To,

Her Excellency Mette Frederiksen
Prime Minister of Denmark
Folketinget, Christiansborg
1240 Copenhagen K, Denmark

Copy to:
Honourable Jeppe Kofod
Minister for Foreign Affairs

Honourable Flemming Møller Mortensen
Minister for Development Cooperation

15 February 2021

Subject: Civil Society from Global South Calls for Support on COVID-19 TRIPS Waiver

Honourable Prime Minister Mette Frederiksen,

The undersigned represent more than 200 non-governmental organizations and trade unions from developing countries struggling to secure COVID-19 vaccines as the pandemic devastates our communities and economies. We are writing to urge your government to support the proposal currently on the table at the World Trade Organization (WTO) to waive certain TRIPS1 obligations for the prevention, treatment, and containment of COVID-19.

The proposal was presented by India and South Africa on October 2, 2020. This proposal has gained the support and co-sponsorship of developing countries from around the world. The vast majority of developing countries as well as international organizations including the World Health Organization, the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNITAID, and representatives of civil society, trade unions, human rights experts and academia have expressed their support for the proposed waiver.2

Since the start of the pandemic, the EU and its members have promised international solidarity, global equitable access, and stressed the importance of creating global public goods.3 And yet Denmark, through the European Commission speaking on behalf of the EU, is obstructing and opposing the waiver proposal, which seeks to remove relevant intellectual property monopolies so that production of COVID-19 medical products may be expanded and diversified globally.

More than a year into the pandemic, severe shortages of medical products including test kits, protective equipment, ventilators, therapeutics and medical devices persist in many countries, hampering prevention, treatment and containment of COVID-19.

The disparity in access to vaccines is especially shocking. High-income countries, which constitute just 16% of the world population have claimed 4.2 billion doses, compared to 2.5 billion doses by 84% of the world population. Many of these rich countries have purchased enough doses to vaccinate their population several times. According to WHO, more than three quarters of the vaccinations are in just

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1 The WTO Agreement on Trade-Related Aspects of Intellectual Property Rights
2 https://www.twn.my/title2/intellectual_property/trips_waiver_proposal.htm
10 countries. The Africa Union Chair, President Cyril Ramaphosa of South Africa has pointed out the “painful irony” of clinical trials being conducted on the continent, which is now struggling to gain access to supply.

Global vaccine supply is presently dependent on a few pharmaceutical companies including Pfizer, AstraZeneca and Moderna, yet they are unable to meet global demand, even for rich countries. This situation is unsustainable and unacceptable. In a global health emergency in which substantial amounts of public funding have driven the research and development, it is simply unconscionable that these few pharmaceutical companies will benefit from their intellectual property monopolies while the world is suffering. We also stress that the COVAX facility will only make 2 billion doses available by the end of 2021, representing a mere fraction of the needs of 6.4 billion people in developing countries.

There is an urgent need to expand and diversify supply options and engage manufacturers from across the world in ramping up vaccine production. For this to happen, intellectual property barriers must be removed. The TRIPS Waiver is the best way to do this, allowing manufacturers and governments the freedom to act to meet the global need for COVID-19 vaccines and therapeutics.

The EU’s opposition to the adoption of the waiver is simply indefensible. It is contributing to deepening the global crises of inequality. This opposition is also “self-defeating”. The recent emergence of new variants has shown that so long as large parts of the world’s population, especially vulnerable communities, remain unprotected, new and more resistant virus mutations are likely to occur, threatening to prolong the pandemic, and continuing to further devastate livelihoods, communities and economies, worldwide, including in EU countries.

The COVID-19 pandemic is more than a health crisis; it is an economic crisis, a humanitarian crisis, and a human rights crisis that requires compassion and global solidarity. We need urgent unprecedented action to be taken to contain the spread globally. We need manufacturers from every continent, in developing countries, wherever possible, engaged in production, if we are to overcome this pandemic.

We strongly urge Denmark to demand that the European Commission unconditionally supports the proposal to waive certain TRIPS obligations for the prevention, treatment and containment of COVID-19 and immediately stops obstructing its adoption.

We look forward to your support.

Sincerely,
Sangeeta Shashikant,
Third World Network
on behalf of the signatories

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*As of 10 February 2021*
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People's Health Movement
Email: globalsecretariat@phmovement.org

