

Keeping the Promise:

PHM alerts nations on what it means to ensuring that Covid 19 vaccination is a global public good.

PHM welcomes the declaration of a vaccine against Covid as a public health good. PHM welcomes the promise being made by many political leaders and governments to ensure that there would be free and universal access to the COVID 19 vaccine.

The PHM calls on peoples movements to demand a binding commitment from their governments and a national policy on how each nation would be achieving the goal of providing free vaccines for all, along with a fair and transparent policy of prioritization in the roll out of universal vaccination, and affirmative action to ensure access to those marginalized sections who need it most.

PHM also calls on global health and financing institutions to spell out how it would assist these national policies.

PHM calls for a equity sensitive, science and evidence based, and systems-wide policies related to development, manufacture and distribution of vaccines against Covid 19.

To fulfill the promise national and global policies would have to be guided by four simple principles;

1. National Policies must affirm the need and urgency for a vaccine as a public good.

- Universal Access to a safe and effective vaccine against COVID 19 is important as part of everyone's right to a healthy life.
- The early development of a vaccine is also required to re-open the economy so millions of the working population can to return to work safely.
- The loss of employment and incomes, the lack of access to essential public services including health services, the massive displacement and restrictions on social movement have all disproportionately affected the working people and the poor, most of whom have had no social security cover nor compensation for the loss. And as they return to work, they would face the dangers more. Therefore the demand for universal and *free* access to vaccines is a justified demand.
- It is also important to note that the right to free or affordable vaccines is also bolstered by the fact and because the development of the vaccine has largely been done at public cost.

2. National Policies must ensure that vaccines are safe and effective, and the decisions are based on science and evidence and not due to corporate pressures or political expediency.

The drive for further corporate profits, the pressures of speculative trading and political expediency are together creating political interference and a vaccine politics that is most harmful to peoples right to the safe and effective vaccine. *This has to be countered by decision-making resting with scientific committees whose members have no conflict of interest and which is free from undue political interference.*

There are serious concerns that ongoing vaccine trials being “ designed to succeed”. The allegation is that the thresholds for effectiveness (in terms of how many infections, morbidity and mortality it prevents) are being set too low and the minimum sample sizes required are not being adhered to.. Many vaccines under development are approved on the basis that they would reduce the proportion of those who get infected and become very sick or die from it. But this proportion could be very low and we do not know how long the protection would last. An immunized person could still get infected, he could also transmit the infection. Further the use of “Emergency Use Authorization route to sanction vaccines” whose testing is not complete could also allow large-scale introduction of incompletely tested vaccines. As more and more national and global leaders announce unrealistic deadlines which anticipate the results of a clinical trial that is not completed these fears get heightened. Inadequate transparency on the details of the clinical trials adds into this trend.

- *National and Global Policies must therefore demand complete transparency on the clinical trial data, and a system of technical governance for vaccine effectiveness that is secured from political interference.*
- *Further it is essential that even when some vaccine candidates are cleared for deployment, the trials should continue with enlarged numbers of persons enrolled so as to enable greater certainty as well as to enable judgment about which vaccine is more effective, in preparation for a full roll-out.*

3. National Policies must ensure the necessity capacity to Manufacture and import and secure global allocations in a fair manner.

Most nations are placing their hopes of gaining access to Covid Vaccines through COVAX. COVAX is a newly created global institution that promises to ensure fair distribution and allocation of vaccines between nations and within nations. COVAX is being funded through external aid from the donor countries and through corporate philanthropy- notably Gates Foundation and Wellcome, and through 10% down payments required of self-funded participating countries.

PHM notes that the COVAX facility as it is designed currently will seriously limit the ability of nations to fulfill the promise of providing free or affordable vaccines to all its people. Nations must call for major changes in COVAX and in parallel plan to go beyond the uncertain gains they would get from it.

COVAX is signing agreements with participating countries to provide 20% of the high priority vaccine needs for a fixed period of time. But for the remaining 80% of the population and after the initial period is over, , for the entire 100% of the population the supply (prices, volumes and delivery dates) will be at market rates as negotiated by countries with the corporate vaccine manufacturers. For countries who are not self-funded the proportion would be even less.

