**1NC**

**Framework**

**I negate Resolved: The member nations of the World Trade Organization ought to reduce intellectual property protections for medicines.**

**I value morality, per the use of ought in the resolution, asking us to evaluate the moral obligations for both sides.**

**Since the resolution asks nations to take an action, our frameworks in this debate should focus on government action.**

**Governmental actors must be utilitarian, acknowledging that some policies will inevitably benefit some and harm others.**

**Professor Woller in 1997**, - (Gary [Professor of Public Management, Brigham Young University] “An Overview by Gary Woller” A Forum on the Role of Environmental Ethics, pg. 10) GHS//GB

Appeals to **a priori moral principles, such as environmental preservation**, also often **fail to acknowledge that** public **policies** inevitably **entail trade-offs** **among competing values.** Thus since policymakers cannot justify inherent value conflicts to the public in any philosophical sense, and since public only general guidance to ethical dilemmas in public affairs and do not themselves suggest appropriate public policies, and at worst**, they create a regimen of regulatory unreasonableness while failing to adequately address the problem or actually making it worse**. For example**, a moral obligation to preserve the environment by no means implies the best way**, or any way for that matter**, to do so,** just as there is no a priori reason to believe that any policy that claims to preserve the environment will actually do so. **Any number of policies might work, and others, although** seemingly **consistent with the moral principle, will fail** utterly. That **deontological principles are an inadequate basis for environmental policy** is evident in the rather significant irony that most forms of **deontologically based environmental laws and regulations tend to be implemented in a very utilitarian manner** by street-level enforcement officials. Moreover, **ignoring the relevant costs and benefits of environmental policy** and their attendant incentive structures can, as alluded to above, **actually work at cross purposes to environmental preservation.** (There exists an extensive literature on this aspect of regulatory enforcement and the often perverse out- comes of regulatory policy. See, for example, Ackerman, 1981; Bartrip and Fenn, 1983; Hawkins, 1983, 1984; Hawkins and Thomas, 1984.) Even the most die-hard preservationist/deontologist would, I believe, be troubled by this outcome. The above points are perhaps best expressed by Richard Flathman, The number of values typically involved in public policy decisions, the broad categories which must be employed and above all, the scope and complexity of the consequences to be anticipated militate against reasoning so conclusively that they generate an imperative to institute a specific policy. It is seldom the case that only one policy will meet the criteria of the public interest (1958, p. 12). It therefore follows that **in a democracy, policymakers have an ethical duty to establish a plausible link between policy alternatives and the problems they address,** and the public must be reasonably assured that a policy will actually do something about an existing problem; this requires the means-end language and methodology of utilitarian ethics**. Good intentions, lofty rhetoric, and moral piety are an insufficient**, though perhaps at times a necessary, **basis for public policy in a democracy**

**Additionally, policy makers face moral uncertainty when making decisions since they are unsure of the ethical implications that their policy will have on each individual – as a result, they must make decisions that benefit the most people.**

**Thus, my value criterion is maximizing expected well-being.**

**SO21 – CP – Compulsory Licensing**

**Counterplan Text: The member nations of the World Trade Organization ought to agree on specific conditions under which they could issue a compulsory license.**

**Even the threat of compulsory licensing increases access to essential medicine for developing countries**

**Ooms and Hanefield 19** (Department of Global Health and Development, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, UK. Gorik Ooms is a human rights lawyer and a global health scholar, Honorary Professor of Global Health Law & Governance at the London School of Hygiene & Tropical Medicine, Adjunct Professor at the Law Faculty of Georgetown University, and Visiting Professor at the Faculty of Medicine and Health Sciences of Ghent University. Johanna Hanefield is an Associate Professor in Health Policy and Systems Research at The London School of Hygiene and Tropical Medicine.), “Threat of compulsory licences could increase access to essential medicines”, BMJ 2019;365:l2098, 5-28-19, doi: <https://doi.org/10.1136/bmj.l2098>, <https://www.bmj.com/content/365/bmj.l2098> NT

