

Role Of Reverse Engineering And Compulsory License In Access To Life Saving Medicines

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ABSTRACT

Reverse engineering, which involves studying existing products to identify their design and production methods, has become an important practice in advancing public health. It has been used by pharmaceutical manufacturers, government agencies, and civil society to increase the availability of essential medicines, adapt medical technologies, and respond quickly to shortages at the times of emergency. Notable examples include the production of generic medicines, the replication of ventilator components during the COVID-19 pandemic, and efforts to provide alternatives when patented drugs such as oseltamivir (Tamiflu) were in limited supply.

This research paper explores the technical, legal, and ethical aspects of reverse engineering within the public health framework. It highlights three key case studies -Tamiflu, emergency ventilator part production, and generic antiretroviral drugs to illustrate how reverse engineering can both support access and raise concerns regarding safety, legality, and innovation.

This paper further evaluates policy instruments such as technology transfer initiatives, compulsory license provisions, and the role of regulatory safeguards in ensuring that reverse-engineering products meet safety and quality standards. Using doctrinal legal analysis alongside insights from supply chain practices, the study suggests that reverse engineering, when combined with transparent technology transfer and strong regulatory oversight, can act as a practical complement to intellectual property rights. This approach not only strengthens public access to life-saving medicines and devices but also balances the need for innovation incentives with ethical responsibility and patient safety.

Keywords: Reverse Engineering, Public Health, Generic Medicines, Access to Medicines, Compulsory Licensing, TRIPS Flexibilities

INTRODUCTION

Access to affordable and reliable healthcare technologies remains one of the greatest challenges in global public health. In many cases, life-saving medicines and medical devices are priced beyond the reach of patients in low and middle-income countries, or they are unavailable due to supply chain disruptions, emergencies, or restrictive intellectual property regimes. Against this backdrop, reverse engineering the practice of deconstructing an existing product to understand its design and production process has emerged as a critical strategy to improve availability, affordability, and innovation in healthcare.

Historically, reverse engineering has played a central role in the pharmaceutical sector, especially in countries like India, where it enabled the production of affordable generics before the strengthening of patent laws under the TRIPS Agreement. It has also been applied in time of crisis: the reverse engineering of oseltamivir (Tamiflu) during influenza outbreaks, the rapid replication of ventilator components during the COVID-19 pandemic, and the manufacture of generic antiretrovirals to combat the HIV/AIDS crisis stand as notable examples. These instances illustrate how reverse engineering has been used not only to fulfill urgent public health gaps but also to challenge the monopoly power associated with intellectual property protection.

However, the practice raises important legal, ethical, and regulatory questions. While reverse engineering can expand access, it often conflicts with patent protections and raises concerns about product safety and quality. Policymakers and regulators must therefore balance the competing objectives of safeguarding innovation incentives, protecting intellectual property rights, and ensuring the public's right to health.

This paper critically examines the role of reverse engineering in public health through technical, legal, and ethical perspectives. Using case studies and doctrinal legal analysis, it argues that reverse engineering, if conducted within a transparent and regulated framework, can complement mechanisms such as compulsory licensing and technology transfer, thereby strengthening health systems and promoting equitable access to medicines and devices.

Reverse engineering plays a significant role in public health by enhancing medical applications, fostering innovation and improving healthcare delivery systems. This approach allowed for the extraction of valuable insights from existing biological systems and medical devices, leading to advancements in personalized medicines

and the development of customized healthcare solutions. The following sections elaborate on its contributions to public health.

LITERATURE REVIEW

Applications in Medical Technology

Customized Implants: Reverse engineering enables the design of orthopedic implants tailored to individual patient anatomy, significantly improving surgical outcomes and reducing recovery times (Noor et al., 2021).

Imaging Integration: Techniques such as computed tomography and magnetic resonance imaging are utilized to gather patient-specific data, facilitating the creation of precise medical solutions (Wakjira et al., 2024).

Global Health Innovations

Reverse Innovation: This concept involves adopting successful health solutions from low- and middle-income countries (LMICs) and implementing them in high-income countries (HICs), promoting a collaborative approach to public health challenges (Zinsstag et al., 2019).

System-Wide Benefits: Partnerships between LMICs and HICs can lead to innovative health strategies that address global health disparities (Zinsstag et al., 2019).

While reverse engineering offers numerous benefits, it also raises ethical concerns regarding the potential misuse of biological systems and the implications of creating new organisms, which necessitates careful regulation and oversight in public health applications.

J Thilmany discusses reverse engineering's role primarily in biomedical applications, emphasizing its use in synthetic biology to design biological systems. While it doesn't specifically address public health, reverse engineering can potentially enhance disease understanding and treatment development in that field.