COVAX is signing advance purchasing agreements with about 5 to 10 global vaccine suppliers, These agreements commit the corporate pharma company to give a certain proportion of their production to COVAX in return for COVAX providing them the finances required for vaccine development and manufacture. But they can market the rest and whatever rates they please. Further the terms of these agreements are not fully know.

Indian vaccine manufacturers would be bound by agreements they have already made with COVAX and with the corporate partners to get voluntary licenses for manufacture. These agreements mean that the prices they charge, whom they are allowed to sell to and how much are all finalized without any matching agreement with either the host country or other developing nations.. We know from the announcements of the Serum Institute of India that 50% of the production of that company would be ear-marked for India at prices that are not yet decided. And of the rest some would be against advance purchasing agreements with COVAX or bilateral agreements with rich countries. We know that rich countries that have 13% of the worlds population have already purchased over 50% of the worlds scheduled vaccine production, even before the vaccine is approved.

But what is worse is that because of the terms of voluntary licensing the Serum Institute of India and other companies manufacturing under voluntary licensing, cannot transfer its technology to other Indian companies nor export to countries, which are not covered by these agreements. Without such transfer of technology, the government cannot scale up manufacture of vaccines to the desired level.

Further many countries do not have the capacity within the nation to manufacture the necessary vaccines, and do not have the legislative space by which they can import from countries, which are manufacturing using a compulsory license.

It is therefore essential to bring to public knowledge that a government or political party's promise to make vaccines into a global public good is valid only if the following policies are adopted:

- a) *Rapidly upscale its manufacturing capacity for vaccines- by recruiting and re-tooling both public sector manufacturing units as well as a much bigger network of private sector units. This requires arrangements for systematic transfer of technology.*
- b) *Insist on complete transparency of the agreements that current Indian manufacturers sign with GAVI and with corporate companies. These agreements between Indian pharma and corporate vaccine manufacturers are under agreements that limit both the extent of their production that can be given to Indian needs and their ability to sell to nations*
- c) *Insist that all the vaccines innovated world-wide, should have no patent restrictions – since these are all developed with high levels of public funding and since such restrictions will make the necessary transfer of technology impossible. Any country should be able to import the vaccines from any manufacturer irrespective of the existing patent laws in either nation. For this reason national governments must be mobilized to support the India-South Africa proposal for a waiver of a number of TRIPS provisions..*
- d) *If patents are a barrier to up- scaling manufacture of the necessary volume of vaccines in India and to bringing down prices to the necessary levels required for massive purchase by the government, then the government must announce its readiness to use compulsory licensing as a tool.*
- e) *Bring COVAX directly under WHO and more democratic governance which is free of conflict of interests- and revise its mandate to be able to facilitate the above measures.*

4. National Policies for Distribution and Allocation:

The commitment to provide free vaccine to all must be matched by a commitment to increase public health expenditure and strengthen public health systems.

In the absence of such a commitment the government would not only fail to provide the necessary vaccine to all, its half hearted and token efforts will undermine existing essential health services. We know from past experience that when repeated rounds of pulse polio were being conducted to achieve polio elimination, routine child immunization fell. In parts of India like in Uttar Pradesh complete childhood immunization in children below 3 years, has been only 51 % and measles immunization had been 70%. (NFHS 2015-16) . But now it's the entire population that requires to be immunized. Without a huge increase in additional human resources, and cold chain infrastructure any effort to launch a total population covid immunization could seriously set back all of primary health care.

Since it may take many years to achieve total immunization coverage, policies related to prioritization are important. While there is general consensus that health workers must be covered, but beyond that the policies are not clear. It is important that many sections of the working population like migrants, those living in poor housing, those having to use public transport, or working in dangerous occupations like sanitation workers- are all more at risk for getting the disease and less capable of coping with its consequences- and therefore must be recognized as a priority category.

Thus delivering on the promise of free vaccines requires

- a) massive increase in public health expenditure
- b) *participatory committees for prioritization of vaccine allocation that function in a transparent manner.*
- c) *a comprehensive health systems development program where primary health care is universalized .*

The PHM calls attention to the fact that such the massive expansion in health human resources and health infrastructure and public health expenditure that is required would not only be good for health outcomes, but that it would also be a big stimulus to the economy and the reduction of economic and social inequality.