The power of compulsory licences is most obvious when governments use them effectively. However, compulsory licences also have power when governments warn patent owners that they will use them if necessary. For example, when the US faced the threat of terrorists using anthrax in October 2001, the US secretary of health and social services wanted to stockpile ciprofloxacin, which was the best available treatment for anthrax. Bayer, the patent owner, demanded the usual price for ciprofloxacin, but when the US and Canada declared they might issue a compulsory licence, Bayer reduced the price.22 Neither Canada nor the US needed the Doha declaration to threaten Bayer as there was sufficient manufacturing capacity in both countries (and the Doha declaration came a month later). Thus threatening to use a compulsory licence may be as effective as formally issuing one. The Doha declaration solution is cumbersome to apply effectively, but it does give countries— even those without domestic manufacturing capacity— the power to threaten to use a compulsory licence. This may have an influence on prices. For example, sofosbuvir is a relatively new and highly effective treatment for hepatitis C, but its high price in some countries has proved controversial. Sofosbuvir came to the market in 2007. According to Iyengar and colleagues, the price of sofosbuvir was $64 680 per treatment in the US and $539 in India in 2015.23 In 2015, no country had issued a compulsory licence for sofosbuvir. The first such licence was issued by the Malaysian government in September 2017.24 Why the disparity in the price of sofosbuvir in the US compared with India? The prices were set by the originator, or by generic manufacturers working with a voluntary licence given by the patent owner. Thus, the “discount” for India, given or allowed by the patent owner, was 99% before any compulsory licence was issued. This is similar to the price reduction of the classic combination antiretroviral therapy, attributed to generic competition.25 We cannot be certain that the risk of a compulsory licence was the main reason for the patent owner of sofosbuvir allowing a 99% discount, but there is no other obvious explanation. India has manufacturers that can produce generic equivalents of sofosbuvir, as does Malaysia. Can countries without manufacturing capacity use the same strategy? Before the Doha declaration, patent owners would not have been impressed by a threat to issue a compulsory licence from a country without domestic manufacturing capacity. **Since the declaration, such a threat would be credible**. Although the Doha Declaration solution has been used only once, this was enough to show that it can be done, as long as countries with manufacturing capacity are willing to cooperate. Low and middle income countries would be in a stronger position if they declared their commitment to cooperate to make the Doha Declaration solution work. One option might be for them to agree on specific conditions under which they would issue compulsory licences for export based on the Doha declaration, if required by another member of the alliance.26 This would increase the credibility of threats to issue a compulsory licence by countries without manufacturing capacity. It would also give a signal to generic manufacturers of the potential size of the market, if all countries participating in this alliance would buy from the cheapest provider within the alliance. We should not be naive. As Sell points out, “there is a dizzying array of extra intellectual property protection that is being imposed on developing countries, such as TRIPS Plus agreements, in the form of bilateral agreements, free trade agreements, and plurilateral negotiations such as anti-counterfeiting trade agreements.”27 The political pressure used by rich countries against poorer countries to dissuade them from using their rights under the TRIPS agreement and the Doha declaration has increased. **However, the governments of low and middle income countries with manufacturing capacity are not as powerless as before the Doha declaration. They can issue compulsory licences for all medicines needed to protect public health without violating the TRIPS agreement**. They can declare their intention to help low and middle income countries without manufacturing capacity and, by doing so, empower these other countries. Whether they have the will to confront the likely political pressure is a different matter.

**Innovation DA**

**Pharmaceutical R&D has skyrocketed after COVID – but sustained research relies on the strength of pharmaceutical plans.**

**CBO 21,** Congressional Budget Office, Non-partisan Analysis for US Congress (Research and Development in the Pharmaceutical Industry," Congressional Budget Office, <https://www.cbo.gov/publication/57126>) KD

CBO relied on the PhRMA data because before 2008, the NSF survey did not include domestic firms’ R&D spending outside of the United States**.** (Both the NSF and PhRMA estimates reflect worldwide R&D spending by pharmaceutical companies with operations in the United States.) NSF’s **estimates of R&D spending** **since 2008** **suggest that PhRMA members’ worldwide R&D spending constitutes about 75 percent to 85 percent of the industry** total, depending on the year.

In recent years, the **pharmaceutical industry’s R&D spending as a share of net revenues** (sales less expenses and rebates) **has increased:** Consumer spending on brand-name prescription drugs has risen, but R&D spending has risen more quickly. In the early 2000s, when drug industry revenues were rising sharply, the industry’s R&D intensity—that is, its R&D spending as a share of net revenues—averaged about 13 percent each year. Over the decade from 2005 to 2014, the industry’s R&D intensity averaged 18 percent to 20 percent each year. **That ratio has been trending upward since 2012, and it exceeded 25 percent in 2018 and 2019,** the highest R&D intensities recorded by the pharmaceutical industry as a whole since at least 2000. Data are limited for earlier years, but among PhRMA member companies, annual R&D intensities averaged 18 percent from 1980 through 2010 and never exceeded 22 percent.[4](https://www.cbo.gov/publication/57126#footnote-080) Since then, R&D intensity has increased among PhRMA firms just as it has for the industry as a whole, reaching 25 percent in 2017 before decreasing slightly in 2018. By comparison, **average R&D intensity across all industries typically ranges between 2 percent and 3 percent**.[5](https://www.cbo.gov/publication/57126#footnote-079) R&D intensity in the software and semiconductor industries, which are generally comparable to the drug industry in their reliance on research and development, has remained below 18 percent (see [Figure 1](https://www.cbo.gov/publication/57126#_idTextAnchor007)).

