

**Promoting Equitable Access to Essential Health Technologies
in the context of COVID 19**

Second Progress Report

January 17th, 2021

DRAFT

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I. Project level updates

Background

Some of the objectives set out for the second quarter were to put the pilot country teams and the resources in place; establish the Project Advisory Committee; start bringing out position papers, articles and policy briefs in addition to making the connections with the other global campaigns. At the country level, the objective was to have the country teams put action plans in place to take forward the objectives of the project. The project has by and large achieved these objectives and have also responded to some of the global and country level developments in a dynamic manner and at the same time establishing connections with some of the friendly networks.

1. Monthly Project Management Committee meetings

The project management committee meetings happen once a month to take stock of the progress made by the project. Each of the pilot countries and the global arm update the group of the progress made and the processes and actions undertaken during the previous month. Any bottlenecks or challenges faced either at the pilot country level or at the global level are discussed and addressed. This is also a platform where cross-learning is happening (for instance, study tools or popular material). The meetings also plan the work for the month ahead and is taken stock of in the subsequent month.

2. Setting up the Global Project Advisory Committee

The process of enlisting members to the Global Project Advisory Committee (PAC) which had started in the previous quarter was completed with confirmation of many of the partners to be part of the Advisory group. The members are Wm Aldis (ex WHO, Thailand); Anna Marriott (Oxfam); Anand Grover (India, Senior Advocate, Former UN Rapporteur on Health); Mohammad Barzgar HAI AP (Iran); Bev Snell (Australia HAI AP); Christina Cepuch (MSF); Ekbal (PHM, HAI AP); Eugene (SK)- EACT -SK; Thomas Schwarz (G2H2, MMI); Jasper Thys (PHM EU); Jaime Vidal (HAI); Kajal Bharadwaj (PHM, India) Gopa Kumar (TWN); Leena Menghaney (Regional Head South Asia and Global IP Advisor MSF Access Campaign); Luciana Melo N. Lopes (Brazil, UAEM); Mira Shiva (India); Rhiannon (UAEM); Yokeling (TWN); Yuan (Senior Legal and Policy Advisor, MSF)

The PAC had 2 meetings on November 13, 2020 and December 11, 2020. Updates from the EACT project were provided from the 3 pilot countries and discussions around the global developments regarding access were discussed. The collaboration between various international campaigns on access issues were discussed. The waiver proposal by India and South Africa was mainly discussed and how the various PAC members could take it forward in their constituencies were discussed.

3. Pilot Country updates

South Africa

Background

From December 2020 South Africa entered its second wave of the Covid-19 epidemic. It is anticipated that the current wave will dissipate towards the end of January. Initial hotspots were first reported in the South East of the country (in the Eastern Cape and Garden Route), and thereafter the Western Cape, putting health workers, demand for medical oxygen, intensive care beds, and health facilities in these regions under severe pressure. During the final week in December, the second wave became a national phenomenon. Currently, infection rates are climbing rapidly in KwaZulu Natal and Gauteng. Both public and private sector hospitals have indicated that they are operating at close to full capacity – and in some instances, at full capacity.

The rapid increases in infections during the second wave may be due to increased socialising – leading to super spreader events – during the holiday period, combined with the emergence of a new “South Africa” strain of the corona virus that is proving to be much more transmissible than previous strains.

In order to slow the spread of Covid-19, and to assist the health system to cope with the high volume of Covid-patients the government announced a lockdown on 28 December 2020, which is set to expire on 15 January 2021.

On Sunday 3 December 2021 the government announced a vaccine rollout plan, which ultimately promises to vaccinate a minimum of 67% of the population. During Phase 1 frontline health workers will be prioritized (about 1.25 million workers). Phase 2 prioritises essential workers, persons in congregate settings, the elderly and those over the age of 18 who have comorbidities. During phase three [all South Africans over the age of 18 will be targeted](#). It is unclear at this stage whether non-citizens will be eligible for vaccination.

Mobilisation around South Africa’s Vaccine Rollout Plan

Mobilisation for a “people’s vaccine” is at the top of the civil society agenda at the moment. PHM South Africa is participating in many of these initiatives, in order to share the research emerging from the EACT project, while also enriching the research through participation in ongoing popular education, advocacy and political mobilisation. This has included:

- Participation in the [C19 Peoples Coalition](#)’s efforts to launch a mass mobilisation campaign aimed at securing popular support and advocacy for universal access to Covid-19 vaccines. The campaign aims to ensure that vaccines are allocated on the basis of need rather than the ability to pay or citizenship/immigration status, and that civil society organisations in the non-profit sector play a meaningful role in decision-making about how vaccines are procured and distributed.

- Producing a set of 5 “Vaccine Q&A” cards, in collaboration with other members of the Health Working Group of the C19 People’s Coalition. The cards are currently only available in English, though they will be translated into other local languages. They focus on the following questions: (1) What is a vaccine?; (2) Why do we use vaccines?; (3) How do vaccines work?; (4) Is there a vaccine for Covid-19?; and (5) Who will get the Covid-19 vaccine? The vaccine cards were released in December 2020, prior to the announcement of South Africa’s vaccine rollout plan.
- PHM South Africa becoming an official member of the [Fix the Patent Laws Campaign](#), which is aimed at ensuring that the South African government passes legislation that will give it a legal basis for making full use of TRIPS flexibilities and institutionalise stricter patentability criteria.
- PHM South Africa has been invited to join a Covid-19 vaccine rollout expert group, which is in the process of being set up by the Provincial Government of the Western Cape Province. The PHM member would serve as a community representative on the group.
- South Africa team is contributing case study material to a chapter on the forthcoming issue of Global Health Watch, which focuses on the impact that Covid-19 has had on efforts to privatise and commercialise health care services in six countries around the world. South Africa is the only case study from the African continent.
- Successfully approaching the [Health Justice Initiative](#) to become one of the partner organisations involved in the EACT South Africa project.
- EACT South Africa researchers, in collaboration with Norwegian Peoples Aid, are engaged in efforts to lobby the Norwegian Minister of Foreign Affairs to endorse the Covid-19 TRIPS waiver tabled at the WTO by South Africa, India and others. Though Norway (along with South Africa) is a co-chair of the ACT Accelerator Facilitation Council it has indicated that it will not endorse the waiver proposal. Efforts on this front have included participating in a civil society advocacy meeting with the Norwegian Minister of Health, drafting a Policy Brief on the limitations of the Covax initiative which will be submitted to the Ministry of Foreign Affairs, approaching the South African Council of Churches to engage their peers in Norwegian Church Aid to lobby the Ministry on this issue, and doing interviews with the Norwegian Press.
- With financial assistance from Norwegian People’s Aid EACT SA group has commissioned [Eh! woza](#) to do two short animated videos aimed at tackling anti-vaccination sentiments and promoting knowledge of, and willingness to use, Covid-19 vaccines. In order to ensure that the videos reach a large audience, they will be short enough to circulate via Whatsapp.
- PHM SA has recently secured funding from the Commonwealth Foundation to undertake popular education regarding Covid-19 vaccines and to ensure that the South African government’s vaccination plans are fair and equitable.
- Supporting the work of PHM country circles and other health activists on the African continent. This work has mainly focused on supporting national level campaigns aimed at generating continent-wide support for the Covid-19 TRIPS waiver tabled by South Africa,

India and others at the WTO, and supporting mobilisation for access to Covid-19 vaccines on the continent.

