Treatment of the Novel COVID-19: Why Costa Rica’s Proposal for the Creation of a Global Pooling Mechanism Deserves Serious Consideration?

Muhammad Zaheer Abbas, PhD*

*m.zaheer@iiu.edu.pk. The author is a Lecturer in Law at International Islamic University Islamabad, Pakistan. He has recently completed PhD in Law at Queensland University of Technology, Australia, and would like to acknowledge his PhD supervisors Professor Matthew Rimmer and Professor Richard Johnstone. The author would also like to acknowledge with great appreciation his wife Dr. Shamreeza Riaz for her unconditional support and kind cooperation.

ABSTRACT
The COVID-19 is causing not only deaths and fear but also economic and social harm across the globe. Lockdowns, travel restrictions, quarantines, social distancing, and other strict public-health measures are playing their part in delaying the spread of infection, but a safe and potent vaccine, effective therapeutics, point-of-care diagnostics, and other health products are desperately needed because it may not be practically possible for governments to extend these measures for an indefinite period of time. On March 23, Costa Rica submitted a proposal to the Director-General of the World Health Organization for the creation of a global pooling mechanism in order to facilitate access to and use of intellectual property, trade-secret know how, regulatory data, cell lines, product blueprints, and other proprietary data for technologies that are useful for the detection, prevention, control and treatment of the COVID-19 pandemic. This study critically evaluates Costa Rica’s proposal and endeavours to briefly answer the following questions: Why Costa Rica’s proposal deserves serious consideration? To what extent this proposal addresses some of the key concerns related to the COVID-19? To what extent this proposal is practically feasible?

KEYWORDS: COVID-19, Corona vaccine, Costa Rica’s proposal, patent pool, WHO

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The novel Coronavirus infection is sweeping across the globe at a threatening pace and causing deaths every day in most parts of the world.¹ With millions of lives literally hanging in the balance because of a disease for which there is neither a vaccine nor an effective medical treatment, governments all over the world are taking utmost measures to forestall the deaths being caused by the COVID-19. Due to high transmission rates, the spread of the Coronavirus is hard to combat.² Lockdowns, travel restrictions, quarantines, social distancing, and other strict public-health measures are playing their part in delaying the spread of infection, but it may not be practically possible for governments, especially for resource-constrained governments in low-income countries, to extend these measures for an indefinite period of time. Governments and the global population are desperate for a safe and potent vaccine, effective therapeutics, point-of-care diagnostics, and other health products to combat this unprecedented disease. Given the global nature of this health crisis, the delay in the advancement of vaccines and needed medical technologies may have serious economic, social, psychological, political, and legal implications.

In this context, on March 23, 2020, the Costa Rican President Carlos Andres Alvarado and the Health Minister Daniel Salas Peraza submitted a proposal to Dr. Tedros Adhanom Ghebreyesus, the Director-General of the World Health Organization (WHO), for the creation of a global pooling mechanism in order to facilitate access to and use of intellectual property for technologies that are useful for the detection, prevention, control and treatment of the COVID-19 pandemic.³ Costa Rica proposes that the suggested repository or pool “should include existing and future rights in patented inventions and designs, as well as rights in regulatory test data, know-how, cell lines, copyrights and blue prints for manufacturing diagnostic tests, devices, drugs, or vaccines”.⁴ It further proposes that the global intellectual property pooling mechanism “should provide free access or licensing on reasonable and affordable terms, in every member country”.⁵ Costa Rica urges the WHO to “develop an initial concise memorandum of understanding on the intent to share rights in technologies funded by the public sector and other relevant actors, and reach out to WHO member states, non-profit institutions, industry and others, to sign such an MoU”.⁶

COSTÁ RICA’S PROPOSAL DESERVES SERIOUS CONSIDERATION

¹ The Lancet, COVID-19: Too Little, Too Late?, 395 (10226) LANCET, 755 (2020).
² Shibo Jiang, Don’t Rush to Deploy COVID-19 Vaccines and Drugs, 579 NATURE, 321 (2020).
³ Costa Rica Open Letter to World Health Organization, March 2020. On file with the author. The text of the letter can be accessed online: https://www.keionline.org/wp-content/uploads/President-MoH-Costa-Rica-Dr-Tedros-WHO24March2020.pdf.
⁴ Id.
⁵ Id.
⁶ Id.
The right to health as a human right was recognized in 1945 in the Charter of the United Nations. In 1948, “the right to a standard of living adequate for the health and well-being” was recognized by the United Nations’ Universal Declaration of Human Rights (UDHR). In 1966, the International Covenant on Economic, Social and Cultural Rights (ICESCR) reaffirmed the right to health as a human right. Access to medicines and health technologies is a component of the right to health. According to Human Rights Council’s Resolution, adopted in June 2011, “access to medicine is one of the fundamental elements in achieving progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”.