There are several possible explanations for the increase in the industry’s R&D intensity over the past eight years. It could reflect the increased role of small drug companies, which have little revenue and, therefore, high ratios of R&D spending to net revenues. It could also indicate that the **expected returns from investments in R&D have increased (if market conditions have changed) or that opportunities to develop new drugs have increased** (if recent advances in science and technology have been particularly productive). Finally, it could reflect rising costs of R&D inputs, such as capital equipment and skilled labor. CBO has not evaluated the relative importance of those possibilities.

New Drug Development

Over the past decade, the **pharmaceutical industry has introduced growing numbers of new drugs annually** (see [Figure 2](https://www.cbo.gov/publication/57126#_idTextAnchor010)). Between 2010 and 2019, **38 new drugs were approved each** year, on average. That is about a **60 percent increase compared with the previous decade**. Drug approvals reached a new peak in 2018, surpassing the record number of approvals of the late 1990s. (Counts of new drug approvals are a readily available but imperfect measure of output from the drug industry’s R&D spending. The measure does not reflect differences in the effectiveness of the new drugs relative to alternative treatments, or the number of people who might benefit from the new drugs.)

**IP protections creates market power and funding to maximize production of live-saving medicines to vulnerable populations**

**Kennedy 19**, Joe Kennedy is a senior fellow at the Information Technology and Innovation Foundation. He focuses on economic policy. For almost three decades, he has provided legal and economic advice to senior officials in the public and private sector. Much of this advice has been directed at public policies involving technology, competitiveness, and the social contract. He also consults privately on these issues. Dr. Kennedy previously served as the chief economist for the U.S. Department of Commerce where he oversaw a staff of 15 economists and regularly briefed the secretary of commerce on economic issues including the financial crisis and immigration reform. He has held numerous other positions in government, serving on committees in both houses of Congress and in the executive branch. As senior counsel for the Senate Permanent Subcommittee on Investigations, he helped oversee investigations of the credit counseling industry, music downloading, and the United Nations Oil for Food Program. As senior economist for the Joint Economic Committee, he authored papers on telecommunications policy and nanotechnology. ("The Link Between Drug Prices and Research on the Next Generation of Cures," ITIF, https://itif.org/publications/2019/09/09/link-between-drug-prices-and-research-next-generation-cures) KD

**The granting of a monopoly through patents and other intellectual property protection has a positive effect on product development**—which in the case of drug companies, is **on research, development, and testing**. While market power from intellectual property protection may reduce short-term welfare, it **increases long-term welfare by encouraging more investment and innovation**. This is why the Founding Fathers included patent protection in the Constitution.55 Moreover, in many cases, a patent may not confer much effective pricing power. A company with a patent on a drug for a given disease may face strong competition from other drugs with similar effectiveness.56 In such cases, the patents may not translate into effective pricing power.57 In addition, the maker of a particular drug may face some limitations on market power from buyers, such as health care insurers and drug benefit plans, with their own market power. These restraints help ensure pharmaceutical prices will be roughly based on the value to patients and the broader health care system.58 For example, although Zolgensma is priced at $2.1 million for a one-time treatment, it treats spinal muscular atrophy (SMA). Infants born with SMA Type 1 typically die within 18 months or can only survive on life support. Roughly 30 new patients are born each month. The only existing therapy, Spinraza, costs $750,000 for the first treatment and $375,000 per year after that.59

