euz.editor@dandc.eu](mailto:euz.editor@dandc.eu), spelling out your core message and – if needed – supporting arguments.

# Follow us on Twitter!

To stay in touch with what is happening on our website, follow us on twitter.





## Pharma supply

Access to life-saving pharmaceuticals should never be a problem. Unfortunately, it often is – as has become painfully obvious in the current coronavirus pandemic. Developing countries and emerging markets often lack things that people take for granted in more prosperous nations. The speeds in which vaccination campaigns are progressing are diverging dramatically. Therefore,

the debate on the protection of intellectual property rights has re-erupted. The matter is of longterm relevance.



This focus section is pertinent to the United Nation's third Sustainable Development Goal (SDG3): Good health and well-being. It also has a bearing on several other SDGs.



Pharmacy in Uganda.





“The USA has been hoarding vaccines rather than helping other nations to get inoculated”: Joe Biden got his first job as president-elect before Christmas.

PANDEMIC RESPONSE

## Half-hearted action

In October 2020, South Africa and India launched the proposal to waive all intellectual property (IP) rights that are relevant temporarily in the global response to Covid-19. Rules of the World Trade Organization (WTO) protect IP, but they also allow for some flexibility in regard to public health. Achal Prabhala, a civil-society activist who specialises in pharma issues, told Hans Dembowski in an interview why this current IP-waiver debate only took off slowly – and what needs to happen to boost global vaccine supply fast.

**Achal Prabhala interviewed by Hans Dembowski**

**Are IP rights slowing down global vaccine production?**

Absolutely. The law only permits patent holders to manufacture any of the vaccines in circulation. In this regard, IP matters. Of course, you need more than the legal permission to produce the vaccines. You also need the relevant technology. To use a metaphor, you need something like a manual that tells you how exactly to use the patent. Without that knowledge, the patent is

worthless. In other words, pharmaceutical innovations are protected by two monopolies: one is the legal patent and the other is its technological application.

**But a patent must spell out precisely what an innovation is about. Doesn't that mean that competent scientists and engineers can figure out how to use it fast? It is much easier to reverse-engineer something known to work than to invent something completely new.**

Yes, reverse-engineering is possible and will normally take four or five months or so. Afterwards, clinical trials and testing will take a lot of time. Unless you use the same technology as the patent holder does, regulators will treat your reverse-engineered product as a new one, so the entire approval process starts anew. If you use the original technology, however, you will get approval much faster.

**South Africa and India first proposed the IP waiver for pandemic-response purposes in October. At the international level, it took this debate more than six months to really get started. South Africa and India would**

**have achieved much more and much faster if they had supported their proposal with assertive public diplomacy. They did not involve international civil society; they did not engage global media; they only relied on formal diplomatic channels. Doesn't that look half-hearted?**

Yes, it does, and the full truth is that the top government leaders were not paying much attention. This initiative really started among diplomats. It was the brainchild of a member of the South African delegation to the WTO in Geneva, Mustaqeem de Gama. He convinced colleagues in his own team, but also in the Indian team. The governments of South Africa and India deserve praise for letting them move ahead, but that is really all they did. Next, civil-society activists across the world took up the cause. I agree with you: had President Cyril Ramaphosa and Prime Minister Narendra Modi held press conferences insisting on the matter in October, things would've moved for much faster.

**They could have done more than merely hold press conferences. They could have declared that their governments would grant compulsory licenses for Covid-19 related pharmaceuticals, including vaccines. WTO rules permit every country that kind of flexibility in regard to IP rights if that is necessary to safeguard public health. Why did they not do that in October?**

There are several reasons:



- The flexibility rules were adopted 20 years ago at the WTO summit in Doha. However, the flexibility rules largely remained nice legal rhetoric. No mechanisms were developed to actually implement them.

- The background is that the dominant players in world trade, the USA and the EU, never really accepted the flexibility rules. They made all partners understand that they did not want them to be applied. They used all sorts of disincentives, from telling partner countries' diplomats they were disappointed, to slowing down all sorts of international procedures or even threatening to withhold various kinds of assistance.

- In this setting, even the governments of major emerging markets like India, South Africa or Brazil became very careful about challenging the western powers. While they did act assertively on a few occasions, they

normally stayed rather timid. By contrast, the leaders of small, least-developed countries on their own certainly did not have any scope for insisting on IP flexibility for public-health purposes.

- It also matters, of course, that vaccines are complex products. Typically, they are not protected by a single patent, but by multiple patents, and that makes it much more difficult to grant compulsory licences.

I would like to add, moreover, that the beauty of the proposed waiver is that it would allow every government to act without fear of repercussion in the current crisis. IP matters in regard to all medical supplies, not only vaccines. IP rights apply to various drugs and even to personal protective equipment. At this point, governments of least-developed countries should not be worrying about IP at all, but doing whatever they can to protect their people.

**The IP waiver debate gained momentum in late April when the US administration declared it was in favour of it. Will that make a difference?**

Here, my answer is both yes and no. On the upside, it is good that President Biden has publicly acknowledged that patents are part of the problem, not part of the solution. However, the stance of his administration is half-hearted too. Their statements please civil-society activists and sound generous at the international level, distracting attention from the fact that the USA has been hoarding vaccines rather than helping other nations to get inoculated. But the US has only moved in regard to vaccine patents rather than all medically relevant supplies. Moreover, what Washington and the WTO are saying basically adds up to: Let's cooperate on concluding a new agreement on IP rules for vaccines in December. There is no sense

## Brief history of WTO flexibility regarding pharma patents

In the late 1990s, HIV/AIDS was an increasingly devastating disease that was spreading in southern Africa and other world regions. Innovative antiviral medication was saving lives in North America and Europe, but it was basically unaffordable in developing countries because pharmaceutical companies insisted on their patent-induced monopolies.

In that setting, governments in some emerging-market countries allowed generic production in spite of World Trade Organization (WTO) rules on intellectual property (IP). Treatment costs fell in those countries, and healthcare outcomes improved in Brazil and Thailand, for example. Civil society organisation took note and supported these and other governments' efforts for change.

Then in 2001, the WTO summit in Doha modified the global IP regime substantially.

Facing a public health crisis, every country has since been entitled to grant compulsory licences to companies to produce generics of patent-protected pharmaceuticals. WTO rules even allow them to grant such licences to companies in foreign countries and import those drugs.

After Doha, affordable treatment fast became available in southern Africa and other world regions severely affected by HIV/AIDS. The main reason was that patent holders accepted much lower prices. On the one hand, their bargaining position had worsened; on the other, they wanted to prevent an onslaught of generic production permits around the world.

The full truth is therefore that even though the WTO's flexibility rules have hardly been used, their introduction 20 years ago had a vitally important impact. The insistence on the right to produce generics was effective in the sense of make vitally important HIV/AIDS drugs more affordable. As Achal Prabhala elaborates in our interview, however, the consensus reached in Doha was never fully accepted by the USA and the EU, and governments of developing countries have largely shied away from making further use of their multilateral victory.

DEM



Mural in Soweto in 2002: HIV/AIDS was an increasingly devastating disease in southern Africa at the turn of the Millennium.



**“It is actually very good that not only western countries have come up with viable vaccines”:**  
Worker carrying out random sample check at Sinovac production facility in Beijing.

of urgency even though we are living in a devastating pandemic. We must not waste time. Coronavirus is currently killing 15,000 persons per day around the world.

**So what should Biden do?**

Well, he could insist on speeding up decision-making in the WTO context and make sure his EU allies, and particularly Germany, come aboard. Moreover, he could make US-based vaccine suppliers suspend their IP rights and share their technology with pharma companies in distant countries. Two American corporations own the rights to highly useful vaccines for us in poor countries. Both can make a huge difference in developing countries. The Johnson & Johnson vaccine is the only one that merely requires a single dose. The Moderna vaccine is interesting because it uses mRNA technology. This technology does not require biological ingredients which take considerable time to cultivate. It is basically a chemical technology, so production can be ramped up much faster. My point is that the international community must boost vaccine supply as fast as possible. Biden can make it happen, if he wants to. It is his moral duty to make it happen.

**German policymakers say they are willing to discuss IP rights, but insist that patents are not the main bottleneck and that IP rights drive innovation.**

Well, let’s put things in perspective. Pharmaceutical corporations have benefited

from massive subsidies for research and development. Moreover, pre-orders for vaccines are worth billions of dollars. That is the incentive the companies concerned care about right now. They know they will make a lot of money. Moreover, the proposal is to waive IP rights temporarily in response to the ongoing pandemic, not to abolish patents for ever. And while patents may neither be the only obstacle nor the most important bottleneck at this point, it is impossible to argue that insistence on IP rights can somehow speed up vaccine innovation and development.