In 1995, the World Trade Organization (WTO) linked intellectual property protection with the trade because signing Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement is a prerequisite condition to become a member of the WTO. Prior to TRIPS, pharmaceuticals were excluded from patent protection in domestic laws of about fifty countries. TRIPS Agreement provided mandatory patent protection to inventions in all fields of technology, including pharmaceuticals, for a period of twenty-years. The exclusive rights granted under patent law have direct implications for access to affordable medicines, especially for underprivileged patients in resource-constrained countries.

The outbreak of HIV/AIDS pandemic in the late 1990s and the problems of access to life-saving medicines in developing and least-developed countries resulted in drawing global attention to conflicts between patent rights and right to health as a basic human right. The current COVID-19 has once again highlighted the inconvenient relationship between right to health and patent law. Because of its ‘winner-take-all’ rationale, patent law presents formidable barriers to urgent development of needed health technologies by disincentivizing the timely disclosure of useful research results. Patent law discourages the sharing of unpatentable insights that

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7 The Charter of the United Nations, 1945, articles 55-56. This was signed on 26 June 1945, in San Francisco, at the conclusion of the United Nations Conference on International Organization and came into force on 24 October 1945. The Statute of the International Court of Justice is an integral part of the Charter.

8 Universal Declaration of Human Rights (UDHR), 1948, articles 25(1), 27.

9 International Covenant on Economic, Social and Cultural Rights (ICESCR), opened for signature 16 December 1966, C.N.781.2001, (entered into force 3 January 1976), articles 12.15.

10 Human Rights Council, Access to Medicines in the Context of the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, A/ HRC/23/L.10/Rev.1. (2013) para. 5-10.

11 Human Rights Council, Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development: The right of everyone to the enjoyment of the highest attainable standard of physical and mental health, UN General Assembly 2 (2011).

12 Germany excluded pharmaceuticals from patent protection until 1968, Switzerland until 1977, Italy until 1978, Norway, Portugal and Spain until 1992, Finland until 1995. See F M Scherer and Jayashree Watal, Post-Trips Options for Access to Patented Medicines in Developing Countries, Commission on Macroeconomics and Health, (2001) 4, doi: http://www.icrier.org/pdf/jayawatal%20.pdf.

13 TRIPS Agreement, Articles 27(1) and 33.

14 WOLFGANG HEIN, AND SUERIE MOON, INFORMAL NORMS IN GLOBAL GOVERNANCE: HUMAN RIGHTS, INTELLECTUAL PROPERTY RULES AND ACCESS TO MEDICINES (2016) 45.
may potentially lead to patentable treatments with further work.\textsuperscript{15} Moreover, the exclusive rights granted to patent owners negatively impact the affordable and universal supply of innovative health technologies by allowing supra-competitive pricing and by imposing restrictions on massive-scale manufacturing across the globe.

In this context, there are two key concerns in relation to control and treatment of the COVID-19 pandemic: (1) the urgent development of needed health technologies; and (2) the equitable and affordable access to potential health technologies. As noted by Professor Brook K. Baker, “we need to ensure that the medical technologies will be developed and tested urgently, efficiently, and ethically with maximum degrees of universal and equitable access thereafter to all people in all countries”.\textsuperscript{16} Costa Rica’s proposal for a global intellectual property pooling mechanism deserves serious consideration because it addresses both of these key concerns.

The COVID-19 pooling mechanism has the potential to accelerate scientific discovery by acting as an intermediary or a clearinghouse that will obtain inbound licenses on the broadest possible range of medically relevant intellectual property rights and data from willing right holders across the globe and then sublicense those rights, on royalty-free basis or on equitable terms, to interested and qualified developers, producers or manufacturers of priority health technologies related to the COVID-19.\textsuperscript{17} The transaction costs, bureaucratic processes, and risks will be substantially reduced if the patents and the other rights owned by different owners are combined in a pooling mechanism, which serves as a one-stop-shop for all parties involved. The accelerated access to research outcomes, intellectual property, and shared data will accelerate response to the pandemic by facilitating collaborative follow-on innovation of priority health technologies.