But even when companies set prices high, society can still benefit. When companies decide how much money to invest in research, they typically invest until the benefits to them stop exceeding their costs. Because companies do not benefit from the spillover benefits to society (the benefit competitors and consumers get from their innovation), they do not take them into account. In fact, research levels would be maximized by letting these companies capture all the social benefits.60 A recent study by Tomas Philipson and Anupam Jena shows that drug companies typically capture only a small fraction of the total social benefit they produce.61 The study concentrated on therapies for HIV/AIDS introduced after the late 1980s. It estimated that these drugs increased social welfare by nearly $1.4 trillion. However, the companies that produced these drugs increased their profits by only $62.9 billion. They therefore captured less than 5 percent of the total welfare. The remainder went to the rest of society. Looking at over 200 previous studies of the cost efficiency of other drugs, the authors estimated that in 25 percent of the studies, companies captured less than 7 percent of the societal surplus. The appropriation of social welfare exceeded 25 percent in only one-quarter of the studies. Philipson and Jena also found that “dynamic efficiency only occurs when those undertaking the costs of R&D have incentives that are properly aligned with society, which is true when social surplus is entirely appropriated as profits.”62 Because firms capture only a small part of the total surplus, they do too little research. Although patent law, the R&D tax credit, and other policies can mitigate this effect, policymakers should remember that allowing firms to appropriate more of the surplus directly may promote dynamic efficiency (e.g., new drugs) and long-term societal benefits (e.g., health).

Drug pricing therefore requires a balance between short-term affordability and long-term innovation. Low prices (as well as public subsidies) allow more individuals to afford existing drugs now, but if they come at the expense of drug company revenues, they reduce the incentive to invest in new cures. Higher prices increase this incentive but can also make prices unaffordable for many patients. Subsidies for drugs, particularly for low- and moderate-income households, either through private insurance or government payments, is one way to balance this conflict. Unfortunately, there is no right answer for obtaining the proper balance, but those who try to strike it need to be aware of the trade-off.

**The justification for high prices on any particular drug therefore depends on the assumption that they are needed to fund the subsequent round of innovation**. This link has been established by numerous empirical studies over the last several decades. A recent survey summarized the scholarly literature this way: “The preponderance of evidence suggests that **raising reimbursements for pharmaceuticals stimulates innovation, primarily because the expected rewards for innovation go up and secondarily because the cost of financing falls for cash-constrained pharmaceutical firms.”**63

**COVID proves pharma innovation saves lives – prevents future pandemics.**

**Roberts 6-3-**2021, senior director of the health and human services task force at the American Legislative Exchange Council; she previously served as campaign manager for Alabama Attorney General Luther Strange’s successful re-election campaign. She holds a Juris Doctorate from the University of Alabama ("Pandemic proves importance of pharmaceutical innovation," TheHill, <https://thehill.com/opinion/healthcare/556633-pandemic-proves-importance-of-pharmaceutical-innovation>) KD

If there is **one big lesson** learned **from** the **COVID** pandemic, it **is the importance of innovation** in this country. We have seen clothing manufacturers making face masks, alcohol producers making hand sanitizer and companies like GM manufacturing ventilators. All of which are examples of American ingenuity in the face of crisis. But there is another example that is undeserving of the bad rep it sometimes receives — pharmaceutical innovation.

The [vast majority](https://itif.org/publications/2020/07/16/ensuring-us-biopharmaceutical-competitiveness) of the world’s pharmaceutical innovation comes out of the U.S. We produce some of the most vital drugs for people around the globe. In the case of COVID, our pharmaceutical companies have risen to the challenge and have developed vaccines in less than a year. These vaccines will play a critical role in allowing life to get back to normal for most Americans.

In addition to the quick development of the vaccines, manufacturers were ready to go as soon as they had FDA approval. As a result, [more than half the population](https://thehill.com/policy/healthcare/556029-over-50-percent-of-total-us-population-has-received-at-least-one-dose-of) has gotten at least one dose of the vaccine in roughly four months. The incredible effort it took to accomplish that should not be overlooked.

Pharmaceutical companies have taken a beating in the media for the last several years over drug pricing and accessibility, and in response, state legislatures have supported bad policies like price controls and importing drugs from Canada. But the current pandemic shows us the importance of innovation in this area and why investment in pharmaceutical innovation is vital to the health and safety of Americans.

On average, taking a drug from a molecule to a marketable medicine costs $2.6 billion and is a [10-year process](https://www.sciencedirect.com/science/article/abs/pii/S0167629616000291). Companies that develop the drugs have a patent on their product for 20 years. The patent life starts to run while the company is developing the drug, often leaving a company only a handful of years to recoup their investment in that drug — and that is *if* the drug makes it through clinical trials and gets FDA approval. New drugs routinely fail during clinical trials, costing companies millions. Yet, these companies continue to develop and innovate.