Conclusion of Phase 1 of the EACT Research Project

During Phase 1 of the project the country research team commissioned a consultant, Catherine Tomlinson, to complete a rapid situational analysis on barriers to accessing Covid-19 technologies.

The report was officially launched in a webinar on 10 December 2020, which was attended by about 40 people from South Africa and beyond. During the webinar Catherine Tomlinson provided a summary of her report, and representatives of two partner organisations participating in the EACT South Africa project – Umunyana Rugege from Section 27 and Catherine Sehoma from MSF-South Africa – provided inputs. The session was chaired by Prof. Leslie London of the EACT team.

The report was well received and PHM Global has approached the EACT South Africa team about providing guidance and support to other PHM country circles that would like to undertake similar rapid situational analyses. Locally, the report has been officially endorsed by Section 27, the Rural Health Advocacy Project, Cancer Alliance and a group of about 80 prominent South African academics.

Next Steps

Phase 2 of the EACT Research Project involves undertaking:

- (1) Popular education and advocacy work aimed at identifying and challenging global barriers to accessing Covid-19 technologies. This will focus on developing and launching popular education materials (i.e. an infographic) aimed at explaining how TRIPS impedes access to Covid-19 technologies; and
- (2) Designing and piloting a tool aimed at monitoring barriers to Covid-19 technologies in 6 communities around South Africa. Here the focus will be on piloting and implementing a monitoring protocol that a community monitor can use in order to track the availability of Covid-19 prevention and treatment technologies over a five month period.

In line with the project proposal The team has appointed two UCT Masters of Public Health students, Aleya Banwari and Lerato Hlatshwayo, who are respectively responsible for assisting with activities under Dimensions 1 and 2. The advertisements for recruiting 6 community monitors have been finalised and will be distributed by PHM South Africa and project partners in the EACT network during the week of 12 January 2021. The team aims to appoint community monitors by the final week of January 2021.

In addition, the EACT South Africa partners are set to meet on 12 January 2021 in order to strategise about how the work being done under this project can be used to ensure that the national government's vaccine rollout plan promotes fair and equitable access to Covid-19 vaccines.

South Korea

A. Background

The South Korea network has been working on several studies and advocacy activities to let people and decision-makers know the public values to promote equitable access to essential health technologies for Covid-19. Our main goal is to support the pre-existing network (movement) with evidence generation and to nurture young researcher-activists in the process of doing it.

B. Governance

Project committee: People's Health Institute (PHI, PHM Korea secretariat) hosts the EACT-Korea project. The core team is led by Sun Kim (Director of Health Policy Research Center at PHI, PHM SEAP region coordinator) with the support from Hongjo Choi (Director of Globalization and Health Research Center at PHI, PHM Korea coordinator), and three fellows were recruited and started their activities since August, November, and December respectively. Since November, Dong-geun Lee (activist at Korean Pharmacists for Democratic Society) joined the project committee.

Project advisory committee: PHI and pre-existing CSOs' network have also been joining on the project as a project advisory committee, doing advocacy, publishing statements and attracting sign-ons together. The list is as follows.

- People's Health Institute (PHI, PHM Korea secretariat): Sun Kim, Hongjo Choi
- Health Right Network (HRN, a current member CSO of PHM Korea): Jae-cheon Kim (also work with HIV/AIDS patients group)
- Association of Physicians for Humanism (APH, a current member CSO of PHM Korea): Seok-kyun Woo, Hyung-joon Chung
- People's Solidarity for Social Progress (PSSP, participant CSO for PHA1 & PHA3): Jin-hyun Kim
- Center for Health and Social Change (CHSC): Sang-yoon Lee
- Korean Pharmacists for Democratic Society (KPDS): A-ra Kang, Dong-geun Lee
- Korean Federation Medical Activist Groups for Health Rights (KFHR): Jin-han Jeon (KFHR is an umbrella organization of several progressive professionals' organizations - APH, KPDS and CHSC are members of it.)
- Knowledge Commune: Heesob Nam
- Intellectual Property Left (IPLeft): Mi-ran Kwon (also work with HIV/AIDS patients group)

C. Chronology of the progress so far

- 1st CSOs strategy meeting with a member of the National Assemblies (NA) from a progressive party: September 29
- 1st advisory committee meeting (1st CSOs meeting with PHM Korea Fellows): October 8
- 2nd CSOs strategy meeting: October 21
- 4th EACT-Korea biweekly project meeting: November 2
- 5th EACT-Korea biweekly project meeting: November 16
- Meeting with UAEM Korea (to give a consultation on their work): November 30
- 6th EACT-Korea biweekly project meeting: November 30
- 3rd CSOs strategy meeting: December 10
- 7th EACT-Korea biweekly project meeting: December 14
- 8th EACT-Korea biweekly project meeting: December 28
- CSOs regular IP study meetings (to study Korean patent law and TRIPS agreement, lecturer: IP lawyer Heesob Nam from Knowledge Commune): December 23 & 29
- Meeting with an IP Director at Korean Pharmaceutical Manufacturers' Association (to get a consultation on the current Korean IP situation from the industry perspective): January 6, 2021

1. Monitoring the South Korea Government (SKG) and archiving

During the second quarter, the South Korea team has continuously monitored the domestic situation and regularly produced outputs like articles, statements, infographics, and media interviews. The monitoring was focused on several issues regarding essential Covid-19 health technologies. The team divided issues according to the life cycle of technology and three PHM Korea Fellows have monitored (1) R&D, production and supply policies and systems, (2) intellectual property rights, and (3) deregulation and pricing, respectively. The team monitored on how access to Covid-19 health technologies such as masks, testing kits, treatments, and vaccines are progressed through the government and companies at each stage of the cycle. The team is planning to regularly publish issue briefs by accumulating these contents this year (see annex 1 for more detail).

2. Advocacy for India-South Africa 'Waiver Proposal'

- Especially during the second quarter, the South Korea team focused on actively advocating the India & South Africa's TRIPS waiver proposal.
- On October 14, the team issued the Korean translated PHM statement to support TRIPS waiver ([link](#))

- On October 15, the team sent a joint public letter to South Korean government with our CSO networks (PHI, KPDS, APH, KFHR, HRN, Knowledge Commune, SWH and [Gunchi](#)) to pressure it to support the waiver ([link](#)). This was also introduced in media ([link1](#), [link2](#)).
- On November 9, the team sent the 2nd joint public letter to South Korean government with CSO networks (PHI, KPDS, APH, KFHR, HRN, Knowledge Commune, SWH, Gunchi, [Chunghan](#), CHSC, [PSPD](#), and [Alliance for Anti-Privatization and Universal Health Care](#)) to pressure to support the waiver ([link](#)). This was introduced in media ([link1](#), [link2](#), [link3](#), [link4](#)).
- On December 8, the team sent the 3rd joint public letter in the name of PHM Korea with the Korean translated PHM Policy Brief on TRIPS Waiver to the South Korean government. The team insisted that the Covid-19 vaccine should be used as public goods by solidarity and cooperation ([link](#)). This was introduced in media ([link1](#), [link2](#)).
- On December 10, KFHR (including APH, KPDS and CHSC) issued a statement titled "[Today, President Moon Jae-in has to keep his words about equitable access to Covid-19 technologies, by supporting the TRIPS Waiver](#)" and this was introduced in media ([link1](#), [link2](#)).
- In addition, PHM Korea Fellows produced two infographics in Korean and English version and posted them on PHM Korea's blog, Facebook, and Twitter. The first infographic was about 'How can Covid-19 vaccines and treatments be global public goods? ([link](#))' and the second one was about 'The waiver of IP protections in TRIPS for Covid-19 technologies ([link](#))'.

