

The logo consists of a large black square. Inside it is a smaller blue square. Within the blue square is a white square frame. The text 'HEALTH JUSTICE INITIATIVE' is written in white, uppercase letters inside the white frame. In the bottom right corner of the blue square, there is a white stylized logo that resembles a lowercase 'h' or a combination of letters.

HEALTH JUSTICE  
INITIATIVE

# VACCINE EQUITY AND ACCESS

9 MARCH 2021

*IMAGE CREDITS:*

*PEOPLE'S VACCINE, FREE THE VACCINE,  
MSF, FP, EIU, KEI, DUKE, BBC,*

# Beginning of this century- what happened?

- Over 40 million people with HIV
- ARVs costed US\$ 10-15000 per person/per year
- Not available in most countries - except those that had local production (Brazil, Thailand, India)
- 8000 people a day dying while lifesaving medicines were available in developed countries
  - *SA: 600 people a day died at height of epidemic*
  - *Harvard: at least 350 000 needless deaths in SA due to lack of access caused also by state denialism*

# AIDS and access to fluconazole

*(MSF/ Perez et al, Lancet 2000)*

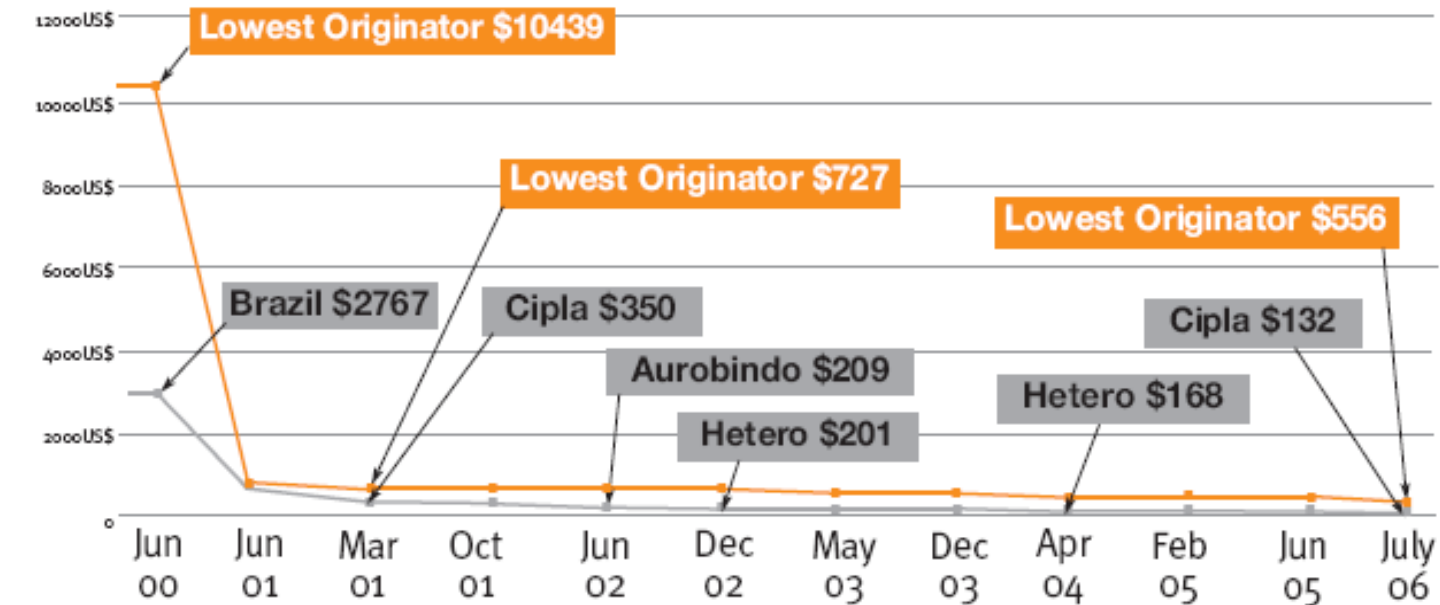
Supplier	Country	Price (\$US)
Biolab (generic)	Thailand	0.29
Pfizer	Thailand	6.20
<i>Pfizer (sole supplier)</i>	<i>South Africa</i>	<i>8.25</i>
Pfizer (sole supplier)	Kenya	10.50
Pfizer (sole supplier)	USA	12.20
Pfizer (sole supplier)	Guatemala	27.60

# Generic competition and lower prices

*The example of ARVs (MSF)*

**Graph 1:** Sample of ARV triple-combination: stavudine (d4T) + lamivudine (3TC) + nevirapine (NVP). Lowest world prices per patient per year.