That is why [President Biden](https://thehill.com/people/joe-biden)’s **recent decision to waive patents for the vaccine is so detrimental**. **The U.S. leads in pharmaceutical innovation due to our strong intellectual property protections and free market pricing system**. **Patents are a necessary part of innovation**. **Without them, companies would not take on the massive cost of developing new drugs.** By waiving the patents for the vaccine, President Biden is starting us down a slippery slope which could result in other patents being waived or challenged leading us to a much larger problem. It is a dangerous precedent to set.

Sen. [Richard Burr](https://thehill.com/people/richard-burr) (R-N.C.) [recently commented](https://thehill.com/homenews/senate/552956-gop-senator-urges-biden-to-withdraw-support-for-covid-vaccine-patent-waiver) on the patent waiver saying, “**Intellectual property protections are part of the reason we have these life-saving products. If these protections are not in place for innovators of life-saving medicines, we will not have them for the next pandemic.** It’s that simple,” and he’s right.

**Pharmaceutical innovation has saved countless lives and allows us to live longer and have a better quality of life.** Instead of treating drug manufacturers like the villain, [policymakers should be looking for ways](https://www.alec.org/publication/the-state-legislators-guide-to-prescription-drug-policy/) to support and encourage their work. The COVID pandemic has illustrated just how important it is to our everyday life.

**Future pandemics go hand-in-hand with bioterrorism and cause extinction.**

Hamish De Bretton-Gordon, CBRN Expert @ British Army, 20 [Director @ DBG Defense, Consultant on CBRN and Biosecurity], “Biosecurity in the Wake of COVID-19: The Urgent Action Needed,” Combatting Terrorism Center Sentinel, November/December 2020, Volume 13, Issue 11, <https://ctc.usma.edu/biosecurity-in-the-wake-of-covid-19-the-urgent-action-needed/>

Policymakers around the world did not grasp just how large the impact of a bio threat could be. Beyond the enormous human and economic impact, the current pandemic has exposed the weakness, lack of preparedness, and poor responsiveness of healthcare systems of even highly developed countries like the United States and the United Kingdom. And the virus has inflicted carnage, even though SARS-CoV-2 (the virus that causes COVID-19) is not especially virulent. The world may be confronted with other viruses in the future whose combination of virulence (the harm a pathogen does to its host), transmissibility, and other characteristics pose much greater danger.

While overwhelming evidence points to SARS-CoV-2 spontaneously spreading to humans, the advances in synthetic biology and the growth in the number of Level 3 and 4 biocontainment facilities around the world storing deadly viruses1 mean there is also the very real possibility that in the future, bad actors will try to **engineer or steal**/obtain a highly transmissible and highly virulent virus and unleash it onto the world. Another risk is **accidental releases** from such biocontainment facilities.

COVID-19, a highly transmissible but not very virulent pathogen, has had a devastating global impact, a fact that will not have gone unnoticed by rogue states and terror organizations. Advances in synthetic biology have created tools that could be put to malevolent use. In the last two decades, scientists synthesized the poliovirus from its genetic sequence,2 recreated the 1918 Spanish flu virus,3 and succeeded in **modifying the H5N1 avian flu virus so that it resulted** (in a research laboratory) **in airborne transmission** among mammals.4 In the future, we should think of weaponized biology as **no less of an existential threat to the planet than weaponized atomic science**. It should also be noted that the fear and panic that even a medium-scale bioterror attack could create could have dangerous implications that may rival or even surpass the immediate loss of life.

The Need to Rethink Likelihood

Given the fact that in late 2019 when, as far as is known, COVID-19 cases first started emerging in China, it had been more than a century since the previous catastrophic outbreak (the 1918-1919 “Spanish flu” pandemic),d it was unsurprising that many thought of such pandemics as a one-in-a-100-year event. Such assumptions should no longer hold. The encroachment of human settlements into areas that had previously been sanctuaries for wildlife5 and the popularity in some parts of the world of markets where people and wild animals are brought into proximity have made it more likely viruses will make the species leap to human beings.e And when they do, as the COVID-19 pandemic illustrated, the interconnectedness of a world in which millions of people fly each day6 means they can spread very rapidly.

There is also growing concern about engineered viruses. Not only have advances in synthetic biology (SynBio) created growing capacity for extremely dangerous viruses to be engineered in a laboratory, but the number of people with access to potentially dangerous ‘dual use’ technology has greatly expanded and continues to expand, making malevolent use of such technology ever more likely.

