Q&A

Friday News, 12 March 2021

The presentations that were made during this Friday News can be viewed at this link.
The text below does not include the initial presentations, but only the subsequent questions and answers, some of which have been supplemented or clarified in relation to what was shared on 12 March.

ABOUT MEDECINS DU MONDE'S POSITION ON VACCINATION

Some people, who have worked with MdM in the past, have expressed doubts about vaccination. Is there real unanimity across MdM?
The head of "drug pricing" has said publicly that we have no real overview of the vaccine and that we are moving too fast, isn't there a problem here?

Florence Rigal, Board member and member of the Health Committee: At Médecins du Monde, not all decisions are taken unanimously. Discussions have taken place, particularly within the Health Committee. On vaccination, MdM's position, and that of the Board in particular, is that we are in favour of vaccination in general, as a tool for dealing with the COVID-19 crisis.
There may be individuals who do not agree with this position, but that is not MdM's position; the organisation's position is that we are in favour of vaccination.

ABOUT TREATMENTS AND VACCINES

Are any generic vaccines planned?

Juliana Vares, Coordinator of Advocacy on Drug Pricing: For the time being, no generic vaccines are currently on the horizon. However, it has been recognised that developing countries do have production capacity, including generic manufacturers who make biosimilar drugs. So, the important thing now is to remove the legal barriers to allow these operators to begin production in developing countries. The operators exist, but they are asking for these legal barriers to be removed so that they can reproduce vaccines.

How long do you estimate it will take for patents to be effectively lifted?

There is a lot of discussion about whether patents will be successfully lifted at the level of the WTO (World Trade Organization). Nothing is sure. But it has given rise to a certain amount of pressure, which may allow us to, for example, accelerate partnerships between manufacturers to, in turn, accelerate production.
COVID has given us the opportunity to push harder for the structural reforms we have been calling for to change the model of the pharmaceutical industry.

Are there any doubts over the safety of the vaccines?

Sophie Laurence, Head of the Quality of Practices Unit: It is difficult to say. There is no such thing as zero risk, but vaccines are continuously monitored. Within MdM, we follow the various national and international recommendations and authorisations from bodies such as the WHO and European and French drug agencies and also monitor various publications of conclusive research results. We communicate a summary of these developments to the whole organisation on a monthly basis through our epidemiological bulletins.
In addition, the vaccines being used, which are currently in phase 3, are being continuously monitored for side effects. Any side effects are reported and investigated, and the results are published. A particular focus for MdM will be to ensure that the populations we work with and who will be vaccinated, are well informed and monitored on these aspects as well.

Have the research phases of all the "privatised" patents been government-funded?
JV: Yes, the basic research for the majority of vaccines currently on the market has largely been funded by governments, especially the United States. The pre-purchases of vaccines should also be mentioned. For example, the European Union pre-purchased vaccines and invested in the development of these vaccines. Industrial facilities are also largely funded by governments. So, a lot of public money has been invested, and that is why we are calling for these investments to be transparent, so that governments are in a strong position in relation to the pharmaceutical industry.

How does this relate to access to medicines in general? What about the shortage of medicines and treatments?
The issue of the COVID-19 vaccine has been very revealing of the lack of an industrial policy that truly serves public health. This is why it is so important for the state to coordinate industrial policy, so that it can serve public health needs. This is an issue that goes beyond France. It is a starting point for bringing everyone in the health democracy together, to think about the industrial policy we want, one which serves our public health system, rather than the other way round.

What is our position regarding requests to support State vaccination campaigns that do not use WHO-approved vaccines (e.g., Chinese or Russian vaccines)?

SL: It should be recalled that at MdM, we cannot analyse every vaccine put on the market, we do not have access to all the information, nor the resources to do so. And it is not our role. However, if we are to be directly involved in vaccinating populations, we will have to decide on a case-by-case basis, and on the basis of the information available to us, whether or not we will be involved in these campaigns.

China has refused to hand over all its scientific data to the WHO following their investigation. Do we have a position on this issue?
Again, we do not have all the information necessary to undertake a comprehensive analysis and it is not necessarily relevant for our organisation to take a position on this subject. Our real challenge is to target our messages to the issues that we are monitoring and in which we are directly involved.

ABOUT OUR ADVOCACY

Are we undertaking specific advocacy work around the most vulnerable populations?
Are we advocating for access to vaccination for homeless people?

FR: The aim is not necessarily to change our approaches on intervention. Our advocacy is first and foremost about accessibility: having a vaccine that is available to all. Advocacy is carried out to ensure that health strategies and policies take into account the most vulnerable people, including the homeless population. So, our strategy is, once again, based on "outreach", as mentioned in the initial presentation.

We also advocate that transparent information should be shared with these groups on vaccine conditions and possible short- and long-term side-effects, which requires fair, enlightened and enlightening information that is adapted to the audience.
These two elements, accessibility and information, are about ensuring people have freedom of choice, because we know that there can sometimes be a temptation to steer decision-making, particularly in these fragile groups. This is something that must be regularly emphasised, and it requires quality information.
Operationally, therefore, and depending on the field, we may work with others around promoting vaccination and access methods, without necessarily being directly involved in vaccination itself. We are vigilant about the information that is given and the conditions under which the vaccination is carried out.

Have we advocated in France for the use of the *ex-officio* licence? Do other countries that do not currently have access to vaccines have equivalent legal tools that can be used?

We have been advocating for *ex officio* licensing since the work done around access to Sofosbuvir. We used the *ex officio* licensing argument to address issues of excessive costs for access to hepatitis C treatments. Here, the question arises of using *ex officio* licensing to ensure sufficient quantities of COVID vaccines and technologies. It is one of the tools that exist in intellectual property law to overcome barriers to access to treatments in the event of a monopoly.
There is also the procedure to oppose patents, which NGOs in developing countries initially used in the fight against HIV, and which Médecins du Monde itself used in its advocacy work on Sofosbuvir and Kymriah. We use this to ensure States have solid arguments to negotiate more accessible prices.

Parallel imports, i.e., importing from countries that offer treatments at a lower price, are also a possibility. And, upstream of research and development, "responsible" licenses, resulting from university research and aimed at manufacturers could be used to impose more restrictive obligations on them with regard to access. We could think of a system where the research developed would be passed on to industry in a more equitable way, notably through non-exclusive licences.
So, there are several possible tools around the world, experiments and discussions that we are monitoring, to be able to strengthen our advocacy.

Will headquarters send us tools and communication documents to implement this signed petition campaign in the regions (as was done for the campaign on hepatitis C drugs)?

Yes, information was sent following the Friday News, in an email from Juliana Veras dated Monday 15 March.

ABOUT ACCESS TO VACCINATION FOR TEAMS

Can we have certificates for our non-medical volunteers working in the field so that they can register on vaccination platforms?

Volunteers who carry out activities in direct contact with the public have the same access to vaccination as our medical volunteers, as part of the national vaccination strategy. Queries should be addressed to regional coordinators, who will provide the necessary information to the ARS, or will provide a volunteer certificate.
Access to vaccination depends on the type of volunteer work being carried out in the field: volunteers who do not have contact with the public have access to vaccination in the same way as the general population.