**The Effects of Generic Competition** June 2000-June 2006



Generic competition has shown to be the most effective means of lowering drug prices.

# Strategies to reduce costs, increase access and defeat AIDS denialism

- Triangular approach
  - *Pharma and private sector*
  - *Government*
  - *Pricing and Access in public and private sectors*
- Changing Public Sector and State Policy - 2003 Cabinet Statement

2001

**‘Doha  
Declaration’  
TRIPS &  
Public Health**

*We agree that the TRIPS Agreement does not and should not prevent members from taking measures to protect public health. Accordingly, while reiterating our commitment to the TRIPS Agreement, we affirm that the Agreement can and should **be interpreted and implemented in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all.***

*In this connection, we reaffirm the right of WTO members to use, to the full, the provisions in the TRIPS Agreement, which provide flexibility for this purpose.*

# The People's Vaccine

- Everyone, everywhere, who needs it, must get a safe and effective vaccine
- COVID-19 diagnostic tools, treatments, and vaccines must be available to everyone *everywhere*, free at the point-of-delivery
- Peoples Vaccine - <http://peoplesvaccine.org/>
- UAEM - Free the Vaccine <https://freethevaccine.org/>



# THE LANCET: *Challenges in ensuring global access to COVID-19 vaccines:* Olivier J Wouters et al (12 Feb 2021)

	Technology	Known public and non-profit funding, US\$	Funders
Sanofi with GlaxoSmithKline	Protein subunit	\$2.1 billion	US Government
Novavax	Protein subunit	\$2.1 billion	Bill & Melinda Gates Foundation, CEPI, US Government
AstraZeneca with Oxford University	Non-replicating viral vector	\$1.7 billion	CEPI, UK Government, US Government
Johnson & Johnson	Non-replicating viral vector	\$1.5 billion	US Government
Moderna	mRNA	\$957 million	CEPI, Dolly Parton COVID-19 Research Fund, US Government
BioNTech with Pfizer	mRNA	\$445 million	German Government
Clover Pharmaceuticals with Dynavax	Protein subunit	\$430 million	Bill & Melinda Gates Foundation, CEPI
CureVac	mRNA	\$348 million	CEPI, German Government
Sinopharm with Wuhan Institute	Inactivated virus	\$142 million	Chinese Government
Medicago	Virus-like particle	\$137 million	Canadian Government
Inovio	DNA	\$107 million	Bill & Melinda Gates Foundation, CEPI, US Government
Covaxx with Nebraska University	Protein subunit	\$15 million	Taiwanese Government
SK Biosciences	Protein subunit	\$14 million	Bill & Melinda Gates Foundation, CEPI
Biological E	Protein subunit	\$9 million	Bill & Melinda Gates Foundation, CEPI, Indian Government
University of Hong Kong	Replicating viral vector	\$4 million	CEPI, Hong Kong Government
CAMS with IMB	Inactivated virus	\$3 million	Chinese Government, Jack Ma Foundation
AnGes with Osaka University	DNA	Unknown	Japanese Government
Anhui Zhifei with CAMS	Protein subunit	Unknown	Chinese Government
Bharat Biotech	Inactivated virus	Unknown	Indian Government
CanSino	Non-replicating viral vector	Unknown	Unknown
Gamaleya	Non-replicating viral vector	Unknown	Russian Government
RIBSP	Inactivated virus	Unknown	Kazakh Government
SII with Max Planck Institute	Live attenuated virus	Unknown	Unknown
Sinopharm with Beijing Institute	Inactivated virus	Unknown	Chinese Government
Sinovac	Inactivated virus	Unknown	Unknown
Vector Institute	Protein subunit	Unknown	Russian Government

Data are as of Feb 3, 2021. The sources and methodology are outlined in appendix 2, which also includes more information about the funding arrangements. In brief, for developers with COVID-19 vaccines that have been approved or authorised for human use in one or more countries, are in phase 3 clinical testing, or are under contract with CEPI or the COVAX Facility, we searched press releases from developers and funders, as well as financial reports filed by developers with regulators in various countries, for information on public and non-profit funding. We did not count funds provided to licensees that produce and distribute vaccines on behalf of lead developers or to contract development and manufacturing organisations, nor did we count loans (ie, debt financing) from international financial institutions (eg, European Investment Bank) or national governments. We included pre-purchase agreements between governments and companies where it appeared as though a substantial portion of the funding went towards late-stage development (ie, phase 1–3 trials) or scaling up production at risk before the completion of clinical testing. CAMS=Chinese Academy of Medical Sciences. CEPI=Coalition for Epidemic Preparedness Innovation. IMB=Institute of Medical Biology (China). RIBSP=Research Institute for Biological Safety Problems (Kazakhstan). SII=Serum Institute of India.