The COVID-19 pooling mechanism has the potential to facilitate equitable and affordable access to priority health technologies in these desperate times. To deal with the global pandemic, governments need abundant sources of supply of health technologies. Supplies from a single producer or a small number of producers will not suffice to cope with the challenge of universal access to needed health technologies. The pooling mechanism has the potential to mobilize the maximum available manufacturing or production capacity and to improve affordable and universal supplies by enabling the interested and qualified developers, producers

\textsuperscript{15} Johnson EE, Bailey TC, Urgent Legal Lessons from a Very Fast Problem: COVID-19, Stanford Law Review Online (Mar 26, 2020).
\textsuperscript{16} Brook Baker, Rationale For Supporting Costa Rica’s Proposal For Emergency Covid-19 Technology Ip Pool For All Countries, INFOJUSTICE, March 25, 2020, http://infojustice.org/archives/42137 (accessed, April 16, 2020).
\textsuperscript{17} Id.
or manufacturers of priority health technologies to license rights in a non-exclusive manner on royalty-free basis or on equitable terms.

Shared needs require shared resources and shared responsibility. It is impossible for just one government, one organization, or one institution to tackle this unprecedented global health crisis alone. As rightly noted by Baroness Sheehan, Liberal Democrat Spokesperson for International Development in the House of Lords, “A global health crisis needs a global response – that much is clear. Instead of countries competing for supplies and working in silos for a solution, wouldn’t it be better if we were to pool the global effort to defeat Covid-19? There is no time to waste, we must take urgent action”.

The entire scientific community of biomedical researchers needs to work collaboratively to find and make available vaccines and treatments. The COVID-19 pooling mechanism would be a powerful demonstration of global solidarity and shared responsibility. Several universities, start-ups, and major biopharmaceutical companies are making their best efforts to develop a safe and potent vaccine, to repurpose existing medicines, and to discover and develop new therapeutics, and diagnostic tests. Their efforts need to be better coordinated in order to avoid duplication of effort. The pooling mechanism will provide a tool to everyone in the world to share every success and every advance related to COVID-19 to speed-up the research aimed at achieving the best results for the benefit of all.

Costa Rica rightly urged the WHO to “develop an initial concise memorandum of understanding on the intent to share rights in technologies funded by the public sector and other relevant actors”. Learning from past experiences, this proposal should be strongly supported. The pharmaceutical industry is one of the most profitable industries, expected to be worth US$1.4 trillion by the end of year 2020. The exclusive rights resulting from patent protection allow pharmaceutical companies to maximize their profits by setting astronomical prices for patented technologies, irrespective of whether or not the early research was publicly funded. The trillion-dollar biopharmaceutical industry has a tendency to evade its social responsibility, even in global health crisis, in absence of appropriate interventions. Beginning in the 1980s, the development of antiretroviral drugs involved massive government funding and public investments.

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18 James Cole, *UK parliamentarians call for COVID-19 vaccine and other health technologies to be open to all*, STOPAIDS (April 12, 2020) https://stopaids.org.uk/2020/04/12/uk-parliamentarians-call-for-covid-19-vaccine-to-be-open-to-all/ (accessed, April 16, 2020).
19 Baker, supra note 16.
20 Costa Rica, supra note 3.
21 Ellen ‘t Hoen, *Coronavirus: The Latest Problem Big Pharma Won’t Solve*, BARRONS, February 7, 2020. https://www.barrons.com/articles/coronavirus-the-latest-problem-big-pharma-wont-solve-51581078600 (accessed, April 16, 2020).
22 Id.
20,000 per patient per year set by pharmaceutical companies, in exercise of their market exclusivity, left millions of HIV/AIDS patients in the developing world deprived of the available remedy.\textsuperscript{23} As a result of extensive global campaigning and international action, generic manufacturers were allowed to make generic versions available at a price as low as $75 per patient per year.\textsuperscript{24}

