Statement by the European Public Health Association (EUPHA) and WEMOS

Call to EUPHA members and the wider public health community: advocate sharing of rights, know-how and technology to maximise COVID-19 vaccine production

To end the COVID-19 pandemic as soon as possible and prevent unnecessary further loss of lives, everyone in the world needs access to safe and effective vaccines. The current vaccine supply is insufficient – at this rate, some countries will not be in a position to access vaccines until 2024. Therefore, the manufacturing capacity needs to be maximised. We need more available, certified pharmaceutical companies to use their factories to produce vaccines. To enable them to do so, current vaccine makers must share their intellectual property rights (such as patents), know-how and technology with other pharmaceutical companies.
Lately, there has been a lot of attention for the so-called TRIPS-waiver, a proposal allowing countries to temporarily suspend certain intellectual property protections for the duration of the pandemic. EUPHA and Wemos consider this initiative as a step in the right direction. However, to effectively maximise the production capacity, there are more hurdles to overcome. In addition to the non-enforcement of intellectual property rights, manufacturers need the know-how and technology (e.g., test data, instruction manuals, technical training) necessary to actually produce safe and efficient vaccines.
EUPHA and Wemos therefore call upon EUPHA members and the wider public health community to contact members of parliament and policy makers to advocate both temporary suspension of specific intellectual property rights and the sharing of know-how and technology for vaccine production, through initiatives like the COVID-19 Technology Access Pool (C-TAP) and the mRNA Vaccine Technology Transfer Hub.

The following pages provide more detailed information on the current global manufacturing capacity, recognised issues in expanding that capacity, and the adhering solutions. Additional information resources:

- Wemos Q&A on pooling patents and knowledge for COVID-19 vaccines
- Wemos video: making pooling of patents and knowledge work to end the pandemic

Background: why there is vaccine inequality and how we can solve it

Global common good
The world has been suffering from the coronavirus for over a year. Since March 2020 we are officially facing a pandemic. The way out is clear: vaccines. For everyone, everywhere. As soon as possible. Vaccines help us prevent new infections, further spread and mutations. Eventually they are key in ending lockdowns, curfews and other restrictions.

Regarding the way out of the pandemic, the primary global response was in various ways outstanding. The fact that there are currently eight different vaccines against the virus developed, WHO-authorised and marketed in such a short amount of time can be considered "nothing short of miraculous". Substantially, the WHO's collaboration with partner organisations, in launching counter pandemic initiatives (like the later stressed C-TAP and COVAX facility) sparked international confidence in the trajectory of curbing the pandemic. Also, the President of the European Commission, Ursula Von der Leyen's statement at the start of the outburst, in which she explicitly declared COVID-19 vaccines a global common good, was a true beacon of hope for many.

Reality

In contrast to expectations, today we do not witness much of an applaudable situation. The vaccine makers do not produce nearly enough vaccine doses, the success of the WHO initiatives is highly debatable, and the European Commission actions contradict their initial stance. Moreover, newspapers brimming with articles about vaccine nationalism, vaccine apartheid and vaccine inequity are today's reality. High-income countries purchased over 80 percent of the total global vaccine supply, and gradually pave their way back to what once was "normal". The high vaccination rate in those countries provides their governments a reason to relax measures such as lockdowns and curfews. On the bright side, high-income countries provide evidence that vaccines are a highly effective tool in curbing the tide.

However, the light at the end of the tunnel is not nearly in sight for most of the countries on our planet. They lack sufficient access to vaccines, which makes halting the pandemic a task almost beyond the bounds of possibility. The devastating impact thereof is blatant in India and Brazil, among other places. For many of those left behind, COVAX now counts as main way to obtain vaccines. COVAX is a facility co-founded by the WHO, initiated to guarantee fair and equitable access to vaccines, for everyone. As such they aim to secure and supply COVID-19 vaccines, all over the world. Tragically, COVAX only managed to deliver 77 million vaccine doses to 127 countries, which is far from being on track to reach the initial plan of administering 2 billion doses before the end of this year.