Till date, the team has received two responses from the SKG about TRIPS Waiver. The first response took a firm stand on not supporting the Waiver. But in the second response, they took a step back.

- On November 19, the team received the first response from the SKG (Ministry of Trade, Industry and Energy). It is as follows:
 - Based on the recognition of the importance of the R&D, manufacture and equitable distribution of COVID-19 vaccines and treatments, various international cooperation is being promoted, and the Korean government is also actively participating. Representatively, the WHO launched ACT-A' to promote equitable access to COVID-19 vaccines, treatments, and test kits, and the Korean government has also committed to contributing. In addition, Korean government participated in the 'COVAX Facility', a multinational consultative body for the joint development and distribution of vaccines created by the WHO and the GAVI, and the COVAX AMC to distribute inexpensive vaccines for developing countries.
 - Meanwhile, the proposal from India and South Africa about TRIPS waiver is currently in the early stages of discussion. Countries agree that humanitarian aid is needed for developing and least developed countries, but they are also considering and discussing the fact that it could have a negative impact on overcoming COVID-19 by hindering the incentives to

develop new drugs. In addition, in order to apply for compulsory licenses more flexibly, it is also indicated that Article 31bis of the TRIPS Agreement revised in 2017 needs to be fully utilized.

- Recognizing that an effective intellectual property protection system is an important device for overcoming the health crisis as an incentive for innovation, the team will actively contribute to international cooperation to improve access to medicines to overcome the global health crisis. To this end, the team will actively participate in the discussions of the TRIPS Board of Directors in close communication with relevant ministries and stakeholders, and carefully review the impact of the IP system on public health while closely monitoring related trends. In view of these points, please understand that it is difficult to actively support the proposals of India and South Africa TRIPS waiver at the meeting on Nov 20.
- On December 16, the team received the second response from the SKG (Ministry of Trade, Industry and Energy). It is as follows:
 - After the proposal of India and South Africa was submitted, TRIPS Board of Directors, occasional bilateral meetings and small group meetings have continued discussions but haven't reached any agreements yet. All member states agreed to report verbally that as the chairman of the TRIPS board of directors couldn't reach an agreement at the general board of directors on 12/16, TRIPS board of directors will continue to review and report to the general board of directors. Accordingly, discussions on this proposal are expected to continue next year and particularly India and South Africa decided that they will circulate written answers to various questions raised by member states during the discussion.
 - ◆ Number of questions have been raised about the necessity of this proposal and its actual mechanism such as: 'specific evidence that the intellectual property rights protection system is an obstacle to responding to COVID-19', 'specific difficulties using existing flexibilities such as TRIPS Article 31 and Article 31 bis' and 'how to implement this domestically when an agreement on waiver of TRIPS agreement is reached'.
 - ◆ Member States agreed to discuss the proposals of India and South Africa based on facts, and accordingly, more concrete discussions will be continued from early next year. By actively participating in this, South Korea will contribute to global cooperation to achieve equitable access to medicines such as vaccines and treatments to overcome Covid-19.

3. Articles, statements and interviews

The team has also published some additional articles, statements and interviews about equitable access to Covid-19 technologies.

- PHI newly launched biweekly article series [Covid-19 and Global Health Watch] which is published in [The Pressian](#).
 - During the COVID-19 pandemic, many media report the situation overseas. From the number of confirmed cases, the number of deaths, and how many vaccines have been secured - everything leads to "ranking lists." On the other hand, reports on historical and institutional context, and political, economic, and social dynamics

surrounding each country's COVID-19 situation and responses are rarely seen. This series wants to show the challenges that other countries' healthcare systems face and their responses to, so that to contribute to stimulating and spreading the alternative imagination for 'Health for All'.

- On December 16, Jin-hwan Kim (a member of PHI) wrote an article titled "[Spain chose 'nationalization' to fight COVID-19.](#)"
 - On December 30, PHM Korea Fellow Jieun Park wrote an article titled "[The biggest science policy failure in a generation": The UK 'vaccine nationalism' over COVID-19](#)".
 - Two other fellows' articles are scheduled to be published on January 27 (on COVAX) and on February 24 (on South African situation) respectively.
- PHI weekly article series (1) which is published in [The Pressian](#) and [The Rapportian](#).
 - On October 19, an article titled "[What should the WTO Secretary-General do now?](#)" was published.
 - On October 26, an article titled "[We need a 'good politicization' of vaccines](#)" was published.
 - On December 21, an article titled "[The ultimate outcome of quarantine or vaccine should be health and safety](#)" was published.
 - On December 28, an article titled "[Three things we should do to prepare for the COVID-19 vaccine](#)" was published.
 - On January 4, an article titled "[New Year's task in the transition from COVID-19 system to Post COVID-19](#)" was published.
 - PHI weekly article series (2) which is published in [The Pressian](#):
 - Most of the press today introduces researches about the latest medical technology or how to improve your 'well-being'. A typical example is, "If you drink two glasses of something every day, your lifespan will be increased by certain years." On the other hand, research results that challenge the existing discourse on health and society or cover health inequity are rarely found. This series introduces studies from a critical perspective on health or about controversial topics. Through this, the team intends to reinterpret health issues considered as personal problems to a 'social' perspective and contribute to spread social discourses on health.

- On December 3, Sun Kim wrote an article titled "[Patent for COVID-19 vaccine hinders health and innovation](#)".
 - On December 17, Hongjo Choi wrote an article titled "[What will be the appropriate price for a publicly funded COVID-19 vaccine?](#)".
- PHI's interview was published in [Biz.Hankook](#).
 - On January 5, an article with Sun Kim's interview titled "[Who is the COVID-19 vaccine and treatment for?](#)" was published.
- PHM Korea will also write two chapters for the PHI 2020 Annual Report on People's Health, which will be published soon.
 - The political economy of health technologies: (1) Government control of mask and testing kit supply: '3T strategy' and 'public mask', (2) Distributive justice of vaccines in capitalistic system (3) Publicness of R&D investment, (4) Deregulation and financialization of medicines/health technologies
 - Allocation priority for Covid-19 vaccines
- KPDS published several articles on media and issued statements regarding equitable access to Covid-19 health technologies.
 - On November 2, Dong-geun Lee wrote an article titled "[President Moon Jae-in should respond to the waiver of intellectual property rights of Covid-19 vaccine patent](#)".
 - On November 3, KPDS published a statement titled "[What we ask a new chief of Ministry of Food and Drug Safety \(MFDS\), Kanglip Kim](#)". This was introduced in media ([link1](#), [link2](#), [link3](#), [link4](#))
 - On November 18, KPDS published a statement titled "[The politicization of the development of COVID-19 vaccines and treatments by the politicians must be stopped](#)" and it was introduced in media ([link1](#), [link2](#), [link3](#), [link4](#)).
- Additionally, as abortion law was abolished in 2019 in South Korea, PHI and KPDS published several articles and statements on media arguing accessibility to abortion pill (mifegyne) for the sake of Sexual and Reproductive Health and Rights.