In the current global health crisis, once again governments and charities are funding much of the early research related to the COVID-19.\textsuperscript{25} This is definitely the time for solidarity, not exclusivity and pharmaceutical companies should be expected to prioritise the provision of needed health technologies around the world over potential financial gains from potential COVID-19 treatments resulting from publicly funded early research. Nevertheless, learning from the past experience in the case of antiretroviral drugs, governments and the WHO need to take pre-emptive measures in order to avoid an odd situation where a vast majority of global population is left out in the cold because of excessive pricing and insufficient sources of supply of innovative health technologies related to COVID-19. The WHO should create a database of R&D activity related to COVID-19, including estimates of the costs of clinical trials, and the subsidies provided by governments and charities. The government and charitable funding agreements with universities, start-ups, medical device companies, and biopharmaceutical companies should clearly mandate open collaboration, open-source publication, and full data sharing so that the public may benefit from the fruits of publicly funded research. Cost Rica’s proposal deserves serious consideration because the creation, adoption, and implementation of open-access policies for publicly funded research would help in minimizing financial pressures on healthcare systems worldwide. It would benefit researchers, the general public, and governments, especially in countries with limited financial resources and weak health systems.

The political and moral support for Costa Rica’s proposal is increasing with every passing day. The WHO promptly stated its support for Costa Rica’s proposal. The WHO Director-General posted on his Twitter account: “I welcome [the] initiative and call for pooled rights to COVID-19 diagnostics, drugs and vaccines. WHO is working closely with governments and agencies around the world to promote rapid R&D. These efforts are rooted in our commitment to equitable access for all”.\textsuperscript{26} On April 12, a letter signed by 130 UK

\textsuperscript{23} Id.
\textsuperscript{24} Id.
\textsuperscript{25} Baker, supra note 16.
\textsuperscript{26} Elaine Ruth Fletcher, \textit{WHO Director General ‘ Welcomes’ Costa Rica Call For Pooled Rights To COVID-19 Treatments; G-20 Pledges Broad Support To Emergency Response}, Health Policy Watch (March 26, 2020) https://healthpolicy-watch.org/who-director-general-welcomes-costa-rica-presidents-call-for-pooled-rights-to-covid-19-treatments/ (accessed May 20, 2020).
parliamentarians supported Costa Rica’s proposal. Dr Philippa Whitford, member of UK parliament, noted that:

“The UK government should follow the lead of Costa Rica in supporting a global sharing or open access mechanism so that any patent rights are held by the World Health Organization. While this is a humanitarian approach, it also makes sense from a public health perspective. We have seen the speed with which COVID-19 has spread across the world, so failure to control or eliminate it in developing countries would just see the virus returning to cause further epidemics in the future. A vaccine will only be globally effective if it’s affordable, accessible and available for everyone who needs it”.

On April 3, 2020, an open letter endorsed by 500+ civil society organizations and individuals from 199 countries was sent to Francis Gurry, Director-General, World Intellectual Property Organization. This letter specifically supported “the call by Costa Rica for the World Health Organization to create a global pool of rights in COVID-19 related technology and data”. Costa Rica’s proposal, therefore, enjoys global support. Now is the time for the WHO to act and take practical measures for implementation of this proposal because equitable access to existing and new COVID-19 related health technologies is a matter of life and death for millions of patients across the globe.

PRACTICAL IMPLEMENTATION OF COSTA RICA’S PROPOSAL

Though its implementation will require substantial work, Costa Rica’s proposal for the pooling mechanism is neither novel nor impractical. Patent pools have been around for a century in various industries like oil refinement, aircraft, and semiconductors. Patent pools, in general, can be described as “private arrangements that enable participants to operate under one another’s patent rights, to manage and administer the pooled rights on a centralized basis, and often to grant licenses of the pooled patents to third parties, with the proceeds split among the pool members according to an agreed formula”. Patent pools necessarily include a variety of patents held by different owners. Patent pools facilitate collective management of patent rights. The proposed COVID-19 pool is different from traditional patent pools as it is a broader access pool which collects multiple IP and data rights so as to allow broad licensing and access to competitively priced medical products.

27 Cole, supra note 18.
28 Id.
29 PIJP, 500+ Civil Society Groups and Individuals Endorse Letter TO WIPO: IP Should Not Hinder Efforts To Fight COVID-19 & Its Consequences, INFOJUSTICE, April 5, 2020, http://infojustice.org/archives/42225 (accessed, April 16, 2020).
30 Jorge Contreras, Patents and Coronavirus – A Role For Patent Pools?, INFOJUSTICE, April 13, 2020. http://infojustice.org/archives/42242 (accessed, April 16, 2020).
31 Id.
Though patent pooling structures were actively discussed in the past in response to disease outbreaks such as the SARS outbreak of 2002-03, the H5N1 influenza outbreak of 2005, and the H1N1 influenza pandemic of 2009, Costa Rica’s proposal seems to be inspired by the already existing Medicines Patent Pool (MPP). The MPP was established in 2010 and it proved to be an effective mechanism in terms of improving access to needed drugs through voluntary licensing arrangements. Several drug manufacturing corporations signed licensing agreements with the MPP. The MPP has signed agreements with ViiV Healthcare, Gilead Sciences, F. Hoffmann-La Roche, Bristol-Myers Squibb, AbbVie, MSD and the NIH for transferring their patents to the pool. Ellen ’t Hoen argues that by participating in the MPP to improve global access to medicines, pharmaceutical companies can expect a reputational boost and a significant improvement in their overall public image.