(2) Jakob Zinsstag et al. (2019) does not specifically address reverse engineering in public health. It focuses on reverse innovation, which involves adopting solutions from low- and middle-income countries to high-income countries, emphasizing partnerships and integrated health approaches for system-wide benefits.

(3) Yosef Wakjira et al. (2024) primarily focuses on reverse engineering in medical applications, emphasizing its role in personalized medicine, prosthetics, and surgical planning, but does not specifically address its role in public health.

(4) Mohammad Faisal Noor et al. (2021) highlights reverse engineering's role in customizing orthopedic implants, improving patient outcomes in public health by reducing surgery complexity, minimizing operation time, and enhancing healing through tailored solutions that fit individual bone contours, ultimately lowering failure rates.

(5) Charles W. Forsberg (2022) does not specifically address reverse engineering; however, it emphasizes that engineering can proactively combat diseases by intercepting pathogens or diluting them, thereby enhancing public health through innovative engineering solutions rather than solely focusing on treatment within the body.

(6) Success Stories of the Digital Manufacturing Laboratories in SARS-CoV-2 Pandemic (2022) discuss that Reverse engineering plays a crucial role in public health by enabling rapid development of essential medical devices, such as powered air-purifying respirators (PAPRs) and personal protective equipment (PPE), particularly during crises like the SARS-CoV-2 pandemic, addressing urgent healthcare demands efficiently.

(7) Maurice Cassier and others (2003) explores that crucial role of Reverse engineering in public health by enabling public-sector laboratories to lawfully copy patented HIV/AIDS drugs, facilitating universal access to antiretrovirals, and fostering technological learning that enhances drug synthesis and development of new molecules.

(8) Mohamed Zied Chaari et al. (2021) discuss that Reverse engineering plays a crucial role in public health by enabling rapid prototyping of medical equipment, such as ventilators and PPE, especially during crises like the COVID-19 pandemic, ensuring timely delivery of essential safety equipment to healthcare professionals.

(9) Mohamed Zied Chaari et al. (2020) Reverse engineering plays a crucial role in public health by enabling rapid redesign and production of medical devices, such as respirators, during crises like COVID-19, ensuring availability and affordability of essential equipment to protect healthcare workers and patients.

(10) Richard J. Gelting et al. (2019) The paper does not specifically address reverse engineering or its role in public health. It focuses on the historical relationship between public health and engineering,

METHODOLOGY

This research follows a qualitative and doctrinal approach. It examines international frameworks such as the TRIPS Agreement, the Indian Patents Act, 1970, and key judicial decisions to understand the legal position of reverse engineering in public health. A case study method is applied, focusing on three examples: the reverse

engineering of oseltamivir (Tamiflu), the replication of ventilator components during COVID-19 and the development of generic antiretroviral in India.

Research Gap

1. Existing research rarely explores the direct connection between reverse engineering and public health outcomes, particularly in the supply of life-saving medicines and devices.
2. While patent law and compulsory licensing have been widely studied, the role of reverse engineering as a supportive mechanism has received little attention.
3. Few studies provide comparative case-based analysis that combines legal, ethical, and regulatory viewpoints on reverse engineering in healthcare.

OBJECTIVES

1. Examine the laws and policies related to reverse engineering in healthcare, with a focus on TRIPS provisions and the Indian patent system.
2. Review major case studies including Tamiflu, ventilator parts during COVID-19, and generic antiretrovirals to understand its practical application.
3. Identify the ethical and regulatory concerns involved and propose policy options that balance public health needs with intellectual property protection.

HYPOTHESIS

1. With effective regulation, reverse engineering can play a vital role in improving availability and affordability of essential health technologies.
2. Linking reverse engineering with technology transfer and compulsory licensing can create a more balanced approach between intellectual property protection and public health needs.
3. Establishing a transparent regulatory framework can ensure product quality and patient safety while advancing equitable access to healthcare.

FINDINGS AND DISCUSSION

FINDINGS

1. Role of Reverse Engineering in Public Health

Reverse engineering has improved access to medicines and medical devices by making them more affordable. In India, the generic drug industry developed through reverse engineering before product patents were introduced under the TRIPS Agreement.¹ For instance, the production of low-cost antiretroviral drugs (ARVs) helped many developing countries fight HIV/AIDS.² During the COVID-19 crisis, reverse-engineered ventilator parts and protective equipment supported emergency needs when supplies were scarce.³

1. LEGAL POSITION AND LIMITATIONS

International law under TRIPS allows flexibilities like compulsory licensing to meet public health demands.⁴ In India, Section 84 of the Patents Act, 1970 permits compulsory licensing when medicines are not available at a reasonable price.⁵ However, patent owners often oppose such measures, leading to legal battles and political pressure, which restricts the wider use of reverse engineering.⁶

2. QUALITY AND SAFETY CHALLENGES

Medicines and devices developed through reverse engineering must meet strict safety and quality standards. Generic medicines need to prove bioequivalence, while devices such as ventilator valves require reliability testing.⁷ Without proper regulation, reverse engineering may risk patient safety despite solving short-term shortages.⁸

¹ Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), 1995.