- On November 5, Dong-geun Lee (KPDS) spoke at a press conference to pressure MOHW and MFDS to come up with a practical way to introduce abortion pills for SRHR. ([link](#))

- On November 19, Saerom Kim (PHI, PHM Korea communication director) interviewed on press titled "[The introduction of mifegyne is a global trend](#)".

- On December 9, KPDS issued a joint statement with 28 other CSO networks titled "[We condemn the formal and partial public hearing of the National Assembly](#) about abortion".

- On December 30, Saerom Kim (PHI, PHM Korea communication director) participated in National Assembly debate on policy and lawmaking tasks after the abolition of abortion law and insisted on the urgent introduction of the abortion pill. It was reported on press. ([link](#))

- Dong-geun Lee (KPDS) also did several interviews about the introduction of the abortion pill on media ([link1](#), [link2](#), [link3](#)).

Next Steps

1. To continue with the publishing of issue briefs and produce infographics as a movement to inform the public of key domestic and global issues and pressure the government.
2. Track the South Korean government's commitment to foster access to technologies, like vaccines, to the other nations in the region.
3. Hold seminars to provide open opportunities to study and discuss the 'publicness' of essential health technologies.

India

Background

EACT-India along with the Indian civil society network has been working on several aspects of equitable access to COVID-19 technologies. The concerns raised has also been on the impact of the diversion of resources to COVID-19 and neglect of other diseases.

Activities

- a. Under EACT-India a Research Associate has been recruited with effect from October 10, 2020. Her functions include coordinating regular meeting of the PAC, organizing and supporting state level situation analysis, support to the global arm of PHM and linkages with other network organizations within India.
- b. EACT-India has identified four state level networks to undertake situational analysis of access to COVID-19 treatment and care as well as impact on other healthcare services. These networks are based in Chhattisgarh, Karnataka, Bihar and Tamil Nadu.

The Program Advisory Committee (PAC) met on October 5, 2020 for discussion on undertaking situational analysis. It was decided that a preliminary questionnaire be circulated among state networks to understand the basic issues of access to health services and care not only for COVID related requirements but also the impact of COVID related restrictions on response to other health needs.

After sharing the questionnaire with the state networks, on 15 October 2020, a training session with state-level networks to respond to questionnaire. The questionnaire included questions to understand the status of cost of testing in the state, types of diagnostic available, cost of hospitalisation/COVID treatment packages, access to information on COVID-19 related guidelines and price control, status of isolation centres, counselling at these centres and referral pathways to clinics, availability of PPE to different categories of healthcare workers, impact of COVID on access to treatment for non-COVID conditions such as TB, cancer, HIV, malaria, diabetes, immunisation, and maternal and child health. The PAC again met on November 7th, 2020 to discuss further steps on situational analysis. The PAC was informed that five state networks responded to this questionnaire. These networks were from Chhattisgarh, Tamil Nadu, Bihar, Karnataka and Delhi.

The PAC advised constituting a sub-group from the PAC to work with the EACT team and the state networks to develop research methodology and tools. On 13 November 2020, and later on December 5, the PAC-sub group and EACT team met provide support by guiding development of the tools for the situational analysis.

Thereafter on 18 November 2020, the EACT team and the PAC sub-group held a meeting with the state networks in Karnataka, Chhattisgarh, Tamil Nadu and Bihar, to take forward the work on the situational analysis. The situational analysis being undertaken in four states is financed with USD 8134 for the period December, 2020-February, 2021.

National Level consultations, seminars and meetings (by JSA and partner organisations)

- a. 11 December 2020: EACT members joined a brain storming session with members from the civil society on developing strategies related to vaccine approval and roll-out in India.
- b. 14 November 2020: A National Consultation on *Equitable Access to COVID-19 Technologies and Treatment* was organised by EACT-India. The consultation was held online with over 11 speakers, about 60 participants across the span of more than three hours. Given the plurality of participants, the webinar was being translated English-Hindi live. The sessions were held on five themes: PPE, diagnostics, treatment and intensive care (including therapeutics), vaccines and impact on non-covid health services. Various aspects of inequity in access to healthcare were revealed during the consultation including:
 - i. Lack of sufficient Personal Protective Equipment and inequity in distribution of the PPE across healthcare hierarchies;
 - ii. Lack of transparency on information regarding demand and supply of diagnostics was raised as a concern;
 - iii. Unequal access to diagnostics in rural-urban areas;
 - iv. Lack of civil society representation in ACT-A;
 - v. Increased out-of-pocket expenditure for healthcare;
 - vi. Severe impact on regular healthcare services such as maternal healthcare, malaria, TB and HIV programs and possible shift toward privatised healthcare;
 - vii. Absence of monitoring of safety amongst vaccine trial participants.
- c. 07 November -21 November 2020: SAMA Resource Group for Women and health, a member organisation of PHM India, also conducted a five [seminar series](#) on “*Ethical and Legal Challenges in Research on Preventive Vaccines and in Making Approved Vaccines*”

Accessible". EACT Project Advisory member Sarojini N and Sundararaman T were amongst the speakers at the sessions in the seminar series.

Campaign on India-SA proposal before the TRIPS Council

- a. EACT members- Prasanna S and Priyam Lizmary Cherian wrote a commentary in national magazine on the South Africa- India proposal at the TRIPS Council titled, "[COVID-19: The world needs to back India and South Africa's call to remove TRIPS hurdles](#)". The commentary was published on 16 November, 2020.
- b. 18 December 2020: A [Panel Discussion](#) on TRIPS Waiver Proposal: The State of Play and the Way Forward. Member of the EACT-India PAC- K M Gopakumar, spoke at the panel discussion on aspects of the proposal for waiver before the council and the impact it would have in the context of COVID-19.
- c. All India People's Science Network (AIPSN), a network of PHM India, issued a [statement](#) on "*Vaccines and IPR waiver India-South Africa Proposal for TRIPS Waiver – Putting People before Profit*".
The statement iterated that, "*The need of the hour is to dismantle, or at least limit the IPR regime, which promotes profits for a few at the cost of lives of the people. With the world facing such unprecedented public health crisis, it is important that the TRIPS obligations are waived off, at least until the situation comes under control, as mentioned in the India-South Africa proposal.*"
- d. People's Health Movement India (Jan Swasthya Abhiyan, JSA) participated in the Twitter Storm on 8 December 2020: https://twitter.com/jsa_india/status/1336327435478990848.

Position papers, statements and articles (by JSA and partner organisations)

- a. 15 January 2021: All India Drug Action Network (AIDAN), partner network of PHM India, wrote to the Drug Controller General of India (DGCI) seeking clarification on the exact nature of the clinical trial through which COVAXIN is to be rolled out to the public including whether informed consent is mandatory, whether there will be Ethics Committee oversight, whether there is a provision of compensation in case of trial related injury or death and sought that Bharat Biotech's 'protocol for rollout' is shared in the public domain. The letter also demanded that the DGCI ensures that Bharat Biotech complies with the condition of approval that requires the company to publish the prescribing information/package insert, factsheets, instructions and educational materials for the vaccine on its website.