Signatories

Global and Regional

1. Africa Coal Network
2. Africa Young Positives Network (AY+)
3. AIDS and Rights Alliance for southern Africa (ARASA), Southern and East Africa
4. Arab NGO Network for Development (ANND)
5. Asia Pacific Forum on Women, Law and Development (APWLD)
6. Asia Pacific Network of People Living with HIV (APN+)
7. Building and Wood Workers Asia Pacific, Asia Pacific
8. Caritas de América Latina y el Caribe
9. Centre de Recherches et d'Appui pour les Alternatives de développement - Océan Indien (CRAAD-OI)
10. Corresponsales Clave
11. Development Alternatives with Women for a New Era (DAWN)
12. Drugs for Neglected Diseases initiative (DNDi) African Region
13. Drugs for Neglected Diseases initiative (DNDi) East Africa
14. Drugs for Neglected Diseases initiative (DNDi) Latin America
15. Drugs for Neglected Diseases initiative (DNDi) South Asia
16. Drugs for Neglected Diseases initiative (DNDi) South-East Asia
17. Drugs for Neglected Diseases initiative (DNDi) GARDP Southern Africa
18. East Africa Climate Change Network
19. Education International, Asia Pacific
20. GRAIN
21. Health Action International Asia Pacific
22. International Treatment Preparedness Coalition Latin America and The Caribbean
23. International Women's Rights Action Watch Asia Pacific (IWRAW Asia Pacific)
24. Latin American Key Correspondent Team, Latin America
25. LDC Watch
26. Malaria Free Mekong, Greater Mekon
27. Mesa Vinculacion mecanismo regional de la sociedad civil de A. Latina y el Caribe
28. Pacific Feminist SRHR Coalition
29. Pacific Network on Globalisation (PANG)
30. Pascal International Members Association (PIMA)
31. People’s Health Movement (PHM)
32. People's Vaccine Alliance
33. Plataforma de Personas que ejercen trabajo Sexual
34. Public Service Accountability Monitor (PSAM)
35. Public Services International, Africa
36. Public Services International, Asia Pacific
37. Public Services International, Interamericas
38. Partners for the Land & Agricultural Needs of Traditional Peoples (PLANT)
39. Red Juvenil de Asociación de Mujeres Gente Nueva (REDJUAMUGEN)
40. Red Latinoamericana por el Acceso a Medicamentos, Latin America
41. Southern and Eastern Africa Trade Information and Negotiations Institute (SEATINI)
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95. Drugs for Neglected Diseases initiative DNDi, Democratic Republic of the Congo
96. Egyptian Initiative for Personal Rights (EIPR), Egypt
97. Electricity Employees’ Union, Sierra Leone
98. EMPOWER INDIA
99. Enlace-Centro de Desarrollo Humano, Paraguay
100. Federação dos Órgãos para Assistência Social e Educacional (FASE), Brazil
101. Federación Médica Colombiana, Colombia
102. Federasi Serikat Buruh Kerakyatan Indonesia
103. Feminist Dalit Organization (FEDO), Nepal
104. Feministas en Acción, Argentina
105. FIAN Indonesia
106. Fiji Youth Sexual and Reproductive Health and Rights Alliance, Fiji
107. Food Sovereignty Ghana
108. Foro de Mujeres por la Igualdad de Oportunidades, Argentina
109. Forum of HIV/AIDS NGOs from São Paulo (FOAESPI), Brazil
110. Freedom from Debt Coalition, Philippines
111. Fundación Grupo Efecto Positivo, Argentina
112. Fundación IFARMA, Colombia
113. Fundación Mexicana para la Planeación Familiar (MEXFAM), Mexico
114. Fundación para Estudio e Investigación de la Mujer, Argentina
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120. Ghana Registered Nurses and Midwives Association, Ghana
121. Grupo de Incentivo à Vida, Brazil
122. Grupo de Resistência Asa Branca, Brazil
123. Health and Rights Education Programme (HREP Malawi), Malawi
124. Health of Mother Earth Foundation, Nigeria
125. Health, Ethics and Law Institute of Forum for Medical Ethics Society, Mumbai, India
126. Health Equity Initiatives, Malaysia
127. Hope for Rural Women's Assembly, Lesotho
128. Human Rights Research Documentation Center (HURIC), Uganda
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134. Initiative for Health & Equity in Society, India
135. Institute for Economic Research on Innovation, South Africa
136. Instituto para el Desarrollo Humano, Bolivia
137. International Community Woman VIH/SIDA, Argentina Chapter
138. International Community of Women Living with HIV and AIDS, Kenya Chapter
139. International Labour, Research & Information Group (ILRIG), South Africa
140. International NGO Forum on Indonesian Development (INFID), Indonesia
141. Kamara Organic Promoter Rwanda
142. Kamukunji Paralegal Trust (KAPLET), Kenya
143. Kenya Legal and Ethical Issues Network on HIV and AIDS, Kenya
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146. Konfederasi Serikat Buruh Seluruh Indonesia (KSBSI), Indonesia
147. Ladder for rural development organization (LAFORD), Malawi
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149. Malawi Network of Community Health Workers, Malawi
150. Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA+), Malawi
151. Malay Economic Action Council, (MTEM) Malaysia
152. Malaysian Movement Against TPPA (BANTAH TPPA), Malaysia
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160. National Health Workers' Union of Liberia (NAHWUL), Liberia
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