**Table: Public and non-profit funding for the research, development, and production of leading vaccine candidates**

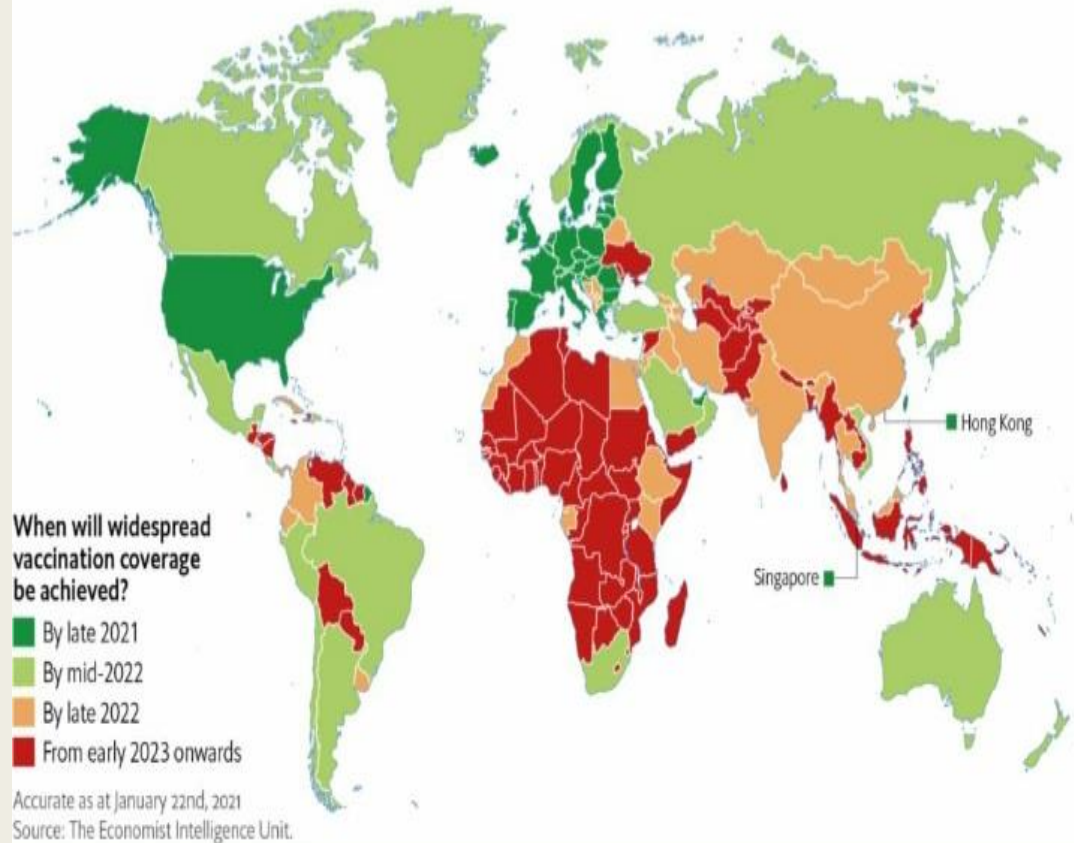


# ‘Why TRIPS WAIVER’ matters



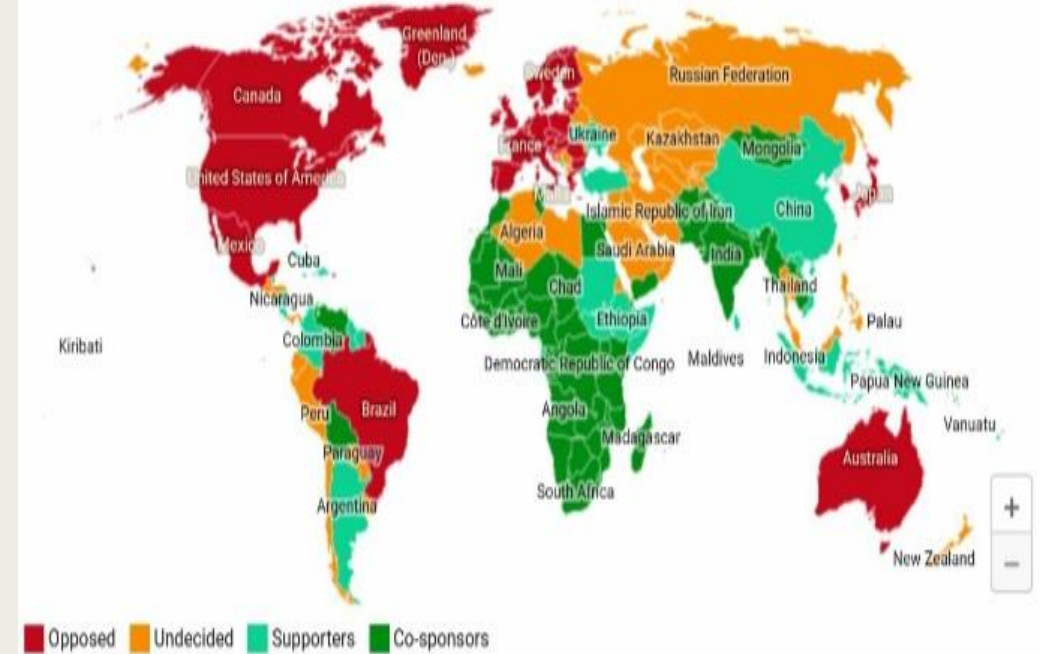
- SA Government Submission to WTO: July 2020
  - ‘TRIPS flexibilities are difficult to use, rarely invoked by Global South’
- AU Communique on IP Barriers for Vaccine Access: July 2020
- SA and Indian Government Joint Proposal for TRIPS Waiver : October 2020
  - Now supported by many developing world countries, co-sponsored by 57 and AU, Vatican, WHO, other moral and public health leaders and science experts
  - **Opposed by Brazil (BRICS-), Australia, EU, UK, US, Canada, Japan**

## Rich countries will get access to coronavirus vaccines earlier than others



## Opponents and supporters of the TRIPS Waiver

Adopting the waiver proposal would ensure that the world has better access to #Covid19 diagnostics, medication and vaccines. Nobody is safe until everybody is safe #NoCovidMonopolies.



# ACCESS AND BLOCKERS OF ACCESS

(MSF / EIU / DUKE)

## Over-ordering of coronavirus vaccines

Some areas have ordered enough to vaccinate their population many times over - even taking into account single and double dose vaccines

### Canada

338m doses have been ordered - enough to vaccinate the **population** **5 times** over