Also pointed out that the approval given to COVAXIN does not differentiate between regular approval and restricted use in emergency situation. In light of this, the letter demanded that the scientific rationale, data and analyses on the basis of which recommendations for use of CVOISHIELD and COVAXIN should be made public. Letter also sought details on the criteria on the basis on which the restricted emergency use approvals may get converted into full approvals or failing to meet which the REU approvals may be revoked.

- b. 15 January 2021: The All-India People's Science Network (AIPSN), a network of PHM India, issued a [statement](#) on the vaccine roll-out in India. The statement called on the government to issue special protocol detailing the *clinical trial mode* under which the Covaxin is to be rolled out. The statement also called on the government to hold back the stock of Covaxin till further efficacy data is made available regarding the vaccine.
- c. 14 January 2021: Civil Society members issued a statement in support of demands for stopping Bharat Biotech's COVAXIN trial at People's Hospital, Bhopal. The statement demanded initiation of an investigation into legal and ethical violations related to the clinical trial of COVAXIN. It also demanded that the clinical trials at People's Hospital, Bhopal be terminated with immediate effect given the gross violation, and that compensation be provided to trial participants.
- d. 10 January 2021: Group of survivors of the Union Carbide disaster in India- Bhopal Gas Peedit Mahila Stationery Karamchari Sangh, Bhopal Gas Peedit Mahila Purush Sangharsh Morcha, Bhopal Group for Information and Action, and Children Against Dow Carbide wrote a [joint letter](#) to Prime Minister and the Union Health Minister of India raising concerns over irregularities and ethical violations in the conduct of the clinical trial for Bharat Biotech's COVAXIN. Several people from the communities affected by the Union Carbide gas disaster in Bhopal were recruited for the randomised, double-blind phase 3 trial of Bharat Biotech International Limited's COVAXIN. The letter brought to light that many of these people who are poor and illiterate were not informed that they were being recruited for a trial and were under the belief that they were getting vaccinated for COVID-19 to protect themselves from infection. The letter also indicated that the trials did not follow the state guidelines advising that trial participants should not be given rewards/ incentives, and also violated norms of informed consent required provided under the law related to clinical trials. It also raised the issue of not providing information to the participants about liability of the sponsor and lack of monitoring and follow-up after vaccination, and particularly death of a participant after 9 days of being after vaccination.

The letter sought stopping the trial of COVAXIN at People's College of Medical Sciences & Research, Bhopal, form an independent body to conduct impartial investigation on the clinical trial, principal investigator and co-investigator be suspended, registration of the ethics committee at the People's College institution be suspended, vaccine trial data from the identified hospital be separated and not be used in the trial outcome analysis, and free medical care to the vulnerable section enrolled in the trial.

- e. 06 January 2021: The AIPSN issued a [statement](#) on the, "*Hasty Regulatory Approvals in India for Covid-19 Vaccines*".

The statement was issued post the approval issued by the Central Drug Standard Control Organisation to the vaccine candidates of Serum Institute (of the name COVISHIELD) and that of Bharat Biotech (of the name COVAXIN) for "restricted use in emergency situation". The statement called for re-consideration of approval for COVAXIN till efficacy data is available or, and not allow no roll-out of COVAXIN for mass vaccination, publish data related to the Phase-III efficacy trials for both vaccines at the earliest, and not release Covid-19 for commercial use without regular approval as per protocols (as distinct from emergency use authorization).

- f. 03 January 2021: The All-India Drug Action Network (AIDAN) issued a statement in response to the statement of Drug Controller General of India (DCGI) informing that the Central Drugs Standard Control Organisation has granted approval to both Bharat Biotech and Serum Institute's vaccines for restricted emergency use. The statement noted that there was no clarity on scientific basis to claim that COVAXIN will be effective in the "context of infection by mutant strains". Further, in context of Serum's vaccine, it noted that the data for all participants in the Indian trial were not submitted and that it was not clear whether the data and analysis from the AstraZeneca/Oxford trials were taken into consideration. The statement also pointed out the lack of efficacy estimates for the dosing regimen and dosing schedule to be followed in India. The statement demanded that the regulator make publicly available all the data & analyses that were the basis of these decisions, before roll-out of the vaccines.

- g. 02 January 2021: AIDAN issued an Immediate Response to Subject Expert Committee (SEC) of the Central Drugs Standard Control Organisation's recommendations to grant restricted emergency use (REU) approval to vaccine candidates of Serum Institute and Bharat Biotech. The response sought information on the efficacy estimates for the dosing regimen and dosing schedule that was proposed to be followed in India, the specific data and analysis of the foreign trials of the AstraZeneca/Oxford vaccine that was the basis of the SEC's decision, the extent of the data for safety and immunogenicity from the Phase 2/3 bridging

study in India that was submitted and reviewed by the SEC. The response also sought detailed rationale for the decision along with disclosure of the data, evidence and information that was reviewed.

The response also expressed shock over REU approval to Bharat Biotech's COVAXIN in "clinical trial mode" and "specially in the context of infection by mutant strains". It noted that no efficacy data for the CVOAXIN were submitted from the Phase 3 trials and the only data for humans, available through publication pre-prints, are for safety and immunogenicity from Phase 1 and Phase 2 trials, across a total of 755 participants. The response urged the DCGI to reconsider the recommendations of the SEC in granting the REU approval to COVAXIN.

- h. 29 December 2020: AIPSN published a [statement](#) urging to "Stop Monopoly Publishers Efforts To Deny Public Access to Scientific Publications". The statement came following the lawsuit filed by three major academic publishers—Elsevier Ltd., Wiley India Pvt. Ltd., American Chemical Society— before the Delhi High Court asking for blocking of Sci-Hub and Libgen in India. SciHub is a site to allow mass and public access to research publications that are behind paywall. LibGen is a website that gives free access to scholarly journal articles, academic and general-interest books, images, comics, and magazines. SciHub and LibGen has given allowed free access to several articles and books that are paywalled, resulting in access to vistas of knowledge that could not have been available to scholars and researchers due to inability to pay huge sums for science journals and other magazines. Such a lawsuit not only threatens access to knowledge to students and researchers, but also jeopardises the efforts of open access especially during the time of COVID-19. The statement demanded "*that the monopolistic model of access to knowledge be given up and the process of free access to knowledge by the public accepted.*" And acknowledged joining hands, "*in support of those legally fighting these monopoly publishing industries against SciHub and Libgen.*"
- i. 16 December 2020: AIPSN published a position paper on the "***Fog over Covid-19 Vaccines in India***". The [position paper](#) called for a science-based, equitable and rigorously conceived nation-wide policy in India for development, manufacture and deployment of vaccines in a free, universal vaccination strategy against Covid-19.
- j. 12 December 2020: The AIPSN issued a [statement](#) on "*On Scientific, Independent and Transparent Process for Emergency Use Authorization (EUA) of anti-Covid Vaccines in India*". The statement called on the Subject Expert Committee and the Drug Controller General of India conduct a thorough scientific assessment of available early data from Phase-3 trials in

India or abroad in an independent manner. The statement also called for releasing the data based on which any recommendation related to the vaccine candidates are made.

- k. 10 December 2020: AIDAN issued a [statement](#) on Serum Institute of India's application for emergency approval for COVISHIELD.