**Aren’t patents over-rated as drivers of progress anyway?**

Yes, they are. The full truth is that IP rights mostly hamper health care in developing countries for two reasons:

- First, they make some medical supplies unaffordable.
- Second, the IP system does not stimulate research into health issues that mainly affect people in countries with low incomes and little purchasing power.

Western governments have a long history of reiterating that public health depends on IP rights. That rhetoric serves powerful interests of multinational corporations, but it does not make much sense in the developing world. It is noteworthy that, even within the EU, policymakers are beginning to back away from that stance. That includes President Emanuel Macron of France and Prime Minister Pedro Sanchez of Spain.

**What about Russia and China? Covid-19 vaccines have been developed in both countries.** Russia and China have been quiet, but largely supportive, as I understand. It is actually very good that not only western countries have come up with viable vaccines. It shows that humankind does not depend entirely on their technological prowess.

**In my eyes, the leaders of developing countries and emerging markets failed to make full use of the diplomatic victory won in Doha in 2001. The flexibility rules were meant to ensure that patents do not stand in the way of public health. By coordinating action among one another, they could’ve ensured the development of operational mechanisms, reaping more substantial benefits from the decision that, as you just put it, remained “nice legal rhetoric”. Concerted action by regional organisations like the African Union could have made a difference too. Do you agree?**

Yes, I do. I’d like to add, however, that some countries have taken action. Chile, for example, announced its intention to support the suspension of any Covid-related IP rights at the national level early on in the pandemic. In Brazil, legislators are working on similar measures. In this sense, the WTO flexibility is being applied, though that is happening without attracting much global attention at this point. That said, it is certainly true that we have not seen the kind of radical and determined action developing countries need to take to improve health care. Our leaders often prefer to blame our problems on rich nations instead of actually assuming responsibility. No doubt, the rich nations have advantages in multilateral settings, but the poorer ones are not voiceless. The US and the EU are doing a much better job at coordinating their diplomacy to promote the interests they share. African, Asian and Latin American governments should do so too. In view of Covid-19, we need determined leadership, not half-hearted exchanges at the multilateral level.



**ACHAL PRABHALA**  
is based in Bangalore and coordinates the AccessBSA project, a tri-continental civil-society initiative that is

fighting for better access to pharmaceuticals in India, Brazil and South Africa. It gets support from the Shuttleworth Foundation.

<https://accessbsa.org/team/achal-prabhala/>

## MACROECONOMICS

# More assertive government action

**Kristalina Georgieva, the managing director of the International Monetary Fund (IMF), claims that internationally coordinated action worth \$50 billion can vaccinate 40% of people in every country against Covid-19 by the end of this year. In the second half of 2022, that share could climb to 60%. This proposal fits the IMF's recent insistence on governments spending heavily in order to rise to global challenges.**

By Chimezie Anajama

In a recent blog post that she co-authored with IMF colleagues, Georgieva argues that the Group of 20 leading economies (G20) would have to contribute \$35 billion as grants, adding that member countries have already pledged \$22 billion. National governments, it is stated, can stem the remaining \$15 billion, not least with the support of multilateral development banks. The World Bank is indeed cooperating with dozens of countries on vaccine-financing operations, as David Malpass, its president, stated in April. According to him, those programmes might amount to \$4 billion in June.

The IMF team wants G20 governments to do several things. The most important – amounting to costs of about \$8 billion – are:

- stepping up funding for the international COVAX facility, which is so far only meant to vaccinate 20% of partner countries' populations,
- ensuring free cross-border flows of vaccines and ingredients and
- donating their surplus vaccine doses (estimated a 1 billion doses).

Georgieva and co also see the need to invest in additional vaccine production, boost health-care capacities in general and monitor the spread of the disease and the evolution of mutants, in order to be able to respond to changing patterns. The authors do not mention intellectual property at all, but insist that action must be taken immediately. Escaping the pandemic, they argue, will bring huge benefits, including a fast economic recovery worth trillions of dollars,

with tax revenues increasing by \$1 trillion internationally.

This proposal fits recent IMF thinking. The focus is on strong government action to rise to global challenges (see José Siaba Serrate in Tribune section of D+C/E+Z e-Paper 2020/12). This pattern was reconfirmed at the IMF/World Bank Spring Meetings in April. Apart from Covid-19, the core topics were economic recovery, debt financing, environmental sustainability, poverty and inequality. Current trends, experts warned, will make violence and fragile statehood worse.

According to IMF data, economic recoveries are diverging dangerously, with poorer countries lagging behind, and low vaccination rates in poorer world regions compounding matters. According to the IMF, only two percent of people in Africa, but 40% in the USA and 20% in Europe had received at least one vaccine dose in late April.

To improve matters, G20 countries have agreed to extend their debt servicing suspension. It now applies to 73 developing countries and will last until December. In April 2020, they had allowed 43 countries to discontinue debt-related payments because of the pandemic. Moreover, the G20 countries have committed to issuing \$650 billion worth of

new IMF special drawing rights (SDRs), a virtual currency used in internal IMF operations.

SDRs, however, are issued according to how many IMF shares member countries hold, so the least-developed countries benefit the least. About \$33 billion will become available to African countries without strings attached.

Some say that, in view of the need, this is a mere drop in the bucket. The financing gaps are indeed huge. As Georgieva told African leaders in late May, she believes their countries will need at least \$570 billion to get back on to the promising path of catching up with rich nations. She pointed out that tax collection must improve in developing countries, but it is obvious, that more has to happen for the international community to rise to global challenges.

## LINK

**Georgieva, K., Gopinath, G., and Agarwal, R., 2021: A proposal to end the Covid-19 pandemic.**

<https://blogs.imf.org/2021/05/21/a-proposal-to-end-the-covid-19-pandemic/>



## CHIMEZIE ANAJAMA

is a sociologist and a development researcher.

She is presently completing her Master's programme in

Development Management at Ruhr University Bochum in Germany.

[vivienchime@gmail.com](mailto:vivienchime@gmail.com)

Twitter: @mschimezie



Everyone must play their part: Covid-19 awareness billboard in Lagos in spring 2020.





Delivery of Covid-19 vaccine to South Sudan in March 2021 under the COVAX initiative – but experts say COVAX is delivering far too little vaccines worldwide.

PATENTS

## Intellectual property versus health care

**There are many obstacles to the global containment of the Covid-19 pandemic. Intellectual property is a very fundamental one. Instead of finally addressing this issue in the current health emergency, many actors in business and politics steadfastly refuse to accept any relaxation of patent protections. Many people die every day, especially in the global south, as a direct consequence of patent enforcement.**

By Max Klein and Jörg Schaaber

By early May, 1.1 billion doses of Covid-19 vaccine had been administered worldwide. Four-fifths of those vaccinations happened in high or upper-middle-income countries and just 0.3% in low-income countries. As early as January, Tedros Ghebreyesus, the director-general of the World Health Organ-

ization (WHO), warned: “The world is on the brink of a catastrophic moral failure – and the price of this failure will be paid with lives and livelihoods in the world’s poorest countries.”

The prevailing shortage of vaccines is not an unfortunate coincidence; it results from political decisions to protect intellectual property (IP). In medicine, IP includes know-how, industrial design, cell lines and clinical data as well as patents for active ingredients.

In theory, patents reward innovative researchers and companies with temporary monopolies. They are only a means to an end. In practice, however, the patent system leads to:

- misguided research,
- high prices,
- bogus innovations and

- artificially prolonged market dominance (evergreening).

Patents are thus less the driving force of innovation than a tool for profit maximisation. They contribute to a legal environment that serves pharma companies’ interests. Accordingly, this industry defends them with all means at its disposal.

At the end of last year, Albert Bourla, the chief executive officer of Pfizer, called intellectual property “the blood of the private sector”. What he failed to mention is that, in the field of medicine, progress often is based on government-funded research. Private companies often receive direct financial support from governments, so they rely significantly on the public purse. That is true in regard to Covid-19 too.

In 2020, the Pfizer management boasted that the corporation had received no state funding for the development of the Covid-19 vaccine. It did not point out, however, that its German partner company Biontech – which made by far the largest contribution to the development of the vaccine – received substantial funding from the German government. Indeed, Pfizer only entered its joint venture with Biontech in March 2020. Pfizer recently raised its

Covid-19 vaccine sales forecast for 2021 to \$26 billion.

### BLOCKED PRODUCTION

Since the beginning of the pandemic, governments around the world have channelled billions of euros to private actors – in the form of research grants, subsidies for boosting production capacities and guaranteed vaccine purchases. Experts bemoan, however, that the governments failed almost entirely to ensure people’s equitable access to Covid-19 vaccines. Rules are needed, and the proper occasion for defining them is when agreements on financial support are concluded.

Instead, manufacturers such as Moderna and Pfizer/Biontech have used their market dominance to set arbitrary vaccine prices and develop production capacities as they saw fit. The consequences are devastating: rich countries and the EU bought up the scant global vaccine supply, leaving the global south empty-handed.