The MPP primarily aimed at aggregating patents, clinical trials data and other IP relating initially to HIV antiretroviral medication and making them available at low or no cost to manufacturers that commit to produce and sell drugs to users in low- and middle-income countries. In 2015, the MPP expanded its mandate to include hepatitis C and tuberculosis treatments. In 2018, the MPP further expanded its mandate to include priority medicines on the WHO Essential Medicines List. On April 3, 2020, the MPP announced to include medicines and diagnostics for the COVID-19 in their licensing pool. This expansion in the MPP’s mandate in response to access efforts for COVID-19 treatments and technologies is, however, temporary.

32 Commons Network Team, Costa Rica Is Right: We Need a Global Coronavirus Knowledge Pool, COMMON NETWORK, March 26, 2020, https://www.commonsnetwork.org/news/costa-rica-is-right-we-need-a-global-coronavirus-knowledge-pool/ (accessed, April 16, 2020).
33 GSK, GSK Expands Approach To Patents To Widen Access To Medicines, GSK, (March 31, 2016) https://fi.gsk.com/fi-fi/medials/fi Giankkohtaisa/2016/gsk-expands-approach-to-ip-to-widen-access-to-medicines/ (accessed, April 16, 2020).
34 See Asher Mullard, What New GSK Patent Policy Means for the Developing World, NATURE, April 5, 2016, https://www.nature.com/news/what-new-gsk-patent-policy-means-for-the-developing-world-1.19695 (accessed, April 16, 2020).
35 Nareendran Thiruthy, R&D Crisis in Drug Discovery for Neglected Diseases: Scope for an Open Source Approach to Pharmaceutical Research, 11(8) J. Intell. Prop. L 607 (2016).
36 Ellen ’t Hoen, Private Patents and Public Health: Changing Intellectual Property Rules for Access To Medicines, Health Action International, 31 (2016). See more Jorge Bermudez and Ellen ’t Hoen, The UNITAID Patent Pool Initiative: Bringing Patents Together for the Common Good, 4 The Open AIDS Journal 39 (2010). Contreras, supra note 30.
37 Katherine Moore, The Medicines Patent Pool Expands Mandate to Hepatitis C Tuberculosis Treatment, MEDICINES PATENT POOL (November 6, 2015), https://medicinespatentpool.org/mpp-media-post/the-medicines-patent-pool-expands-mandate-to-hepatitis-c-and-tuberculosis-treatment/ (accessed, May 20, 2020).
38 Id.
39 World Health Organization, WHO Director-General’s Opening Remarks at the Media Briefing on COVID-19, WORLD HEALTH ORGANIZATION, 6 April 2020, https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---6-april-2020 (accessed, April 16, 2020).
40 Gelise Mccullough and Martin Harvey Allchurch, The Medicines Patent Pool and UNITAID Respond To Access Efforts for COVID-19 Treatments And Technologies, MEDICINES PATENT POOL, April 3, 2020.
Kieny, Chair of the MPP Governance Board, said, “In these difficult times, the MPP Board recognizes the important role that MPP can play to increase access to life-saving products for those who need them most. And importantly, with time of the essence, to ensure that we make use of the expertise and mechanisms that already exist.”

Costa Rica’s proposal is different from the already existing MPP because of its global approach. Though MPP’s temporarily expanded mandate on COVID-19 would not be limited to low- and middle-income countries, but would include global access, MPP’s originally intended beneficiaries are primarily the most vulnerable populations in low- and middle-income countries. More importantly, Costa Rica’s proposal is different because of its ambition to encompass not only patents, regulatory test data, and manufacturing know-how, but also designs, “cell lines, copyrights and blue prints for manufacturing diagnostic tests, devices, drugs, or vaccines”. Nonetheless, this proposal is very much practically feasible. Costa Rica rightly proposed that the WHO should coordinate the formation of the global pooling mechanism because the WHO has the requisite knowledge, experience, and expertise to co-ordinate the global response to the COVID-19. On April 6, 2020, WHO Director-General Tedros Adhanom Ghebreyesus endorsed Costa Rica’s proposal of creating a voluntary pool to collect patent rights, regulatory test data, and other information that should be shared for developing Corona vaccines and diagnostics.