### UK

457m doses ordered **3.6x** population



### European Union

1.8bn doses ordered **2.7x** population



### Australia

124m doses ordered **2.5x** population



### US

1.2bn doses ordered **2x** population



### Brazil

232m doses ordered **55%** of population



### Indonesia

190m doses ordered **38%** of population



### African Union

672m doses ordered **38%** of population



### India

116m doses ordered **4%** of population



### Saudi Arabia

3m doses ordered **4%** of population





**DECISION ON THE REPORT ON THE AFRICAN UNION  
RESPONSE ON COVID-19 PANDEMIC IN AFRICA**  
Doc. Assembly/AU/5(XXXIV)

The Assembly,

1. **TAKES NOTE** of the Report of the Executive Council on the Report on COVID-19 Pandemic in Africa and the recommendations therein;
2. **EXPRESSES** deep appreciation to H.E. Mr Matamela Cyril Ramaphosa, President of the Republic of South Africa, Chairperson of the African Union, and the members of the Bureau of the Assembly of the African Union; H.E. Félix Tshisekedi, President of the Democratic Republic of Congo, H.E. Abdel Fattah el-Sisi, President of the Arab Republic of Egypt, H.E. Uhuru Kenyatta, President of the Republic of Kenya, and H.E. Ibrahim Boubacar Keïta, President of the Republic of Mali, for providing exemplary, timely, focused and effective leadership to Africa's response to COVID-19;
3. **COMMENDS** the Chairperson of the AU Commission, Members of the AU Commission and Staff of the African Union for the support they have provided to the Bureau of the Assembly and for implementing the decisions of the AU Policy Organs on Africa's coordinated response to the COVID-19 pandemic;
4. **ACKNOWLEDGES** the notable achievements of the African Union in response to the pandemic, including the implementation of the Africa Joint Continental Strategy for Covid-19, the establishment of the African Union Covid-19 Response Fund, the formation of an African Medicines Supplies Platform; the Partnership to Accelerate Covid-19 Testing, the appointment of African Union Special Envoys for Covid-19 Response, and the invaluable work of the newly established African Vaccines Acquisition Task Team;
5. **COMMENDS** the efforts of African Heads of State and Government whose timely actions led to a major boost in the prevention and control of the Covid-19 pandemic in Africa;
6. **WELCOMES** the contributions by AU Member States, Partners and other Organisations which contributed to the AU response to the Covid-19 pandemic and **CALLS UPON** other Member States and Partners to provide support;
7. **ACKNOWLEDGES** the efforts of the Ministers responsible for Health, Finance and Transport, and all other stakeholders in their roles to respond to the COVID-19 pandemic;
8. **EXPRESSES SUPPORT** on the need for equitable and timely, access to the COVID-19 vaccine to all AU Member States which will require the African Vaccine Acquisition Task Team (AVATT) to ensure at least 60% of the Continent's population is vaccinated;

9. **EMPHASISES** the need for universal, equitable and timely access to affordable medical products amongst others, diagnostic kits, vaccines, personal protective equipment and ventilators for a rapid and effective response to the COVID-19 pandemic;
10. Acknowledging the urgent need for continued AU's engagement with partners to mobilise support for Africa's efforts in the fight against COVID-19 pandemic, **FURTHER DECIDES**, as proposed by the Chairperson of the Union, H.E. President Felix Tshisekedi, to appoint H.E. President Matamela Cyril Ramaphosa as the African Union Champion for the COVID-19 response;
11. **NOTING** that, in the light of the foregoing, exceptional circumstances exist justifying a waiver from the obligations of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) specifically for the prevention, containment and treatment of COVID-19;
12. **DECIDES** to support the proposed WTO Waiver from certain provisions of the TRIPS Agreement for the Prevention, Containment and Treatment of COVID-19 as contained in WTO Document IP/C/W/669;
13. **URGES** Member States to take all necessary action to deal with the ramification of the COVID-19 pandemic with regards to ending violence against women and girls in Africa.

# March 2021: in the middle of a pandemic, where are the vaccines?

- 75% of vaccines administered in 10 rich countries- 130 countries - zero or handful of shots administered (WHO)
- COVAX has several limitations - Austria has questioned lack of transparency
  - *Voluntary pooling mechanism; tiered pricing*
  - *Self-financing for MICs and HICs (Canada, UK) alongside bi-lateral agreements*
  - *Not all governments and companies have entered (MoU, Sol)*
  - *No pricing transparency or contract disclosure - forfeiture fee exists - other penalties unclear*
  - *Relies on charity for LICs - not yet raised full target*
  - *Supply targets cannot cover Q 1 needs - best estimate 27% by end 2021*
  - *Key pillar is AZ via Korea BK/Serum II\**
- WHO - this is a 'moral catastrophe' / supports waiver and patent relaxation for pandemic
- WHO - and Dr Fauci, Vatican, AU, UNAIDS, Stn Africa Anglican Archbishop:
  - *relax the patent regime, stop hoarding, share technology and urgently scale up for public health reasons too - widespread urgent global and esp. HCW immunisation needed*

# South Africa - impact locally

- SA HCW - first *study* vaccine mid-February 2021 (Sisonke study for HCWs)
  - Budget announcement includes ZAR 10 *billion and* no-fault state sponsored scheme
  - Regional impact given migrant labour if only SA vaccinates first Stn Africa
- Vaccine Selection and Trials
  - *Trial- AstraZeneca/Oxford Group (roll out paused early 2021; 'selling' to AU) (EU export ban)*
  - *Trial - Johnson and Johnson (Sisonke+ rolled out 17 Feb. 2021)*
    - Aspen sub-license only for fill and finish - J&J (issue around volumes and exports)
    - No BIOVAC license - (COVAX pre-selected, not materialised)
  - *Trial - Novavax (not in selection)*
  - *Trial - Pfizer/BioNtech (in selection)*
- Selection of vaccines and phase roll out implications in absence of regulatory approval, variants and bi-lateral and COVAX and AU VATT agreements
- Other discussions and negotiations pending with Moderna Inc (NIH-Moderna Vaccine)