In the August 2020 issue of this publication, scientists at the U.S. Military Academy at West Point warned that:

The wide availability of the protocols, procedures, and techniques necessary to produce and modify living organisms combined with an exponential increase in the availability of genetic data is leading to a revolution in science affecting the threat landscape that can be rivaled only by the development of the atomic bomb. As the technology improves, the level of education and skills necessary to engineer biological agents decreases. Whereas only state actors historically had the resources to develop and employ biological weapons, SynBio is changing the threat paradigm.

The cost threshold of engineering viruses is also lowering, with the West Point scientists warning that synthetic biology has “placed the ability to recreate some of the deadliest infectious diseases known well within the grasp of the state-sponsored terrorist and the talented non-state actor.”7

As already noted, another source of vulnerability is that deadly viruses could be stolen from or escape from a research laboratory. There are now around 50 Biosafety Level 4f facilities around the world, where the deadliest pathogens are stored and worked on, and this figure is set to increase in the next few years.g This is a large increase over the last 30 years, creating bigger risk of a breach. Of equal, if not greater concern are the thousands of Biosafety Level 3 labs globally,8 which handle deadly pathogens like COVID-19.9

Given what has been outlined above, the risk of a future destructive biological attack or another devastating global pandemic should no longer be seen as low. From this point forward, there should no higher priority for the international community than biosecurity.

# Case

Waiving IPP would significantly hinder innovation

**Mercurio**, B., **2021**. Bryan Mercurio is the Simon F.S. Li Professor of Law at the Chinese University of Hong Kong (CUHK), having served as Associate Dean (Research) from 2010-14 and again from 2017-19. Professor Mercurio specialises in international economic law (IEL), with particular expertise in the intersection between trade law and intellectual property rights, free trade agreements, trade in services, dispute settlement and increasingly international investment law. WTO Waiver from Intellectual Property Protection for COVID-19 Vaccines and Treatments: A Critical Review. Available at SSRN 3789820. <https://poseidon01.ssrn.com/delivery.php?ID=5110221230090210951211210950030061000150850670470490060691160211210170160930010860100590330630050470620230060101221000871>

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The IP system is designed to encourage and reward creativity and innovation while benefiting society as a whole. The idea is that IPRs stimulate innovation by “enabling innovators to capture enough of the benefits of their own innovative activity to justify taking considerable risks.” 23 Therefore, while in the short term waiving IPRs may arguably accelerate the distribution of goods and services – i.e. access to COVID-19 vaccines – in the long term undermining IPRs would eliminate the incentives that spark innovation, thus hindering the discovery and development of knowledge for new products or technologies that the world needs.24 An example that illustrates the significance of IP protection is the technology of synthetic mRNA, a genetic technology behind the COVID-19 vaccines of both Pfizer and Moderna. Synthetic mRNA is a genetic technology that has long held huge promise but has so far run into biological roadblocks. The concept of tweaking specific strands in synthetic mRNA to deliver desired results was first introduced in the 1990s, but at that time while it made sense in theory it often failed in the real world as synthetic RNA was notoriously vulnerable to the body’s natural defences and the synthetic RNA was very often destroyed before reaching its target cells. In some situations, the foreign materials even elicited an immune response that poses health risks for some patients. The solution, substituting one of the nucleosides (building blocks of mRNA) for a slightly tweaked version to bypass the body’s defence, was not discovered until 2005 and did not reach commercialization stage for another 15 years. Without the prospect of IP protection, it is simply unimaginable that scientists would devote the human and monetary resources into such R&D as there would have been no incentive to spend the time and effort on a promising but extremely challenging technology. Likewise, venture capitalists would refuse to invest billions of dollars into any research effort knowing that any other company could simply take the successful result and produce a medicine without paying for the R&D costs; in such a scenario, it would be virtually impossible to recoup the initial investment. Thus, without the promise of IP protection the technology underpinning the most advanced and promising COVID-19 vaccines would likely never have been developed. This point is of such importance that it is worth stating the obvious: IPRs have played a large role in the response to COVID-19; a response which has led to an incredible feat of humanity – the identification of the genome of a new pathogen and development of several treatments and promising vaccines within the space of a year. Without the promise of financial gain, the level of R&D into the novel coronavirus would have been greatly reduced and innovation hampered and delayed. In short, the IP system encouraged a robust response to the threat from innovator companies and worked as designed. It would be unwise (if not reckless) to place the innovation system which has delivered results in record time in jeopardy only in exchange for what is at best short-term benefits.