The statement recommended that with respect to emergency approval for COVISHIELD of all clinical trial protocol for the Phase 2/3 bridging trial for COVISHIELD along with all amendments made to the protocol, and information about which interim data from each of the clinical trials will be considered and reviewed, should be disclosed. It sought clarification on whether Serum Institute's application would be considered prior to the grant of an EUA in the UK to AstraZeneca/Oxford's vaccine candidate. It also sought disclosure of the licensing and technology transfer agreement between AstraZeneca and Serum Institute of India (SII) and the agreements between SII and the Gates Foundation, GAVI and COVAX and other international agencies. The statement also sought clarification on the parameters on the basis of which emergency use approval is granted.

- l. 08 December 2020: The All India Drug Action Network [wrote](#) to the Minister of Health and the Drugs Controller General of India raising concern over the emergency approval application submitted by Serum Institute of India for its vaccine candidate- COVIDSHIELD.

The letter also raised concerns over lack of transparency on protocol for approval for emergency purposes and protocols for investigating serious adverse effects from the vaccines that were being [reported](#). The letter demanded details and clarification on the protocols that would be followed in examining the application by Serum Institute of India, and transparency on protocol for investigating serious adverse effects being reported.

Articles

1. [Covid-19 pandemic shows how India's thrust to privatise healthcare puts the burden on the poor](#), T Sundararaman, Daksha Parmar & S. Krithi, 11 Jan. 2021, Scroll.in
2. T. Sundararaman , V R Muraleedharan , Alok Ranjan : [Pandemic resilience and Health Systems Preparedness: Lessons from COVID 19 in the 21st century](#), Journal of Social and Economic Development 6th January 2021
3. [COVID vaccination poses both a challenge and an opportunity](#), T. Sundararaman, December 2020, The Frontline.
4. T. Sundararaman , Daksha Parmar , S. Krithi Public Health and Health Services as Global Public Goods: book chapter in India Exclusion Report(IXR) 2019-20
5. EACT members- Prasanna S and Priyam Lizmary Cherian wrote a commentary in national magazine on the South Africa- India proposal at the TRIPS Council titled, "[COVID-19: The](#)

[world needs to back India and South Africa's call to remove TRIPS hurdles](#)". The commentary was published on 16 November, 2020.

6. [Delhi's COVID-19 Threat: Why the National Super Model's Predictions Diverge from Reality](#), Richa Chintan (JSA member), 12 November 2020, NewsClick

Next Steps

1. Complete the data collection and analysis of the data collected in the four states and completion of the report.
2. Follow-up on the findings of the situational analysis, conduct consultations on the same, produce resource materials based on the findings, develop campaigns to make demands and mobilise the various state units for advocacy.
3. Follow the vaccine roll-out in the country. Assess protocols, record the inequities in vaccine administration and engage with civil society partner networks in responding to the inequities if and when they arise
4. Conduct policy analysis around the evolution of policies pertaining to diagnostics and costs of care.
5. Engage with civil society partner networks, assess availability and accessibility of diagnostics and therapeutics.

II. Campaign supporting Waiver

On 2nd October 2020, India and South Africa wrote a joint letter to the WTO TRIPS Council seeking waiver from the TRIPS provisions on Covid technologies till the Covid pandemic had been successfully overcome. This became a rallying point of mobilisation across PHM country and regional circles and also partner networks and many activities during the current quarter were oriented towards mobilisation. It was also used strategically by the project team to reach out to the other likeminded partners and networks.

1. PHM Web Briefing

In order to mobilise the PHM country/regional circles a Web briefing was organised by the Project team on November 6th 2020. PHM, collaborated with Third World Network (TWN), Medicines Sans Frontiers (MSF) and Section 27 organisations, to organise this briefing around the waiver proposal and other issues relevant to a scaling of local production and the necessary technology sharing. It was given wide publicity through the PHM regional and country circles.

The online briefing was well attended with an average of 60 people at any point in time. More importantly it had participants from the various PHM regions including francophone

African region. Many partner networks participated like Health Action International (HAI), Medicus Mundi, Medico International, Third World Network, Geneva Global Health Hub (G2H2), Universities allied for Essential Medicines (UAEM) and so on.

2. Statement by PHM around the 19th Anniversary of Doha declaration

14th November 2001 was the date when WTO adopted the Doha declaration on TRIPS flexibilities. The idea of utilising this to mobilise and advocate for the waiver proposal came out of one of the PHM Trade and Health thematic circle meetings. EACT project team initiated the statement which was released by the PHM Global secretariat globally. The statement can be accessed at the [link](#). This statement received very wide endorsements and also resulted in organisations and networks reaching out to the Project team (examples like that of Chase Perfect and Avaaz are listed below) for developing understanding around access to covid technologies, the waiver proposal as well as for collaboration.

III. Popular Material

1. Policy Brief on access to Covid technologies in general and Waiver proposal in particular

There was an increasing demand from country circles, partner networks and even from the pilot countries to bring out ‘popular’ material in a demystified manner on the issue of access to covid technologies in general and the waiver proposal in particular to help develop the understanding among laypersons and thereby mobilising laypersons for advocacy purposes. The project team put together an explainer through a **Policy Brief**. The Policy Brief not only tried to answer some of the queries that some of the countries had raised at the first meeting of the TRIPS council but also put in details around what a mechanism like Covax could do or not do. This was widely circulated through PHM and other partner networks. The policy brief can be accessed online at the [link](#)

Drawing from the Policy Brief, the PHM colleagues in Brazil prepared a Q & A document in Spanish for the Latin American region. The title translates to ‘Access to Vaccines is a right’. This was used during a meeting of the Latin American region colleagues for mobilising the support to the waiver from the region. It can be accessed at the [link](#)

PHM South Korean brought out a Korean translated version of the Policy Brief which is available at the [link](#)

PHM Mozambique colleagues translated the Policy Brief to Portuguese and circulated it to various Civil Society organisation in Mozambique. They also presented the Policy Brief to the Minister of Health and also to a group of donors represented by the Health Partners Group who in turn did advocacy with the Mozambican government to support the waiver proposal. The Portuguese version of the Policy Brief can be accessed at the [link](#)

2. Vaccine posters by EACT South Africa team

Vaccine denialism is a significant threat globally. To counter the vaccine denialism, South African project colleagues came up with infographics in the form of posters to explain about vaccines in a demystified manner. A set of 5 posters were prepared explaining the various aspects around Vaccines. The posters have been put up at [EACT resources page](#). These posters are also being used for community level monitoring.

3. Infographics by EACT South Korea team

The project team in South Korea came up with an interesting set of infographics aimed at promoting the campaign of **Vaccines as Global public goods**. The infographics are available both in Korean and English languages at the following [links](#)

IV. Articles and engagement with mainstream media

1. In October 2020, David Legge and Sun Kim came up with a detailed essay on the global developments around the Access to Covid Technologies. This essay was a working paper prepared for *The 75th Anniversary Nagasaki Nuclear-Pandemic Nexus Scenario Project*, October 31-November 1, and November 14-15, 2020, co-sponsored by Research Center for Nuclear Weapons Abolition, Nagasaki University (RECNA), the Nautilus Institute, Asia Pacific Leadership Network for Nuclear Non-proliferation and Disarmament.