² 't Hoen, E. (2009). The Global Politics of Pharmaceutical Monopoly Power.

³ WHO, COVID-19 Response Reports, 2020.

⁴ TRIPS Agreement, Art. 31.

⁵ Patents Act, 1970 (India), Section 84.

⁶ Correa, C. (2013). Trade Related Aspects of Intellectual Property Rights: A Commentary on the TRIPs Agreement

⁷ WHO, Guidelines for Generic Medicines, 2018.

⁸ COVID-19 ventilator production reports, 2020.

3. POLICY GAPS

Reverse engineering is often applied in isolation and not linked with other tools like technology transfer or compulsory licensing. While WHO encourages sharing of technical knowledge, co-operation from patent holders remains limited.⁹ This reduces the long-term benefits that reverse engineering could provide.

DISCUSSION

1. BALANCING IP RIGHTS AND PUBLIC HEALTH

Intellectual property rights promote innovation but may also restrict access to medicines. Reverse engineering provides a way to protect public health without undermining IP rights.¹⁰ Cases in India, such as in *Bayer v. Natco*, have recognized the importance of access to medicines when granting compulsory licenses.¹¹

2. LEARNING FROM CASE STUDIES

Case studies show how reverse engineering can be effective in emergencies. The efforts to produce Tamiflu during flu outbreaks,¹² generic ARVs for HIV treatment¹³ and ventilator parts during COVID-19¹⁴ all highlight its practical role in strengthening health systems.

3. NEED FOR REGULATORY OVERSIGHT

To ensure safety, governments should create special regulatory mechanisms for reverse-engineering products. Fast-track approvals during emergencies similar to WHO's Emergency Use Listing could help in maintaining standards without delaying access.¹⁵

4. COMPLEMENTING TECHNOLOGY TRANSFER

Reverse engineering should work together with mechanisms like compulsory licensing and technology transfer. This combination can address urgent needs whether it builds long-term capacity for innovation and production.¹⁶

CONCLUSION

Reverse engineering plays an important role in public health by making medicines and medical devices more affordable and widely available. In India, it has helped in producing low-cost generic medicines for HIV/AIDS and essential devices during the COVID-19 crisis.¹⁷ International rules under TRIPS and the Indian Patents Act give limited space for such practices and Indian courts have also supported access to medicines in landmark cases like *Bayer v. Natco* and *Novartis v. Union of India*.¹⁸

However, reverse engineering also has some risks. The main concern is whether the products are safe and of good quality.¹⁹ Without proper regulation, there is a chance that such products may harm patients or reduce trust in the healthcare system.

Looking forward, reverse engineering should not work alone but as part of a larger health strategy. If used together with compulsory licensing, fair regulatory processes and international technology transfer, it can address both urgent needs and long-term challenges.²⁰ Rather than stopping innovation, it can work alongside it, making sure that life-saving medicines and devices reach people in need.²¹ In this way, reverse engineering is not a threat to intellectual property but a practical tool for achieving global health justice.

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⁹ WHO, *Technology Transfer Guidelines*, 2011.

¹⁰ UNDP, *Human Development Report*, 2022.

¹¹ *Bayer Corporation v. Natco Pharma Ltd.*, (2014) 6 SCC 477.

¹² European Medicines Agency Reports on Oseltamivir (Tamiflu), 2009.

¹³ MSF Access Campaign, Reports on ARVs, 2005.

¹⁴ OECD, *COVID-19 Innovation Reports*, 2021.

¹⁵ WHO Emergency Use Listing (EUL) Procedure, 2020.

¹⁶ Kapczynski, A. (2012). *The Cost of Price: Why and How to Finance Medicines Differently*.

¹⁷ WHO, *COVID-19 Response Reports*, 2020.

¹⁸ *Bayer Corporation v. Natco Pharma Ltd.*, (2014) 6 SCC 477; *Novartis AG v. Union of India*, (2013) 6 SCC 1.

¹⁹ *F. Hoffmann-La Roche Ltd. V. Cipla Ltd.*, (2009) 40 PTC 125 (Del).

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