# Africa ++

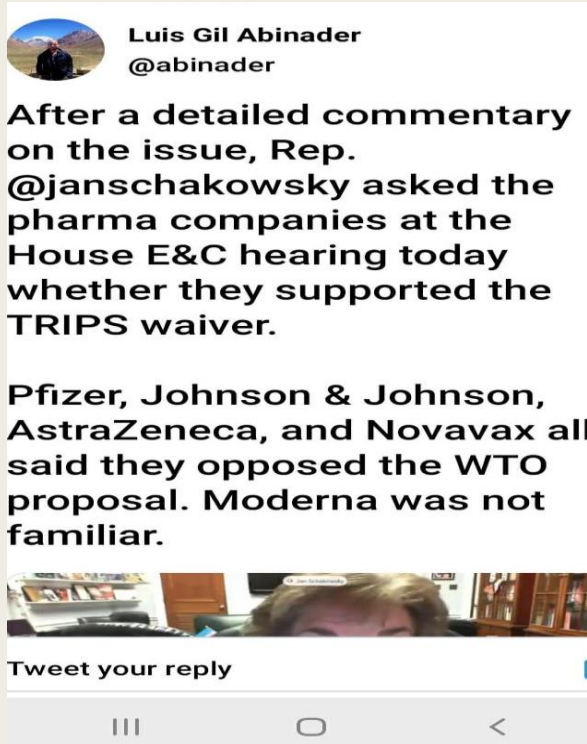
- Africa: AU VATT -700 mill from COVAX, 300 from AU bi-lateral
- Countries also negotiating with COVAX outside of AVATT
- This week: first supplies arrived in Africa from COVAX
  - 20 million for 20 countries - unlike Jan. 2021 ('25 shots'), now include Ghana, Ivory Coast, Kenya vaccinating
  - Deliveries also to- Angola, DRC, Cambodia, Colombia, DRC, Gambia, India, Kenya, Lesotho, Malawi, Mali, Moldova, Nigeria, Philippines, RO Korea, Rwanda, Senegal, Sudan and Uganda
  - COVAX expecting 14.4 million for additional 31 countries this or next week = 51 countries (2/3% by end Q1 / 27% max coverage in LICs by end 2021)
  - “relatively small’ volumes a risk and means widespread immunity will be delayed in Africa and global south unless urgent manufacturing scale up takes place to address immunological equality



# Civil Society

- Access cannot hinge on benevolence and charity and no transparency (see also WHO)
- Billions in public investment including for vaccine research for Covid-19 (see Lancet)
- Voluntary licenses are limited and non-transparent, even if helpful - segments markets - who has ultimate control and rights (to IP)
- Rich countries have pre-bought supplies in advanced purchase agreements, bi-laterally (see pre-orders)
- COVAX has several limitations TRIPS flexibilities are difficult to use in practice (see WHO and forecasts)
- Health / Justice Groups Calls on 1 year of pandemic declaration:
  - *Pharmaceutical companies must openly share their technological know-how also by joining the WHO Covid-19 Technology and Access Pool (C-TAP)*
  - *Governments must suspend patent rules at the WTO vaccines and health technologies during the pandemic. This will help break monopolies and increase supplies so that there are enough doses for everyone, everywhere*
- Safe manufacturing can be ramped up with proper investment and data sharing:
  - *Way 1 (Waiver); Way 2 (Doha); now Way 3 ('WTO way' - still enforces patents despite Doha and AIDS crisis lessons)*
  - *Way 4 - 'WHO Way' - Who, COVAX plus meeting with manufacturers and governments to id bottlenecks and remedy (tech transfer focus)*





## ARGUMENT

# Don't Let Drug Companies Create a System of Vaccine Apartheid

To avoid repeating the pitfalls of the HIV/AIDS crisis, governments and the WTO must make COVID-19 vaccination a public good by temporarily waiving intellectual property rights and compelling emergency production.

BY FATIMA HASSAN | FEBRUARY 23, 2021, 7:20 AM



# VACCINE APARTHEID



**THIS WON'T BE OVER  
UNTIL IT'S OVER FOR  
EVERYONE.**



**NO PATENTS  
MONOPOLIES  
IN A PANDEMIC**