The dialectics and tensions around the policy initiatives vis-à-vis access to technologies were explained in detail. The political economy around the medical technologies were also brought to light including the role of global institutions like WHO and WTO during the pandemic times. The article can be accessed [here](#)

2. Project Colleagues Prasanna Saligram and Priyam Lizmary Cherian wrote a detailed commentary on the proposed India-South Africa waiver and why it was important for the world to back it. This was written to explain all the nuances of the policies and efforts happening around the globe with regard to access to medical technologies that could be understood by a layperson. The link to the article is [here](#)
3. Subsequent to PHM statement and mobilisation around the 19th anniversary of Doha declaration, one of PHM Italy's colleagues Dr. Nicoletta Dentico got in touch with the project team to get to know the various aspects regarding access to Covid technologies. The team shared the resource materials with her and on 17th November an article in Italian language that she co-authored with Silvio Garattine got published on the Avvenire.it website. The rough translation of the title of her article is "The Knot of Patents. Vaccines and drugs for common good". The link to the article is [here](#)

4. Ms. Guilia Riedo, a journalist of Italian origin, based in South Africa got in touch with the project team to develop her understanding on the barriers to access. This was one more offshoot of the global mobilisation and advocacy through policy briefs, statements etc. Prasanna from the global team, Priyam from India team and Leslie from South Africa team (as she was based in South Africa) participated in an online discussion with her and also shared the resource materials with her subsequently. This also helped Guilia to make the local connection with the South African team.

V. Networking

1. Strengthening PHM thematic circle on Trade and Health

PHM thematic circle draws on larger constituency of people who are engaged with the issue of trade and health even consisting of members from other networks and campaigns beyond the immediate circle of PHM. One of the main offshoots of the EACT project has been the activation of the Trade and health thematic circle of PHM. There have been regular interactions of the Trade and Health circle which is also giving some sort of direction to the project and also drawing from some of the activities of the project. This has also been a vehicle for the project to reach out to larger constituencies beyond the immediate pilot countries and also to learn from the actions happening in the other countries and regions. For example, the idea of a statement to be brought out on the occasion of Doha declaration anniversary came out of the discussions of the Trade and Health circle. The meetings have been held regularly with a periodicity of around a month.

2. Civil society letter to members of the World Trade Organization (WTO) concerning a further extension of the transition period for least developed countries (LDCs) under article 66.1 of the TRIPS agreement

As part of the larger solidarity with other networks and organisations, People's Health Movement formally signed up to the statement initiated by Third World Network to urge WTO to extend the transition period for least developed countries. The letter can be found at the [link](#).

3. Engagement with Avaaz for their advocacy on Waiver

The policy briefs, the Doha declaration statements and such other efforts have had ripple effects beyond the project. One of them was a feeler sent by Avaaz organisation to the global PHM secretariat requesting for more information about the issues surrounding the access to medicines and technologies. Risalat Khan of Avaaz got in touch with Gargeya of PHM Global Secretariat wanting to have a discussion with the PHM team on the waiver and other allied topics. On 26th November 2020 Prasanna Saligram and Gargeya had a 1 hour long discussion answering the queries and providing clarifications to Risalat and provided inputs. Avaaz ran a campaign 'universally accessible and affordable COVID-19 vaccines' including on support for the waiver and collected 900,000 signatures which was presented to WTO. Bernard Kuiten, the WTO's Head of External Relations, received the petition on behalf of WTO. More details can be read [here](#). A disclaimer is that this is not to claim in any way attribution to the project efforts but to demonstrate the sorts of networking happening with various other constituencies.

4. Engagement with other global campaigns

PHM South Africa is part of the C19 people's coalition, which has launched a domestic Peoples' Vaccine Campaign. Part of this campaign is engaging with global solidarity initiatives such as the People's Vaccine Campaign, but nothing concrete has been decided yet. The local campaign only finalised its statement and call for endorsements during the first week of January 2021. PHM South Africa has also started exchanging with Equinet about how they can support regional solidarity on access to vaccines. There is a plan to have a workshop with the SA C19 coalition that focuses specifically on regional challenges to accessing vaccines and how SA CSOs can contribute to addressing these.

PHM Europe friends some of whom are active members of the Trade and Health thematic circle and of the Global Project Advisory Committee (PAC) of EACT project are campaign coordinators of the **European citizens' initiative on Right to Cure (ECI)**. ECI which originated independently from the People's Vaccine Alliance (PVA), has evolved into a collaboration in the meantime. The European coordinators participate in the strategic discussions of PVA and the PVA coordinator encourages European members to also support ECI and hence there is a mutually reinforcing engagement happening at the European level.

Anna Marriot from Oxfam is part of the Global PAC of the EACT project and hence there is an organic exchange of ideas and collaboration occur between PHM and PVA.

Another campaign with which organic connection has happened is **'Free the Vaccine'** campaign led by the Universities Allied for Essential Medicines (UAEM). The Latin American coordinator of UAEM is part of the PAC.

5. People's Health Movement Japan's actions

One of the objectives of the project is to go beyond the pilot countries and for action to happen in other countries drawing from the project. At the beginning of December, core members of PHM-Japan Circle formed a network together with other like-minded NGOs to take forward collective actions on COVID-19 IP Waiver issue called as Equal Health and Medical Access on COVID-19 for All, Japan Network comprising of Africa Japan Forum (AJF); Asian Health Institute (AHI); Japan Overseas Christian Medical Cooperative Service (JOCS); Medecins Sans Frontiers (MSF), Japan; Pacific Asia Resource Center (PARC); People's Health Movement (PHM) -Japan Circle; Services for the Health in Asian & African Regions (SHARE).

Some of the tasks they identified are to raise awareness among civil society in Japan and advocate for changing the Japanese government which is opposing the IP waiver proposal. A paper was prepared for joint action and a webinar was conducted on December 16th in which nearly 130 people participated. The network has also started some informal dialogue with some officials.

6. Reaching out to PHM by other potential partners/networks on access issues

Many organisations and networks are trying to reach out to PHM and enlisting PHM to support some of the issues around Access to medicines/technologies/diagnostics. For instance, there was a request by Coalition PLUS which wanted to have PHM enlisted as a co-partner along with Health Action International (HAI) on a campaign promoting access to diagnostics. Ms. Chase Perfect reached out to the global secretariat of PHM whether there could be a possibility of collaboration. The discussion is ongoing.

VI. Advocacy efforts

1. South African PHM circle engaging with the Norwegian ministers on waiver

South African PHM is collaborating with Norwegian Peoples Aid to lobby Norwegian officials (Ministries of Health, Trade) and political parties in parliament to support the WTO Waiver proposed by India and SA.

2. Advocacy with Vatican on waiver

Dr. Nicoletta Dentico from PHM Italy got in touch with the project team for more material pertaining to the access to medicines and technologies. She was in touch with several channels of the Holy See, on the Waiver issue, both through the Rome HQs and the Geneva mission. This was to build on the very constructive position the Vatican had held in mid-October. The idea was to advocate with Vatican to put pressure on countries through their apostolic nunzios (i.e. the ambassadors) and also to explore whether the Pope would speak out in support of the waiver.

VII. Financial reporting

Viva Salud has transferred 50% of the amounts to the country partners

Country Name	Amount	Currency	Purpose of Payment	Value Date	Account name
South Korea	125000	USD	E A C T project payment as per agreement	Oct 13, 2020	People's Health Institute
South Africa	125000	USD	E A C T project payment as per agreement	Oct 9, 2020	People's Health Movement South Africa
India	4067	USD	E A C T project payment as per agreement	Dec 24, 2020	SOCHARA

South Korea - PHI receives and manages the fund, mainly for the three PHM Korea Fellows' salaries. Three fellows will receive salaries for 10, 8 and 7 months respectively until June 2021.