Though heads of state and government such as German Chancellor Angela Merkel and French President Emmanuel Macron have declared on many occasions

that vaccines are a “global public good”, tangible policies did not show it. Macron may lately have sided with US President Joe Biden in his surprising support for a temporary suspension of patent rights, but he was quick to point out that such a move would not solve the real problem.

The global north’s insistence on intellectual property during the pandemic is not simply wrong in moral terms. It does not even make sense in terms of self-interest. While countries like the USA and Canada secured vast vaccine quantities, Sars-CoV-2 continued to rage through countries such as Brazil, the Philippines and most recently India. As a result, mutations have emerged and are spreading around the globe.

Governments of vaccine-producing countries are exploiting the desperate situation of many other countries in the pursuit of diplomacy goals. Those seeking to extend influence by delivering vaccines include Russia, China, the EU and India. In view of its own catastrophe, however, India temporarily stopped exporting vaccines.

On the other hand, global mechanisms were hastily created in 2020 to mitigate some of the deadly side-effects of vaccine nationalism, but they have only had little or

no effect so far. The global north continues to see the so-called Access to Covid-19 Tools Accelerator (ACT-A) as the fail-safe way to accelerate the development, production and equitable distribution of Covid-19 pharmaceuticals, including tests, treatments and vaccines. Civil-society organisations disagree. They are particularly critical of ACT-A’s COVAX (Covid-19 Vaccines Global Access) facility, which is supposed to ensure equitable access to vaccines worldwide.

The distribution of vaccines under the COVAX scheme is totally inadequate. From the outset, the plan was to cover a mere 20% of partner countries’ populations – and the time-frame for meeting even that modest target remains obscure.

The core challenge is that production capacities are not fully made use of. A patent pool called C-TAP (for Covid-19 technologies) could not make a difference yet. It was established by the WHO last spring, but remained idle for months. The group of 40 countries that made commitments to the pool did not grow for a long time. Most industrialised nations and Big Pharma actively boycotted or ignored the pool from the start, so it was not granted any IP rights for Covid-19-vaccines or treatments. It seems

## Unaffordable treatment

On top of inadequate medical infrastructure, high drug prices are a major obstacle to cancer treatment in low-income countries. According to the World Health Organization (WHO), for example, medication for a woman with breast cancer costs \$18,500 a year in India and \$33,900 in South Africa. In both countries, that amounts to about ten times the average annual income. Though prices are higher in the USA, treatment there only costs 1.7 times more than the average annual income.

In a project entitled “Unbezahlbar krank?” (unaffordably ill?), the non-governmental German BUKO Pharma-Kam-

pagne has analysed access to various active substances used in cancer care in the global south, where cancer case numbers are rising rapidly and mortality rates are high. Things are much better in the global north. In high-income countries, over 80% of children with cancer survive for more than five years; in poorer countries their share is below 30%.

Examples from Africa show the implications. In Ethiopia, the most widespread form of cancer is breast cancer. It is a death sentence for most of the affected women: about two-thirds die. In Germany, by contrast, two-thirds survive. Even

long-established drugs such as Tamoxifen are beyond the financial reach of many Ethiopian patients.

In Tanzania, cancer treatment is free of charge in theory. In practice, patients often face high costs, including for pharmaceuticals. Hospitals regularly lack essential drugs. In those cases, a patient’s only option is to buy the medication privately. However, about half of Tanzania’s people live below the international poverty line of \$1.90 a day. Sometimes, a cancer drug is even more expensive in poor African countries than in Germany.

Civil-society organisations have begun to fight back in many countries. In South Africa, for example, the activists of the Cancer Alliance are

pushing for better access to expensive cancer drugs under the campaign banner “Fix the patent laws”.

Drug suppliers from the global north, such as Roche and Bayer, try to justify high prices by pointing out their high development costs. Their actual expenditure is non-transparent, however, and production costs are generally quite low. One thing is certain: global sales of their drugs amount to billions. The pharmaceutical industry is – and long has been – one of the most lucrative industries worldwide. MK/JS

#### LINK

**BUKO Pharma-Kampagne, 2021: Unbezahlbar krank (only available in German).**

[www.bukopharma.de/de/krebs](http://www.bukopharma.de/de/krebs)

bizarre that now, one year later, we are once more discussing the hurdles of IP rights and the need for technology transfer. A restart of C-TAP is planned and might include more member states. Whether it will deliver results, remains to be seen.

**PATENT WAIVER**

There is certainly a shocking gulf between the necessity of a patent waiver and the current status quo. India and South Africa first demanded the IP waiver from the World Trade Organization (WTO) in October 2020 (see interview with Achal Prabhala in this D+C/E+Z e-Paper, p. 14). The two countries proposed to temporarily suspend all IP rights for any product relevant for preventing, containing or treating Covid-19.

This proposal has been stuck at the WTO level for half a year even though it is co-sponsored by 62 countries and enjoys the support of over 100 WTO members. Governments that oppose this step – they almost exclusively run countries with powerful pharmaceutical industries in the global north (including Germany) – claim that IP is not a hurdle in the fight against Covid-19. Moreover, they even argue that the waiver is unnecessary since WTO rules already allow national governments to grant compulsory licences in health emergencies.

The first claim is simply not true, as ample evidence shows. The issuing of compulsory licences, however, is time-consuming and inadequate. Moreover, many governments that now suggest that it is the way forward are guilty of hypocrisy. In the past, they did what they could to torpedo such attempts. In the meantime, the rhetoric has shifted to claiming that the global south lacks the ability to manufacture Covid-19 vaccines. Apart from the paternalistic nature of such a claim, it is quite obviously wrong.

Indeed, India has a strong vaccine-producing industry, and so do other countries. South African and Indian WTO diplomats did a survey and the results showed that countries of the global south would be able to produce an additional billion vaccine doses per year– if only they were given the right to do so.

In this context, EU Commission President Ursula von der Leyen sounds cynical when she boasts that the EU is the largest exporter of Covid-19 vaccines. The full truth is that dependence on the industrialised



Young cancer patients in Dhaka, Bangladesh.

countries of the global north is the rest of the world’s biggest problem. Of course, technology transfer is important to expand manufacturing – not only in regard to Covid-19 but for anticipated future pandemics as well. Moreover, it would be in line with the aim of building global partnerships, which is the UN’s 17<sup>th</sup> Sustainable Development Goal (SDG).

**UNPLEASANT HIV/AIDS MEMORIES**

The current deadlock brings back unpleasant memories. When HIV/AIDS emerged as a disease in the 1980s, pharma companies initially showed little interest in developing drugs to fight it. Therefore, five of the first six active ingredients were discovered in the laboratories of universities or state-run institutes. By 1999, 58% of research on HIV drugs was government-funded, and the rest was done by commercial firms or by universities without specific government subsidies. Only in 1996, when it became clear that combination therapy could protect infected people from getting full-blown AIDS, did the pharmaceutical industry become involved on a larger scale.

It focused on the relatively small group of HIV-positive people in prosperous nations, setting the price of treatment at around \$10,000 per patient and year. More than 90% of those needing the therapy lived in poorer countries. For a decade, the vast majority of sufferers were denied access to

life-saving treatment. The turning point came only with the advent of the patent pool for HIV drugs. Even it was only established after the WTO accepted the principle of compulsory licensing in 2001, thus considerably weakening the industry’s negotiating position.

The traumatic experiences of the HIV/AIDS pandemic recur not only when it comes to Covid-19 or other infectious diseases like drug-resistant tuberculosis. Intellectual property rights also keep equitable care out of reach for many patients who suffer from non-communicable diseases such as cancer (see box, p. 19).

Astonishingly, many political actors still pretend that patents are not part of the problem, but part of the solution – even in this pandemic. That position is irresponsible and totally reckless.



**MAX KLEIN**  
is a political scientist who works for the non-governmental BUKO Pharma-Kampagne, which has been fighting for the human right to health since 1981.

[info@bukopharma.de](mailto:info@bukopharma.de)



**JÖRG SCHAABER**  
is a sociologist and public health professional working for BUKO Pharma-Kampagne.





IRC staff member during Ebola outbreak in Goma in 2019.

EBOLA AND COVID-19

## Lessons learned

**In the fight against a deadly disease, more things matter than only vaccines and pharmaceuticals. According to the experience of the International Rescue Committee, well-conceived health-care campaigns require a holistic approach.**

By Mesfin Teklu Tessema

More than seven years ago, Central and West Africa were struck by an Ebola epidemic. It killed more than 11,000 people in Sierra Leone, Liberia and Guinea (see Shecku Mansaray in Focus section of D+C/E+Z e-Paper 2020/02). Just two years later (in 2018), a new Ebola outbreak was declared in the Democratic Republic of the Congo (DRC). More than 2,200 people died. The World Health Organization (WHO) declared an end to this outbreak in November 2020, but the celebration was short lived with new Ebola cases recorded in both the DRC and Guinea in early 2021.