The WHO actively drafted and solicited support for a Call to Action which was launched before the Seventy-Third World Health Assembly on May 18. The World Health Assembly approved a resolution to combat the COVID-19 pandemic. One of the resolution’s core provisions is related to the proposed voluntary COVID-19 patent pool. Many additional steps are still needed to implement the proposal. In addition to the WHO, the World Trade Organization (WTO) and the World Intellectual Property Organization (WIPO) can be considered as the primary stakeholders. The WHO should coordinate with the WTO and WIPO so that the primary stakeholders can collectively take all necessary measures to practically implement Costa Rica’s proposal.

The survival of several billion vulnerable people, especially in the pandemic situation, depends upon efficient leadership role and ability of the WHO to advance its mandate to promote global health. The WHO’s
constitutional mandate includes building global health programmes, creating information resources, setting standards, capacity-building, advocacy and administration.\(^{46}\) The WHO’s role, articulated in its constitution, includes leading and coordinating international health work among relevant actors and promoting co-operation among scientific and professional groups.\(^{47}\) It is clear that the WHO not only has the legal capacity to implement Costa Rica’s proposal but also holds a pivotal role in practical implementation of the proposed pooling mechanism because of constitutional mandate to coordinate efforts in global health.

On May 18, 2020, the World Health Assembly reaffirmed the WHO’s constitutional mandate to act as “the directing and coordinating authority on international health work, and recognizing its key leadership role within the broader United Nations response and the importance of strengthened multilateral cooperation in addressing the COVID-19 pandemic”.\(^{48}\) There is, however, a gap between WHO’s mandate and capabilities which negatively impact the organization’s leadership role in global health. The WHO has limited internal legal and technical capabilities especially in its regional offices.\(^{49}\) WHO’s inefficient response to the Ebola outbreak in 2014 highlighted its limited capabilities.\(^{50}\) The COVID-19 pandemic provides an opportunity to the WHO to develop the mandate and economic and political power to become a major force at the intersection of global health, health-related human rights, and international trade. It is time for the WHO to enhance its capabilities and gain confidence of the global community in WHO management by taking timely actions in response to the global threat of COVID-19 pandemic. Keeping in view its leadership role, the WHO should assume the maximum amount of responsibility and properly follow-up on the initiative of COVID-19 patent pool.

**CONCLUSION**

This study concludes that there are two key concerns in relation to control and treatment of the COVID-19 pandemic: the urgent development of needed health technologies and the equitable and affordable access to existing and new health technologies. Costa Rica’s proposal for a global intellectual property pooling mechanism deserves serious consideration because it addresses both of these key concerns. The COVID-19 pooling mechanism has the potential to accelerate scientific discovery by acting as a clearinghouse for fast-track and equitable licensing of rights for collaborative follow-on innovation of priority health technologies. This pooling mechanism also has the potential to facilitate equitable and affordable access to potential health

\(^{46}\) Constitution of the World Health Organization, Geneva: World Health Organization; 1948.

\(^{47}\) Richard Horton, *WHO's mandate: a damaging reinterpretation is taking place*, 360 (9338) The Lancet (2002) 960-961.

\(^{48}\) Seventy-Third World Health Assembly, May 18, 2020 (A73/CONF./1 Rev. 1).

\(^{49}\) William Onzivu, *Re)Invigorating the World Health Organization's Governance of Health Rights: Reposing an Evolving Legal mandate, Challenges and Prospects*, 4 Afr. J. Legal Stud. 240 (2011).

\(^{50}\) Id.
technologies by mobilizing the maximum available global manufacturing capacity as it will enable the interested and qualified developers, producers or manufacturers of priority health technologies to license rights in a non-exclusive manner on royalty-free basis or on equitable terms. This proposal enjoys global support and it is clear from the experience of already existing pooling mechanisms, like the Medicines Patent Pool (MPP), that Costa Rica’s proposal is very much realistic and practically feasible. It is expected that, in near future, the WHO will take practical measures to implement this proposal for the benefit of the whole global community desperately waiting for a safe, potent, affordable, and universally available Corona vaccine and other needed priority health technologies.