Problem

Evidently, the global vaccine distribution is a highly unfair endeavour – in spite of 93 billion euros of public resources having been invested globally for the development of COVID-19 vaccines. Firstly, there is still an insufficient supply of vaccines. Unfortunately, capable, certified companies offering to use their machineries to help, receive rejections to do so. Secondly, the vaccine distribution is unfair. These two issues are intertwined.

Expansion of the production capacity will benefit both. To ramp up that capacity, two elements are crucial. The first is to enable third parties to produce vaccines, too. This can be accomplished both through voluntary and involuntary ways. The voluntary manner, sublicensing, has been used insufficiently. Therefore, we argue that it is essential to use the involuntary path. The second part of the solution holds the transfer of know-how and technology, to instruct firms with unutilised facilities how they must use their facilities to make safe and effective vaccines.

Solution part I: intellectual property rights

In October 2020, when the severity of potential unfair and insufficient vaccine distribution was glaring, along with the adhering unpromising prospect, India and South Africa turned to the World Trade Organization (WTO). In accordance with Article IX of the WTO Agreement, they proposed a relaxation of certain rights stipulated in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) for the time of the pandemic – widely referred to as **TRIPS waiver**. This waiver permits every WTO member state to use the right to temporarily lift intellectual property rights, such as patent rights, of COVID-19 related products (e.g., medicines, diagnostics and vaccines). Thus, through the waiver, states can ensure that pharmaceutical firms share their rights,

so that others are legitimately allowed to help boosting the global production capacity. Over 100 countries support this waiver. In May 2021, the US proposed a limited version of the TRIPS waiver, seeking applicability only to vaccines (excluding other products, such as medicines and diagnostics). Recently, the European Commission submitted a proposal on intellectual property rights regarding vaccines and therapeutics at the WTO's address, too. In their less effective proposal, they call for a limitation of export bans and for expansion of the global vaccine manufacturing capacity. Regarding the latter, they suggest WTO member states to grant compulsory licenses when voluntary cooperation fails. Through the issuance of a compulsory license, a government can allow others than the patent holder to make use of the patent. As such, the government permits others to produce the vaccine or therapeutic too, disregarding the patent holder's consent. However, they will encounter more issues in case they intend to export vaccines or therapeutics than under the TRIPS waiver, as the EU proposal is based on standards established in the TRIPS Agreement, which permits exports under highly constrained TRIPS exceptions.
Neither the TRIPS waiver, nor the EU proposal alone can accelerate the actual production of vaccines. Advocating the TRIPS waiver may be a good lever to come closer to that goal. But since vaccine production is a rather complex process, additional know-how and technology transfer are required too.

Solution part II: know-how and technology
Aware of the essence of know-how and technology transfer, the Costa Rican government filed a proposal at the address of the WHO, very early in the pandemic already. Their proposal resulted in the launch of the **COVID-19 Technology Access Pool** (C-TAP). C-TAP and initiatives alike, form platforms through which pharmaceutical firms can voluntarily share intellectual property rights, know-how and technology. In return for sharing, they receive a fair renumeration. Other firms can utilise the shared information to exploit their factories for (parts of) vaccine manufacturing too. As such, firms besides those who first marketed a vaccine, can help maximising the global production capacity. Albeit a promising initiative, C-TAP has not been utilised yet. In other words: the pool is still empty.
This means that stronger advocacy is needed to make sure that pharmaceutical companies will start sharing their intellectual property rights, know-how and technology through C-TAP or other mechanisms, most urgently for vaccines but for other COVID-19 products as well. As a public health community, we can and should play an important role in this, making sure that everybody is protected from COVID-19 as soon as possible.

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wemos
HEALTH UNLIMITED

We advocate the right to health for all; access to health services and protection against threats to health. We were founded 40 years ago by a group of Dutch medical students who believed that medical interventions in low- and middle-income countries (LIMCs) can be effective only if the underlying causes of health problems are addressed. Since then, we have acquired an international reputation for our rights-based and systemic approach to health. We target policy-makers and politicians, but also reach out to the public at large.

We believe in using our knowledge base to build bridges, raise awareness of urgent health issues among policy-makers both in the Netherlands and abroad, and strengthen the voices of partner organisations and those without easy access to healthcare.

The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 20'000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.

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