The resurgence of Ebola cases in the DRC is further complicated by the Covid-19

pandemic. By early May 2021, nearly 30,000 confirmed cases and 768 deaths had been reported to the WHO. Testing is limited, however, so the actual numbers are likely much higher. Problems are exacerbated by the ongoing conflict and the growing concerns of food security. Food prices have been surging as severe hunger has spiked, partially due to pandemic related lockdowns. Even before the Covid-19 pandemic, more than 60% of people in the DRC lived in poverty and one in four persons (almost 19.6 million people in total) depended on humanitarian aid. It is useful that an Ebola vaccine now exists, but in difficult context, much more is needed to stem the spread of this disease.

In challenging circumstances, numerous international NGOs, including the International Rescue Committee (IRC), are delivering life-saving services to people in need. Among other things, we are supporting the local health system by:

- upgrading infrastructure,

- training health workers,
- strengthening the pharma medical supply chain,
- boosting health information management and disease surveillance and
- providing support to contain outbreaks such as Ebola and Covid-19 through infection prevention and control (IPC) measures.

Programmes focused on conflict reduction and economic reconstruction are important too, and so are services to support survivors of violence.

### SIX ESSENTIAL INSIGHTS

With health programmes in more than 30 countries, the IRC has extensive experience managing disease outbreaks, including Covid-19, Ebola, cholera, measles and others. Six key lessons must be considered when working on vaccine campaigns in conflict affected communities:

- **Coordinate action across borders:** A global pandemic cannot be fought with countries working on their own. Governments, UN agencies, researchers, the private sector and NGOs must coordinate, sharing information and expertise in a joint response. In regard to both Covid-19 and Ebola, national governments should work to-

gether to develop vaccination programmes and policies that include refugees and other vulnerable population groups, regardless of their legal status. The response to polio in East Africa, for example, demonstrated that coordination with cross-border agencies is essential. At the same time, other life-saving humanitarian services remain as important as vaccines to addressing the pandemic.

- **Use digital systems:** Digital resources play an increasingly important role, not only in medical care but also in managing disease outbreaks and vaccination campaigns. In Uganda and Somalia, for example, mReach – a mobile platform – helped health workers track the vaccination status of children and take appropriate action if they missed a dose. Geocoding and maps have made it even easier to track people’s vaccination status and remind them of upcoming appointments.

- **Do not neglect mental health:** Our experience in DRC and in many other places shows the toll crises can have on a person’s mental health and wellbeing when illness, fear and anxiety become part of daily life. People worry about their future and their own survival. Covid-19 lockdowns compounded the problem with adults unable to work and children prevented from attending school. Moreover, we have also seen the impact of stigma on mental health when Ebola survivors and their families faced social isolation. Similar things have happened during the Covid-19 pandemic with misinformation and fear running rampant. Mental health and psychosocial support must therefore be core components of the health response from the very beginning of any crisis.

- **Address gender inequality:** Crises affect men and women differently. Women often take on caretaking roles. They also make up the majority of the global health-care workforce. Women are therefore disproportionately exposed. We have seen that crises can lead to increased violence against women and children. In fact, the IRC reported a shadow pandemic of gender-based violence across the Rohingya refugee camps in Bangladesh. As Covid-19 vaccines are now being rolled out, polling suggests that women may be more concerned about vaccine safety than men. One reason is misinformation about vaccinations potentially causing infertility.

- **Engage communities:** During the peak of the Ebola outbreak, communities and

people were largely kept in the dark with minimal access to information about the disease, prevention and treatment. Coupled with existing mistrust of the government and institutions in general (including the United Nations), misinformation was rampant and allowed the disease to spread further. Unfortunately, we have seen similar failures in Covid-19 responses, with authorities sending mixed messages which under-

To ensure Covid-19 vaccination campaigns are effective, investments must be made to ensure the doses can be safely and effectively transported to even the most remote areas. The COVAX Facility – set up to ensure equitable access to Covid-19 vaccines – estimates that at least \$3 billion are needed to provide vaccines for a mere 20% of the people living in the 92 low- and middle-income countries. Investments are now needed to train, prepare



Billboard in Freetown, Sierra Leone’s capital, in 2016.

mined public trust. An effective response requires sources of information to be credible. One implication is that public-health experts must provide evidence-based messages and clear guidance. Any communication strategy, moreover, must consider the local context. People access information in different ways, and distrust is particularly strong in crisis regions. A one-size-fits-all approach cannot work in a worldwide pandemic. Engaging community leaders is particularly important and key to successful Covid-19 vaccine campaigns.

- **Strengthen local health systems:** Even as the global community responds to the urgent needs of a community, investments must be made to strengthen health systems. In many low-income countries, inadequate infrastructure, lack of equipment and supplies as well as shortages of qualified health workers are common. Cold-chain and storage capacities are often limited, and as a result, over one-third of vaccine doses go to waste.

and support frontline health workers including community health workers. Last year, the IRC trained and supported nearly 30,000 health workers (including community health workers) around the world who played a critical role delivering life-saving health services to more than 30 million people across 32 conflict-torn countries.

There is no magic formula for ending a pandemic, but we do know the Covid-19 pandemic “will not end for anyone, until it ends for everyone”. The international community must heed the lessons from past experiences and work together to ensure an effective and equitable response to this pandemic.



**MESFIN TEKLU TESSEMA**  
is a medical doctor and leads the Health Unit at the International Rescue Committee (IRC).

[IRC.Deutschland@Rescue.org](mailto:IRC.Deutschland@Rescue.org)  
[www.RESCUE-DE.org](http://www.RESCUE-DE.org)



# Join us on Facebook!



www.facebook.com/development.and.cooperation

facebook

## D+C

D + C Development and Cooperation

@development.and.cooperation

Home page

Contributions

photos

info

Community

Create a page



Like share Propose changes

More on this

message

Contributions

**D+C** D + C Development and Cooperation  
15 hrs. ·

A disease surveillance assistant in Ntasi who requested anonymity says the health center is burdened by incompetence and lack of accountability.  
# Malawi



DANDC EU  
**Rural Malawians are poorly served by clinics lacking medicines and expertise**

15th

Like it

Leave a Comment

share

Community

View all

217,552 people like this

217,647 people have subscribed to this

Info

View all

Contact D + C Development and Cooperation in Messenger

www.dandc.eu

magazine

Page transparency

See more

With this information Facebook would like to make more transparent what this page is about. Here you can find out more about the people who manage and post on the page.

Page created January 8, 2014

people

217,552 likes

Similar sites

Parit Group Of Companies  
Automotive services





HEALTH CARE

# “We must not let down our guard”

In many sub-Saharan countries, people are being vaccinated against Covid-19. However, the campaigns have not gained much speed yet. Benjamin M. Kagina is a senior researcher who works for the University of Cape Town's Vaccines for Africa Initiative (VACFA). He shared his insights in a D+C/E+Z interview.

Benjamin M. Kagina interviewed by Hans Dembowski

### How do you assess the current state of African Covid-19 vaccination campaigns?

Well, it may surprise you, but I think we are doing pretty well. One can always debate whether a glass is half empty or half full. There is actually plenty of good news. The best is that vaccinations have begun in many African countries. In the past, our continent would wait for a decade or so before an innovative pharmaceutical became available. This time, it only took a few months. That is a very good start and I am quite confident that we can build on it further.

### So COVAX, the multilateral initiative to provide vaccine doses to at least 20 % of partner countries' populations, is doing its job?

Yes, it is, though it is obviously not fulfilling all expectations. Access to vaccines is not equal around the world. The situation is much better in high income countries than it is here. The great achievement, however, is that COVAX has been facilitating vaccine supply to developing countries, and as regulators are approving more and more vaccines, I hope that supply will improve fast. The African Union is also playing a useful role in procuring vaccines, and national governments have made agreements with vaccine suppliers too. After a slow start, I believe vaccination campaigns will pick up speed fast.

### Should the WTO (World Trade Organization) waive patents internationally to boost supply?

No, I do not think it is a priority now. What we need in this time of crisis, is close cooperation. All parties involved must do their

best to speed up vaccine production and ensure global equity on access. Extended legal disputes will not help, and licensing plus the sharing of technology will take a lot of time anyway. The essential thing now is to focus on protecting as many people as possible as fast as possible. I'll admit that not all signs have been good so far. It is absurd and unacceptable that small, least developed nations in Africa have been made to pay higher prices per vaccine dose than the developed nations. Oxford University and AstraZeneca have set the right example with generous licencing and prices that cover their costs. More generally speaking, patents are currently not what is restraining people's access to vaccines.

