TECHNOLOGY TRANSFER AS A U.S. FOREIGN POLICY PRIORITY

SUPPORTING DIVERSIFIED GLOBAL SOUTH LOCAL MANUFACTURING TO IMPROVE SUSTAINABLE, EQUITABLE SUPPLY OF LIFESAVING MEDICAL TOOLS

During the pandemic, low- and middle-income countries (LMICs) seeking access to COVID-19 vaccines were forced to rely on the goodwill of big pharmaceutical companies and high-income countries that had bought up much of the initial global supply of doses. The consequences of this were extreme inequalities in access, unreliable and belated supplies for LMICs; an estimated 1.3 million deaths could have been averted had doses been shared equitably in the first year of the pandemic.

The pandemic exposed the shortcomings of a largely monopolized international model for access to medicines, which undermines goals of equity as well as resilience to pandemics and diseases. Out of the pandemic, however, there has been a renewed effort—led by LMICs and the World Health Organization (WHO)—to adopt the best countermeasures available; these include diversifying local production to improve sustainable access to these technologies, which can rapidly and safely upscale manufacturing and capabilities.

WHO has been supporting LMICs interested in strengthening local production capacity with two technology transfer initiatives: the mRNA Vaccine Technology Transfer Programme (the Programme) and the COVID-19 Technology Access Pool (C-TAP). Technology transfer has also been identified as a necessary element for achieving the African Union’s vision of ensuring that 60 percent of vaccines needed in Africa are produced locally by 2040.

The U.S. has taken some steps to support these technology transfer efforts, but more can and must be done to ensure all countries are equipped with the tools they need to protect people’s lives and livelihoods against pandemic threats.

ABOUT THE TECHNOLOGY TRANSFER PROGRAMME

The Programme was launched in June 2021, with the objective of building capacity in LMICs to produce mRNA vaccines; it was supported by WHO, the Medicines Patent Pool, and the ACT-Accelerator/COVAX. It intends to support local manufacturers to make vaccines that target indigenous health threats and potential outbreaks, creating regional sources of affordable supply—so that LMICs are not once again waiting at the back of the line for scarce supplies. Already, the Programme partners are discussing “key applications of mRNA technologies relevant to LMICs in other disease areas such as HIV and tuberculosis.”

The central hub is based in South Africa; manufacturing partners have been selected in 15 LMICs to date, including Brazil, Indonesia, and Viet Nam. The Programme has already successfully produced COVID-19 vaccines at lab scale, and is conducting trainings for partners.

LMICs are participating not only through hosting the Programme’s Hub and manufacturing partners, but also with financial investments, such as those provided by the African Union, the South African Government and the South African Medical Research Council. The U.S. Government has provided technical support through trainings for Programme-affiliated scientists at its Center for Innovation in Advanced Development and Manufacturing in Texas, as well as with guidance and expertise provided by U.S. National Institutes of Health (NIH)-affiliated scientists.

The U.S. Health and Human Services Assistant Secretary for Global Affairs characterized the initiative as an opportunity to “[do] business differently to build back better worldwide.”

ABOUT THE COVID-19 TECHNOLOGY ACCESS POOL (C-TAP)

In May 2020, WHO and Costa Rica launched C-TAP following a proposal from the president of Costa Rica in March 2020, endorsed by 65 WHO Member States [many of which are LMICs]. C-TAP serves as a “global platform for the developers of
COVID-19 therapeutics, diagnostics, vaccines and other health products to share their intellectual property, knowledge, and data with quality-assured manufacturers through public health-driven, transparent, voluntary, non-exclusive and transparent licenses. It also provides support for technology transfer agreements.”

The first license to C-TAP was issued by the Spanish National Research Council in 2021. In May 2022, the U.S. NIH licensed several technologies to C-TAP. The NIH described the move as “an important step toward facilitating wider availability of lifesaving interventions around the world.”

U.S. OPPORTUNITIES TO IMPROVE GLOBAL HEALTH LEADERSHIP WITH INCREASED SUPPORT FOR TECHNOLOGY TRANSFER

The U.S. Government’s statements of support, licenses to C-TAP, and technical support to the Programme are welcome moves; however, the U.S. has yet to contribute funding to ensure these projects’ long-term sustainability, or to offer assurance of far greater access to U.S. publicly funded technologies. As a champion for global health, the U.S. has made important contributions, including more than $120 billion in global health spending in the past decade.

Additional efforts to support technology transfer initiatives would bolster U.S. leadership and serve as investments that deliver long-term, sustainable results to improve global health. This could have a transformational impact in addressing inequalities within and between countries, and save lives—particularly when considering the potential applicability of technologies like mRNA for other diseases such as HIV, malaria, and TB.

Doing so also aligns with the U.S. National Biodefense Strategy and Implementation Plan objectives of catalyzing international vaccine manufacturing capabilities and supporting distributed manufacturing.

The U.S. should expand support for technology transfer to improve access to COVID-19 medical tools.

The U.S. should:

1. **Contribute all COVID-19 technology, data and know-how funded by the U.S. Government to global technology-sharing initiatives, including any candidates produced by Project NextGen.** The U.S. should also use all policy and legal tools available to urge pharma corporations to contribute to technology-sharing initiatives—especially those **primarily targeted to LMICs and not high-income countries** from which the majority of new medicines revenues are derived (particularly when products have benefitted from public funding).

2. **Grant the Programme initiative’s request for $100 million in funding support** to ensure the long-term success of the Programme’s work and that of their partners. In March 2023, nearly 20 U.S.-based groups (including Oxfam America) **wrote to President Biden** calling on the U.S. to grant this funding request.

3. **Set and enforce expectations for recipients of public funding through Project NextGen and other U.S. funding initiatives to engage affirmatively in technology transfer for medical technologies developed with public funding.**

**WHY IT MATTERS FOR INEQUALITY**

The pandemic demonstrated the deadly consequences of LMICs’ dependence on high-income country governments and Big Pharma monopolies, which controlled much of the technology and where production took place. Correcting this requires LMICs to have access to independent, sustainable supplies of key medical tools.

While it will also require additional investments and support from LMICs and the international community, strengthening local innovation and manufacturing capacity can help ensure access to suitable, sustainable, and affordable medical products. Particularly when combined with other efforts to ensure resilient health systems and reduce social inequalities and barriers to access, this could reduce inequality within and between countries in the future.

**FIGHTING INEQUALITY TO BUILD A BETTER WORLD**

Oxfam believes that poverty is a policy choice, and that the ultrawealthy and giant corporations have hijacked our systems to benefit a select few. We are working to redress the balance of power, putting it back in the hands of working families in the US and around the world.