Authors' Response – A Status Quo of Failure: Time to Fix University Technology Transfer to Address Global Health

Réponse des auteurs – Un statu quo d'échec : il est temps de corriger les pratiques de transfert de technologie des universités pour aborder la santé mondiale

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Abstract
Ramachandran (2022) and Stevens (2022) provide careful responses to our article (Herder et al. 2022) about universities' failure to enhance access to innovations in the Global South. Ramachandran's (2022) reply underscores our concerns with the process, and Stevens (2022) brings an industry perspective to contest our conclusions.

Résumé
Ramachandran (2022) et Stevens (2022) apportent des réponses prudentes à notre article (Herder et al. 2022) sur l'échec des universités à améliorer l'accès aux innovations dans les

pays de la limite Sud. La réponse de Ramachandran (2022) souligne nos préoccupations concernant le processus et Stevens (2022) apporte le point de vue de l'industrie pour contester nos conclusions.

Introduction

Both Ramachandran (2022) and Stevens (2022) provide careful responses to our article about universities' failure (Herder et al. 2022) to enhance access to innovations in the Global South. Whereas Ramachandran's (2022) reply underscores our concerns, Stevens (2022) brings an industry perspective to contest our conclusions. Stevens (2022) raises three main arguments: (1) universities contribute substantially to global health, (2) the evidence we rely upon does not support our thesis and (3) our policy proposals will prove ineffective.

Discussion

On the first, we agree that university-based scientists have contributed significantly to the fight against COVID-19. But contributing to the science is not equivalent to contributing to global health, given the inequitable access to vaccines and drugs. Only 11% of those in low-income countries have received two vaccine doses. Stevens (2022) cites the example of Emory University's licence to the United Nations' Medicines Patent Pool for the antiviral molnupiravir. Close scrutiny reveals major shortcomings, including the fact that it shuts out key middle-income countries, such as Brazil with strong manufacturing capacity (Abinader 2021), despite those countries accounting for 50% of all infections in low- and middle-income countries (Doctors Without Borders/Médecins Sans Frontières 2021).

Second, while Stevens (2022) is correct that a single case study does not itself prove that there is a problem in university technology transfer, there is a growing body of evidence illustrating how the patent-and-license-it strategy in university biomedical innovation carries significant trade-offs in terms of access to the resulting knowledge and products (Gotham et al. 2021; Herder et al. 2020; Padmanabhan et al. 2010). While a comprehensive investigation of the topic would be welcome, it would require universities to fully disclose their arrangements with respect to their licensing, something that they have been unwilling to do. Improving transparency to enable a comprehensive evaluation of universities' contributions to global health is, therefore, one of our key policy recommendations.

Third, Stevens (2022) argues that the voluntary measures adopted by universities to facilitate equitable access are sufficient. Ramachandran (2022) points to evidence that this is incorrect. She cites, for example, the role of University of California, Los Angeles (UCLA), in the development of the prostate cancer treatment drug, enzalutamide (Xtandi). Four years after UCLA adopted global access principles, the university filed a patent on the drug with the Indian Patent Office in order to block local manufacturers from producing a cheaper version of the drug. Ramachandran (2022) similarly notes that in the context of the current pandemic, half of the top 60 research universities still made "no commitments to use equitable licensing practices for COVID-19 technologies" (p. 41) and "only 12% had adopted

licensing provisions that would enable generic production of university-developed treatments for use in low-income countries … (p. 41)."

Conclusion

Stevens (2022) gives a vigorous defence of the status quo, warning that "[g]overnments should be extremely cautious about changing it without evidence that any alternative system would be as successful (p. 33)." In light of an ongoing health crisis in which too much of the world is shut out of access to vaccines and drugs – many developed at universities – those arguing for the status quo properly bear the burden of evidence.

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