### What are currently the main obstacles in Africa?

Well, vaccine supply is certainly the main problem. To a large extent, African countries have been depending on imports from India. The serum Institute of India has the license to produce the AstraZeneca vaccine, but

India has stopped exporting in view of the dramatic suffering coronavirus is causing at the domestic level. So yes, Africa needs both vaccine supply and vaccine delivery to increase fast. That said, we must also rise to daunting logistical challenges. We don't want to store vaccines once we get them, we want to get them into people's arms. One problem is that cold-chain infrastructure is needed, but not available everywhere. That, in turn means, that the most innovative mRNA vaccines are not a good option for our remote areas because they need to be kept particularly cold. It certainly makes more sense to expand existing cold-chain networks to ensure effective distribution of vector vaccines than to build entirely new infrastructure to distribute mRNA vaccines.

### Even expanding the existing networks must be hard in places where electric power is not available or erratic and where the roads are basically dirt tracks.

Yes, it is difficult, but we do have ample experience in how to rise to those challenges. African vaccination campaigns have been quite successful in the past decade, so we have foundations we can build on. On the other hand, the scale of operations is different this time. In conventional vaccination campaigns, children are the target group. To contain the spread of Covid-19, we must inoculate adults.

### What kind of “soft infrastructure” do you need? I imagine that media outreach is important for example.

Yes, people have lots of questions about vaccinations. We need staff who are able to answer those questions. It is not enough to have doctors, nurses and paramedics who can competently administer a shot. They have to be able to address people's worries and gain their trust. After all, we are not only fighting a pandemic, but also an infodemic. A lot of the information that is circulating out there is not very good or even entirely false. At this point, we do not know how common vaccine hesitancy is, though we do know it exists. So long as we do not have enough vaccines for great numbers of people, we cannot find out what share of them does not have faith in science-based medicine. Quality reporting in mass media concerning what Covid-19 is, how it is spread and how one can protect oneself will certainly help. Non-governmental organisa-



Desmond Tutu, archbishop emeritus, after receiving a vaccine shot in Cape Town in May.

tions are playing a role in awareness raising as well and contribute to make people want to get vaccinated.

**Who is responsible for making vaccination campaigns work?**

National governments bear the main responsibility. Only they can do the necessary regulatory work, including the approval of pharmaceuticals. Moreover, they have the authority to involve all stakehold-

**To what extent has Covid-19 disrupted other vaccination campaigns and health care in general?**

The impact was – and is – tough. In many cases, nonessential services including vaccinations have been suspended. Health staff has become even more overburdened and exhausted. Our capacities are stretched even in good times. We know that, even in good times, most Africans do not have access to professional health care when they

much public life takes place outdoors. That was said about India too, however. Should the pandemic escalate on your continent the way it recently has there, things will get much worse.

Yes, there is a risk of the situation deteriorating. We must prepare for the worst. As I specialise in vaccinations, I am not involved in patient care, so I cannot give you a full and realistic picture of what is going on in hospitals and health centres. The good news, however, is that Africans are observing what is happening elsewhere, and we are learning those lessons. African governments took action early on when they saw Europe’s pandemic situation early last year. That certainly helped in terms of softening the impact of Covid-19. Our authorities know that Africa may become the next India. Indeed, we see signs of a third wave potentially starting in South Africa. The lesson is that we must not let down our guard. Vaccinations must go on; hygiene measures must go on. African governments and the African public in general realise that the situation is dangerous.

**What is the responsibility of donor governments in your eyes?**

I think they bear responsibility at three levels:

- Their highest-level responsibility is to keep up with development of new tools to combat the new variants. At present, low-income countries depend on the medical progress made in high-income countries.
- Their mid-level responsibility is to share data regarding how a disease spreads, how effective a pharmaceutical is or what is like to constrain a vaccination campaign. We can – and will – learn from their experience and apply what is relevant to our context.
- Their responsibility at the grassroots level of developing countries is to support capacity development. Cooperation is really important, including in terms of building skills. Transferring money will not solve the problem in the long term because human capital is essential too.



In previous vaccination campaigns, children were the target group: Liberian mother with her baby.

ers. If you leave health care entirely to the market, poor people and disadvantaged communities will not be served. A vaccination campaign is not worth much, however, if it only reaches the most prosperous 20% or so. Even they will not be safe when an epidemic escalates and new strains of the disease keep emerging. Only governments can ensure that health measures become universal, which for practical purposes means that they reach at least 80% but preferably 95% of the population or so. Best practices include setting the right incentives for getting private-sector institutions on board.

need it. These are not good times. The sad truth is that the prevention and treatment of other diseases are currently being neglected because coronavirus is absorbing capacities. Lack of prevention, however, means suffering in the future. Tuberculosis and HIV/AIDS programmes have recently not been getting the attention they normally get, and even the treatment of patients has often deteriorated.

**You are saying that even though, the pandemic has not hit African countries particularly hard so far. Reasons include a large share of young people and the fact that**



**BENJAMIN M. KAGINA**  
is a senior research officer who works for the Vaccines for Africa Initiative (VACFA) at the University of Cape Town’s School of Public Health and Family Medicine.  
[benjamin.kagina@uct.ac.za](mailto:benjamin.kagina@uct.ac.za)



INDUSTRY STRATEGIES

# Repurposing offers rays of hope

**Drug repurposing means that a pharmaceutical is used for a different purpose than the one it was originally developed and approved for. The idea is to use an established drug for new therapeutic indications. Interest in the approach has been growing for some time, but Covid-19 has accelerated the trend.**

By Krupali Patel

Developing a new pharmaceutical takes a lot of time (about 15 years) and costs a lot of money (\$1 billion or more). There are five stages in drug development:

- drug discovery,
- preclinical testing,
- clinical testing in three phases,
- approval by an international regulator such as FDA/EMA and
- post-market safety monitoring.

Repurposing can save up to seven years of time and hundreds of millions of dollars. It skips the first stage entirely. Moreover, it gives a chance to reduce or abolish unwanted side effects.

Health-care systems can benefit from the repurposing of generic drugs in particular. These drugs are not protected by intellectual property rights, so their prices tend to be much lower. Moreover, generic production facilities exist in many developing countries, so the dependence on imports is reduced.

Aspirin is one of the best examples for drug repurposing. It was originally registered by the German pharma company Bayer at the end of the 19<sup>th</sup> century to treat pain and fever, but was later repurposed for many other indications, including blood clots, some kinds of cancer and inflammations such as rheumatoid arthritis. The active chemical is acetylsalicylic acid. It can be derived from plants and has been used in traditional medicine for millennia by various cultures.

Industry observers warn, however, that repurposing regulations must be drafted well so companies cannot rake in excessive profits. On the other hand, pharma companies that specialise in innovative patent-protected drugs will benefit if repur-

posing means they can sell branded products for more than the originally intended application.

## COVID-19

The novel coronavirus has caused the worst pandemic humanity has witnessed since the Spanish Flu a century ago. In absolute numbers, the Covid-19 pandemic is actually the worst in history. By 7 May, almost 160 million infections had been counted

tember 2020. At that point, 321 trials were concluded and documented for the anti-malarial drug Hydroxychloroquine. The respective numbers were 85 for Azithromycin (an antibacterial drug), 52 for Favipiravir and 23 for Remdesivir (two antiviral drugs). Many other drugs were tested as well. So far, none has been fully approved for Covid-19 treatment.

However, the FDA did give approval for treating Covid-19 patients with Remdesivir in certain conditions. This drug does not cure the disease, but it has been proven that it reduces the time patients are hospitalised, need to stay in intensive-care units (ICUs) and depend on ventilators. It is thus valuable in the sense of providing a kind of emergency help. It is nonetheless in huge demand as a supportive treatment or some-



People lining up in the Indian city of Pune to buy Remdesivir in April 2021.

internationally. To some extent, of course, the high number reflects that the world population has grown to almost 7.8 billion people, at least four times more than when the Spanish Flu struck.

To date, there is no pharmaceutical treatment specifically for coronavirus, so drug repurposing offers rays of hope. About two dozen previously existing drugs are currently being tested for Covid-19 treatment. Indeed, 225 trials were completed by Sep-

times as a survival drug, not least in India in view of the current coronavirus surge.

The pharma corporation Gilead Sciences originally developed Remdesivir to treat Hepatitis C. Later, the drug was repurposed for Ebola. In business terms, repurposing has made it a much more valuable pharma product. Gilead sales increased in the third quarter of 2020 by \$2 billion, as the Financial Times reported. Gilead has been accused of charging a very high price



(more than \$3,000 per course in prosperous nations). It states, however, that it is generously donating the drug to developing countries and granting production licenses there. The dispute on how effective it is continues, of course.

Before the Covid-19 related approval, Remdesivir was actually a so called “orphan drug”. This term means that a drug serves only a very specific purpose, so it is not commercially attractive. To some extent, developed nations subsidise the development of orphan drugs if they are believed to be necessary.

Not all hopes come true, of course. When the coronavirus pandemic started, many believed that Hydroxychloroquine would be useful too. The most famous proponent was probably US President Donald Trump, who for some time also did his best to hoard Remdesivir in his country. Health-care systems in many countries started using Hydroxychloroquine, but the World Health Organization (WHO) later declared it to be useless and even dangerous.

A big question is to what extent Hydroxychloroquine is still being given to Covid-19 patients nonetheless. Apparently, that is happening in several African countries and probably elsewhere too. The background is that doctors prescribe drugs which they believe to be helpful. Government guidelines and even regulations are not enforced stringently in many places, especially in developing countries and emerging markets.

**SOME ANTIBIOTICS ARE BECOMING OBSOLETE**

The implications of drug misuse and over-use can be quite devastating, and not only at the level of individual patients. Indiscriminate use of antimicrobial drugs without adequate indication exacerbates one of the other huge health problems that humanity is facing: the emergence of antibiotics-resistant strains is making an increasing number of important drugs ineffective.

The most dangerous strains today resist more than one kind of antibiotic. According to the WHO, the share of new tuberculosis patients who could not be treated with conventional TB medication was five percent in 2018 (see Roli Mahajan in Focus section of D+C/E+Z e-Paper 2020/03).

Multidrug resistance among cancer patients is worrisome too. Another chal-

lenge is that mosquitos become resistant to insecticides with the result of malaria spreading more widely.

The more an anti-microbial drug is used, the more likely the emergence of resistant strains becomes. The additional – and often unnecessary – use of antibiotics in the Covid-19 response will increase their overall consumption, potentially multiplying multi-drug resistant strains of various diseases. A long-standing issue is inappropriate drug use. Problems include application of the wrong drug, discontinued treatment of patients before they are cured but also pollution from production sites. These



Lab technician at a Remdesivir production facility in Cairo, Egypt.

malpractices are particularly common in developing countries. In a similar way, the excessive use of antibiotics in industrial-scale animal farming in advanced nations is resulting in ever more anti-microbial resistant strains.

One implication is that new anti-microbial drugs should be used sparingly so their healing power does not begin to erode. To some extent, this is counterintuitive, however. Doctors like drugs that are particularly effective, and patent holders want to maximise sales before generic production begins.

**NEVER ENDING RACE**

To some extent, science-based health care is involved in a never ending race. The challenge is to find effective treatments faster than mutant diseases make established treatments obsolete. Indeed, drug repur-

posing can prove helpful in this context too. In view of the increasing number of drug-resistant disease varieties, the interest in repurposing has been growing for quite some time, even before Covid-19 further accelerated the trend.

In 2020, the Trump administration launched the Repurposed Generic Development Program in the USA. Its main objective is to provide funding for and coordinate testing in the preclinical phase, clinical trials and market approval. About \$200 million are believed to be needed for the repurposing of one drug. Currently, trials on two generic drugs are ongoing. If one or more

succeed, that will further boost the interest in repurposing.

One academic study has warned that the EU institutions and member governments so far are not paying sufficient attention to the potential of repurposing. Pharma companies, however, have taken note. That is also true in India, which has become a global hub of pharma production in the past decades. The pharma industry has had a global outlook since its beginnings, and Covid-19 has further boosted the interest in foreign markets.



**KRUPALI PATEL** is a PhD student at Bonn University's Centre for Development Research (ZEF – Zentrum für Entwicklungs-

forschung). [pkrops78@gmail.com](mailto:pkrops78@gmail.com)



**Precious asset:** technicians in Nairobi with a carton of AstraZeneca Covid-19 vaccine manufactured by the Serum Institute of India.

INTELLECTUAL PROPERTY

# Free the Covid-19 vaccine

**Global pharma companies are setting needlessly high prices for the Covid-19 vaccines in poor and middle-income countries. It is time to end their monopoly power and make more vaccine doses available at affordable prices.**

By Marion Lieser

In the beginning of the Covid-19 pandemic, a frequently heard comment was that the virus knows no borders and we are all in this together. Very soon, though, it became clear that the impact of the virus, if not the virus itself, does indeed differ between rich and poor regions. People of colour and those in the global South are much more likely to be infected and die from Covid-19, and are much more vulnerable to the economic fall-out of the pandemic.

Adding to those disparities is the unfair way that life-saving vaccines are being priced and delivered in different regions of

the world. Distribution is far from equitable. According to the Financial Times, African countries had only received 40 million vaccine doses for 1.2 billion people by mid-May. Some of the poorest countries have not yet even begun to immunise their populations.

Vaccine deliveries in low-income countries have recently started, thanks to the efforts of COVAX (the Covid-19 Vaccines Global Access, a global initiative aimed at fair distribution of Covid-19 vaccines, led by the World Health Organization). Yet COVAX itself says distribution will fall short because of a shortage. Only three percent of people in poor countries can hope to be vaccinated by mid-year and only one fifth at best by the end of 2021.

There are two major reasons for this dim outlook, and both stem from the world's dependence on a handful of pharma giants to produce vaccines.

- The first reason is that these companies simply can't make enough vaccines

for the entire world on their own. Yet they refuse to share their science and technology freely with other qualified manufacturers that could help in the effort.

- The second reason is that pharma companies, through their patents, have monopolies on the sale of these vaccines, which in turn gives them powers to set prices. Particularly in a scarcity situation, having these rights means a patent owner can set whatever price it wants for a product in demand.

While some price negotiations with buyers and public agencies do take place, patent owners control crucial information on product development costs, which is essential to setting the price. This information is part of the companies' intellectual property; they are not required to disclose it. Such an imbalance inevitably disadvantages those with the least amount of information, leading to higher than necessary prices in poor countries.

As many examples show, poor countries sometimes pay more than they should for vaccines. This disadvantage is in addition to the disproportionate damage they already suffer from the pandemic itself. Ox-fam's recent report "The inequality virus" shows how precarious their situation is (see Sabine Balk in D+C/E+Z e-Paper 2021/03,

Monitor section). The pandemic has put a strain on low income countries' external resources, with a 20% fall in remittances, a 25% fall in foreign direct investment and sharply increased capital flight.

**PAUSING PATENT PROTECTION**

The response from the Group of 20 leading economies has so far been inadequate. Creditor nations have delayed debt service payments for only 1.66% of the debt owed by poor countries. Immediate debt relief across the board, including from banks and investment funds, is urgently needed. So too is action to increase vaccine supply and bring prices down to affordable levels.

Several solutions have been proposed, but they are being blocked by rich countries and pharma companies. For example, a UN initiative called the "Covid Technology Access Pool" calls on pharma companies to voluntarily disclose their vaccine technology to other producers so that more vaccines can be made. So far, none of the big pharma companies has done so.

Similarly, some rich countries say they'll donate some of their vaccine surplus to poor countries. This is helpful. But donations of unknown amounts at unspecified times is an inadequate solution and will

not bring enough vaccines to countries that need them.

The reform that would help the most would be to pause the patent protections given to pharma companies until the world reaches herd immunity against Covid-19. South Africa and India, supported by 100 developing countries, are calling on the World Trade Organization (WTO) to do this. Civil-society organisations endorse this proposal. However, rich nations, led by the US, UK, EU and Japan have opposed this proposal, although the Biden administration in the US has changed its stance, with several other governments following suit.

In an open letter to President Biden, 175 individuals including former heads of state and government and Nobel laureates call on him to back a temporary waiver of patent protections. The letter was organised by the People's Vaccine Alliance, a coalition of health and humanitarian groups.

Pharma companies argue that keeping their patent protections is the best way to guarantee innovation and thereby maximise the benefits for humanity. In fact, though, the patent system locks away the benefits of publicly funded science and thus delays the end of the crisis. Vaccines are public goods paid for by over \$100 billion of taxpayers'

money. These technologies should be freely available in the interest of protecting public health.

Some pharma companies also contend that pausing patent protections would allow sub-standard vaccines to enter the market. But pharma firms worldwide already produce a wide range of medicines and vaccines under licence with good results. They are fully capable of producing a Covid-19 vaccine that meets strict WHO standards – if they are allowed to do so. Suggesting otherwise is a long-used tactic of pharma companies to protect their profits.

Ultimately, since the coronavirus indeed does not recognise borders, ensuring an adequate and affordable supply of Covid-19 vaccines in poor countries will protect public health worldwide. Monopolies on vaccine technology stand in the way of scaling-up production and reducing prices. Expanding production and reducing prices in developing countries would contribute to the global public interest, both in the current pandemic and in future ones.



**MARION LIESER**  
is executive director of Oxfam Germany.  
[mlieser@oxfam.de](mailto:mlieser@oxfam.de)

# Paying over the odds

While some developing countries still pay needlessly high prices for Covid-19 vaccines (see main story), an existing mechanism aims to reduce their vaccine costs.

Vaccine prices for developing countries typically are negotiated within an organisation called GAVI – the Vaccine Alliance (previously the Global Alliance for Vaccines and Immunization). GAVI is a forum that brings together the vaccine industry, donor governments, developing country governments and a range of international organisations. One of GA-

VI's roles is co-leading COVAX, the global initiative to bring coronavirus vaccines to low- and middle-income countries.

GAVI aims to reduce vaccine prices for developing

countries, first by pooling demand among these countries to boost their collective buying power. "Manufacturers need to see a market with sufficient size and income to cover their costs," GAVI states. In addition to pooling demand from eligible poor countries, GAVI raises funds from donors to finance

those countries' vaccine purchases.

Equally important, GAVI seeks multi-party pricing agreements that assure global pharma companies they can recoup any lost profits in the developing world by charging higher prices in advanced countries. According to GAVI, it pursues "a tiered-pricing policy, whereby low-income countries are charged less than higher income countries for the same product." This has enabled developing countries to pay a fraction of the market price paid in developed countries for important vaccines, including the hepatitis B, rotavirus, pneumococcal, pentavalent and tetravalent vaccines.

Aviva Freudmann





## RURAL HEALTH CARE

# Medical blockages

**Rural residents in Malawi face serious obstacles when accessing medical care and medications. This could be due to misallocation of resources, or simply insufficient medicines, health workers and other resources to meet overwhelming demand.**

By Sumeya Issa

For the rural poor in Malawi, medicines and medical care are in short supply. A good example is found in Naisi, a rural area outside of the town of Zomba in southern Malawi. The Naisi region's villages are within the jurisdiction of the Traditional Authority of Malemia, which has a population of about 18,000. Its people are poor, mainly subsistence farmers.

The region is supposed to be served by the Naisi Health Centre, a rural clinic run by the government. The underfunded clinic relies on international aid for medications. Medicines and medical supplies are in fact being sent – but sometimes they do not reach the intended recipients. In some cases this is because of confusion and excessive burdens at local clinics.

“We often see vehicles loaded with items we believe to be the medicine and other essentials meant to aid our community, but when we need medication we are told it is unavailable,” says Chikondi Leveni (real name withheld), a farmer and domestic worker in the village of Mtewa.

“Conditions at the Naisi Health Centre are poor,” she adds. “It’s almost impossible to get a correct diagnosis, and it’s hard to



get medication even for something as common as malaria. I was once critically ill with malaria. After I waited nearly an hour at the centre, a health-care worker only gave me Paracetamol, which slightly reduces fever.



**In rural areas of Malawi, medicines and supplies often do not reach the intended recipients.**

I was told to buy more Paracetamol at the pharmacy, which I cannot afford.”

In Chisupuli, a village near Mtewa, Aisa Kazembe (real name withheld) had similar experiences. An elderly woman, Kazembe suffers from hypertension. “The health facility barely has medication available for conditions like mine,” she says. “The last time I went to the health centre my blood pressure was high and I needed urgent medical attention. However, the medical worker told me I might be overstating. I wasn’t given any diagnosis or medication. I had to go to a private clinic, which is costly. It was a horrible experience.” Her experience was not unique, she adds: “We are often left desperate and we don’t know whom to turn to. If nothing is done, the lives of many of us will be at risk.”

Asked to respond, a senior clinician at the Naisi Health Centre told a reporter to

first obtain a letter from the District Head Office (DHO) authorising the clinic to comment publicly. An official at the DHO produced a letter but refused to sign it, saying health workers are only allowed to speak with reporters who are recognised by the Ministry of Health.

However, a disease surveillance assistant in Naisi who requested anonymity says the health centre is burdened by incompetence and lack of accountability. He adds that the DHO and other government bodies

should supervise such clinics more closely to improve the service they deliver to patients. “The way local patients are treated by health workers at most local clinics is quite degrading and unhealthy,” he says. “The patients are vulnerable people in need of help, and they deserve better.”

Above all, he says, once medicines arrive in the region the authorities should make certain that they reach the intended beneficiaries. “If people aren’t getting their medications, then something is certainly not being handled right,” he says. “Such issues need to be dealt with urgently.”



**SUMEYA ISSA**  
is a freelance journalist in Malawi.

[sumieissa@gmail.com](mailto:sumieissa@gmail.com)



Pharmacist Elke Althöfer-Blautzik on an emergency mission to Mozambique in 2019.

PHARMACISTS IN DEVELOPMENT COOPERATION

## Essential experts

Doctors Without Borders are known around the world. A similarly named organisation of pharmacists is less prominent. Apotheker ohne Grenzen (AoG – Pharmacists Without Borders) contribute to work in disaster relief and development cooperation side by side with doctors, nurses and technicians.

By Christian Splett

The relevance of pharmacists is sometimes underestimated. Though their professional training does not enable them to diagnose diseases or set broken bones, pharmaceutical therapies are among the most important methods for treating patients. On top of providing reliable medications like antibiotics, painkillers or malaria pills in emergency situations, they also tell patients about proper usage. The tasks pharmacists perform include fighting counterfeit medicines,

providing further education for health professionals and advising other health professionals on treatments as well as optimising storage and procurement logistics.

Pharmacists work closely with doctors during missions and projects. Around the world, however, there are fewer pharmacists than doctors, and they are very unevenly distributed: in Germany there are 6.5 pharmacists for every 10,000 residents, in South Africa 2.7 and in the Democratic Republic of the Congo only 0.1. According to the World Health Organization (WHO), two-thirds of all countries have fewer than five pharmacists per 10,000 people. That means that health-care systems lack an essential component.

Aid organisations like Apotheker helfen (AH – Pharmacists help) and AoG are highly specialised. They can fully apply their pharmaceutical knowledge in targeted

support of medical projects and missions. AoG offers multi-day mission trainings for volunteer members before sending them on multi-week missions, depending on their specific expertise, international experience and language skills. The trainings instruct volunteers on the principles of humanitarian aid as well as on safety measures and the proper use of the Interagency Emergency Health Kit (IEHK). The IEHK is a standardised collection of medicines and medical supplies developed by aid organisations and the WHO. Each kit can serve 10,000 people for three months in times of crisis.

Non-governmental organisations like Doctors Without Borders, Bread for the World or the German Institute for Medical Mission also deploy pharmacists for certain tasks. For example, they have sent pharmacists to work at a hospital in Koyom, Chad, a central pharmacy in Monrovia, Liberia and a cancer treatment clinic in Moshi, Tanzania.

### DREAM JOB

“I read the job advertisement, which sounded like a synthesis of my life: Africa, French

and teaching,” says Monika Zimmer, who has served since 2018 as the volunteer project coordinator for the Ecole Polyvalente Carolus Magnus (EPCM) in Bujumbura, Burundi, on behalf of AoG. It is the country’s only school for pharmaceutical technical assistants (PTAs). She visited the facility twice. She learned French in school, travelled in West Africa and is a teacher at a vocational school in Germany.

“The main problem was that the laboratory had no chemicals,” Zimmer recalls. It was thus necessary to find new, reliable ways to procure supplies like iodine powder, capsule casings and disposable gloves. When imports from the DR Congo turned out to be fakes, Zimmer hosted a workshop on the subject for the graduating class at the Burundian school.

“All of the PTAs received a great education there and got jobs,” she says. Her general impression was positive, moreover, when she interviewed graduates in February 2020: Ange-Dorine liked working in wholesale, Gloria wanted to start her own pharmacy one day and Syntyche enjoyed instructing patients on the proper use of pharmaceuticals. Since there are only very few pharmacists in Burundi, skilled PTAs are very important.

### RESPONDING TO EVENTS ON-SITE

In neighbouring Tanzania, AoG supports the pharmacy at the Benedictine abbey, St. Bernard, in Hanga. Coordinator Martina Gerhardt first went there for a brief stay in 2008 when she was conducting research for a tropical institute in Tanzania. “Back then,”

she says, “it was a small health station, but today it has become a referral health centre with an operating theatre.” Gerhardt now arranges financial support for drug procurement and teaches the five-member pharmacy staff how to store drugs properly. Using so-called BIN cards, drugs are inventoried according to active ingredients, delivery form and dosage. That helps to calculate the need in upcoming months for treatments for malaria, diarrhoea or worm infestations. “We cannot introduce European standards,” the AoG volunteer says, “because fully digitised storage would not work at all when the electricity goes out so frequently.”

When Gerhardt isn’t on-site in Tanzania, she supports her colleagues from afar, relying on e-mail and video conferencing. She finds it important to visit the abbey twice a year or so. “When I am away, I mostly hear that everything is fine,” she reports. “But on-site we can discuss and solve problems together.”

In addition to development projects, AoG’s self-defined mission includes emergency relief. One example was Cyclone Idai, which caused severe flooding along the Mozambican coast near Beira in March 2019. “In emergency situations, we always ask first whether our help is needed and whether we can deliver it with our capacities,” says Andreas Portugal, who, based in Germany, coordinated a two-month mission consisting of four teams of two persons each.

“We had no prior contacts in Mozambique, but found a suitable local partner very fast,” he says. The aid organisation

Esmabama was already running a pharmacy in Estaquinha, and it managed to treat over 2,000 patients in the tent city of Ihanjoou. “During such emergency missions, the doctor only provides the diagnosis, and the pharmacist uses his or her knowledge to do everything else,” says Portugal. Responsibilities range from the selection and dosage of drugs to advising the patient on treatments. After the mission, the remaining drugs were handed over to Esmabama. Since local structures were in place there was no need to start a new longterm project.

Since the Covid-19 pandemic began, aid organisations like AoG have only been able to support projects remotely, by e-mail, video and teleconferencing. Coordinators say that longterm contact with local partners is helping them to keep projects on track. However, things are more challenging now. For instance, more soap, disinfectants and gloves are needed to prevent the spread of coronavirus. Depending on the quality of official information, the true extent of the pandemic in each country is difficult to assess from the outside. At this point, aid organisations like AoG have to cope with this additional uncertainty.



**CHRISTIAN SPLETT** is the deputy press officer of the **Deutscher Apothekerverband (German Association of Pharmacists)** and a volunteer

member of **Apotheker ohne Grenzen**. He is expressing his personal views in this essay. [c.splett@abda.de](mailto:c.splett@abda.de)

## International Network

Apotheker ohne Grenzen Deutschland e.V. (AoG) is part of the international network of “Pharmaciens sans Frontieres” (PSF) and was founded in the year 2000. The non-profit association now has over 2000 members, who are organised in 15 regional groups across Ger-

many. The head office in Munich coordinates all projects. It manages an annual budget of €1 million, which comes from membership fees, grants and donations. The largest single project by far is the operation of a pharmacy in Villa Zagala, a slum of Buenos Aires. AoG

is running other projects in several African countries, the Philippines, Nepal and Mexico. In Germany, AoG supports the pharmaceutical care of the homeless in Berlin, Frankfurt, Mainz and Hamburg.

AoG has one main worry for the future: „Soon missions will no longer be permitted without a quality certification from the World Health Organization (WHO). That is good for big aid

organisations, but it presents major bureaucratic challenges for smaller associations,” board member Andreas Portugal says. According to him, registration with the WHO as an Emergency Medical Team (EMT) is required for taking part in emergency relief. AoG must rise to the challenge. Portugal says that “emergency missions are just as much a part of what we do as development projects.” CS



## CRIME

## Profitable fakes

**A current study claims that the trade in counterfeit pharmaceuticals has a serious impact on health, the economy and even the environment. The fakes are attractive to criminal organisations because they generate high profits with little risk. Serious punishments might contribute to fighting the phenomenon.**

By Linda Engel

Counterfeit purses, watches or shoes annoy the manufacturers whose products are being copied, but they do not harm consumers. That is different when it comes to the trade in counterfeit drugs. Using them causes health risks. In the worst case, taking counterfeit medicines can be deadly. That warning is included in a recent study published by the Organisation for Economic Co-operation and Development (OECD) and the European Union Intellectual Property Office (EUIPO).

The report, launched in early 2020, closely examines the extent and scope of the problems caused by counterfeit medicines.

They did not get much attention to date. But what exactly are counterfeit medicines? The study relies on an established definition, according to which a medicine is counterfeit if false claims are made about composition or source. For instance, the contents or appropriate dosing may deviate from what is indicated on the label. In contrast to generics, fake pharmaceuticals do not necessarily work like the original. Generic drugs are legal and their active ingredients are identical to those of brand-name pharmaceuticals.

Every year, according to the authors, some 72,000 to 169,000 children die from pneumonia and over 100,000 people die from malaria because they were treated with counterfeit medicines. The patients typically have no idea of what is going on. They fail to spot the fakes.

The study points out other consequences as well. For example, improper disposal of chemicals causes environmental damage. Social impacts include fewer jobs in the pharmaceutical industry.

The authors list several factors that drive the trade in fake pharma. First of all,

the profits are huge. Pfizer, the US-based pharma giant, estimates, for example, that it is more expensive and less profitable to produce a kilogramme of heroin than the same volume of fake Viagra. Organised crime sees a lucrative market with strong growth potential. Pharmaceutical are currently the tenth most frequently counterfeited kind of good, according to the OECD/EUIPO report.

Another factor that makes fake pharma attractive is the growing online trade. The authors state that it offers criminals an easy way to sell fake drugs to intermediaries. It helps that counterfeited packaging is difficult for consumers to distinguish from the original.

The OECD/EUIPO study identifies India and China as the most significant countries of origin for counterfeit medicines, while Singapore and Hong Kong are considered the most important transit countries. From there, the medicines are usually shipped by post and typically in smaller packages to Africa, the USA or Europe. According to the study, the shipment of smaller volumes makes it more difficult for investigators to detect the packages.

The authors have calculated that, in 2016 alone, the international trade in counterfeit drugs generated revenues worth \$4.4 billion. It particularly hurts pharmaceutical corporations in the US and Europe, which are the largest manufacturers of pharmaceuticals. For the entire industry, however, the trade in counterfeit medicines still makes up a marginal share of less than one percent of imported pharmaceutical products.

International organisations like Interpol have tried to take targeted action against criminal operations. According to the OECD/EUIPO paper, it would make sense to punish counterfeiters more stringently. That might have a deterrent effect. In most countries, however, the trade in counterfeit medicines is punished much more lightly than the trade in illegal drugs.

### LINK

OECD/EUIPO, 2020: Trade in counterfeit pharmaceutical products.

<https://doi.org/10.1787/a7c7e054-en>



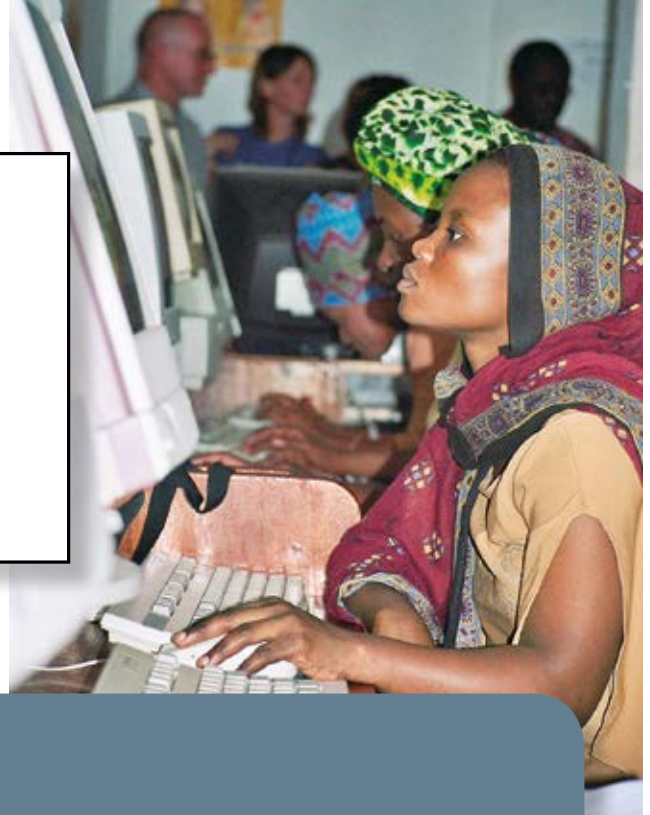
LINDA ENGEL  
is a freelance author.

[lindaengel@gmx.de](mailto:lindaengel@gmx.de)



Illegal and counterfeit medicines seized by German customs officers.

Please visit our  
**Website**  
**www.DandC.eu**



www.dandc.eu

**D+C** DEVELOPMENT  
AND COOPERATION

Sustainable development requires global awareness and local action.

About D+C Home Newsletter Subscribe to D+C Imprint Deutsch

BRIEFINGS TOPICS WORLD REGIONS SECTIONS CONTRIBUTORS ARCHIVE BLOG

Search

STREET BEGGARS  
**Changing hearts and minds**



**Current e-Paper**



20/05/2021 - by Hani Dembewe  
**Brief history of WTO flexibility regarding pharma**



20/05/2021 - by D+C  
**Your options for reading our content**

**Recent blog contributions**

- Criticism of Netanyahu is not necessarily anti-Semitic
- Why I find the debate on an IP waiver awkward

**Follow us**