South Africa – PHM South Africa receives the amounts from Viva Salud. They have largely spent the amounts on the independent consultant Catherine Thomlinson and going forward would use it for the community level actions planned.

India – Please note that due to the change in the Foreign Currency regulations in India, both Priyam Lizmary Cherman, Research Associate (EACT-India) and Prasanna Saligram, Coordinator (Global) are directly contracted with Viva Salud. The money transferred to SOCHARA is for the situational analysis to be conducted in the states of India.

VIII. Next steps

1. Bring out awareness generating products like position papers, policy briefs on such aspects as COVAX which will support mobilization around access to technologies.

2. Start a Newsletter for disseminating project related activities and updates.
3. Conduct briefing webinars with all like minded networks to disseminate the findings from the pilot countries.
4. Strengthen further the engagement with the regional and country PHM circles to take the messages from the pilot countries to the rest of the countries.
5. Continue and intensify the engagement with the other global level campaigns and at the same time involve those other campaigns with the campaigns that emerge from the project team.
6. The next steps in the pilot countries have been shared under the respective country reports

Responses to the queries of OSF (Roxana)

This section tries to answer some of the queries circulated by Roxana in the lead up to the quarterly meeting. Even though in some ways the various sections of the report do capture the answers to the queries, it was thought that it might be good to collate all the responses in a focused manner in this section to give a better overview. So some of the information might be repetitive.

- [How are you engaging with the People's Vaccine Campaign? Can you please share some practical examples of the work with the PVC? What other global processes or meetings are you contributing to and how on COVID response?](#)

Anna Marriot from Oxfam is part of the Global PAC of the EACT project and has participated in the PAC meetings and an organic connection is happening between PHM and PVA

PHM Europe friends some of whom are active members of the Trade and Health thematic circle and of the Global Project Advisory Committee (PAC) of EACT project are campaign coordinators of the **European citizens' initiative on Right to Cure (ECI)**. ECI which originated independently from the People's Vaccine Alliance (PVA), but has evolved into a collaboration in the meantime. The European coordinators participate in the strategic discussions of PVA and the PVA coordinator encourages European members to also support ECI and hence there is a mutually reinforcing engagement happening at the European level.

South African team is part of the C19 people's coalition, which has launched a domestic Peoples' Vaccine Campaign. Part of this campaign is engaging with global solidarity initiatives such as the People's Vaccine Campaign. The local campaign only finalised its statement and call for endorsements during the week of 11th January a webinar was facilitated by the South African team for C 19 coalition on the vaccine and the challenge for equitable access.

PHM South Africa has also started exchanging with Equinet about how the team can support regional solidarity on access to vaccines. One idea is to have a workshop with the SA C19 coalition that focuses specifically on regional challenges to accessing vaccines and how SA CSOs can contribute to addressing these.

The South African team is collaborating with Norwegian Peoples Aid to lobby Norwegian officials (Ministries of Health, Trade) and political parties in parliament to support the WTO Waiver proposed by India and SA.

One of PHM's funders, Medico, has facilitated PHM's participation in a meeting next week to brief German journalists about challenges in Equitable Access to vaccine. Leslie London from the South African team will use that opportunity to push the waiver and persuade key influencers (i.e. the media) that they shouldn't accept the idea that Bilaterals and COVAX are enough as these reinforce market obstacles

- [Given the potential importance of the Russian and Chinese vaccines, what exactly are you doing to track, talk about, advise on these vaccines - quality issues, access issues, the politics of the vaccines with China and Russia, etc? How are you tracking the second wave of vaccines \(beyond the first 6-7 out the door\)? Where do you see most perspective, what kinds of conversations about the second wave of vaccines are you having with PHM circles?](#)

The Russian vaccine has been given approval for phase 3 trial in India. However, India has rolled-out the indigenous vaccines by Serum Institute of India (SII) (Oxford-Astrazeneca vaccine) and Bharat Biotech (BB) for "emergency use". Given that there are many questions over lack of phase 3 clinical data for BB's vaccine and concerns over bridge data for SII's vaccine, advocacy will be planned around the rolled out of SII and BB vaccines, and follow-up for Adverse Event following immunisation (AEFI) and Severe Adverse Effects (SAEs) in addition to tracking the other vaccines which are in the pipeline both indigenous and international ones.

Civil Society Organisations (CSOs) in South Africa have not been invited to participate in government bodies responsible for procuring vaccines and managing the local rollout campaigns. The umbrella of the C19 coalition has called for CSOs to be given a seat within official decision-making structures. Health Justice Initiative, which is an organisation that has joined as one of the partners in the EACT SA project and is also active in the C19 coalition, is monitoring vaccine procurement and regulatory approvals closely. A student associated with the South Africa team will be tracking developments at global level.

At the moment, one student is tracking the developments around the next wave of vaccines. But many partner organisations and networks which are part of the C-19 coalition are generally well informed, South African team hopes to take some of these in the coalition. Also there is still a need for ensuring a regional perspective so the rest of Africa is not left behind. South Africa has barrelled ahead to secure 21.5 million doses or more. There have been some communication exchanged with the other African PHM circles. Going forward, this would be given more focus.

- **How are you engaging on encouraging localized manufacturing (especially outside of India where of course it already exists)? Is this a priority for your members? How are you intentionally connecting increased localized manufacturing with access and affordability conditions? What are the venues to push for this over the coming year?**

PHM South Africa, as part of the 'Fix the Patent Laws campaign' and as part of the C19 coalition, is lobbying government to finalise domestic IPR legislation that will institutionalise stricter criteria for granting patents and also allow greater scope in using TRIPS flexibilities so as to promote local manufacturing. The organisations who are involved in the EACT research project in SA are scheduled to have a meeting next month (2 Feb 2021) aimed at developing an advocacy strategy on this issue. This would include the creation of a policy brief - possibly aimed at identifying obstacles to local production, scope of public funding for pharma R&D and benefit sharing that has resulted from that in the past, and commentary on the Patents Bill (should it be published prior to the meeting). For an overview of local manufacturing capacity see: <https://www.spotlightnsp.co.za/2020/12/09/covid-19-what-local-vaccine-production-actually-means/>.

- **In South Korea, the funds supported 2 interns at PHI- what are the interns working on, and what are anticipated outputs of that work?**

One intern has been in the project since September 2020 (Ji-eun Park), one from November 2020 (So-hyung Lim) and one intern from December 2020 (Ji-won Park). Ji-eun Park is monitoring (1) R&D, production and supply policies and systems; So-hyung Lim is monitoring (2) intellectual property rights; and Ji-won Park is monitoring (3) deregulation and pricing. The process and result of the monitoring are being followed up by the EACT-Korea project committee (Dong-geun Lee, Hongjo Choi, and Sun Kim). Ji-eun is writing the 1st PHM Brief on the 'Public R&D on Covid vaccines and therapeutics' to be published soon (in January). EACT-Korea project committee (Dong-geun Lee, Hongjo Choi, and Sun Kim) is reviewing it and giving feedbacks. As the EACT-Korea project advisory, PHI researchers had a round of review of the 1st draft and gave feedbacks. So-hyung is writing the 2nd PHM Brief on the 'COVAX' to be published soon (in January). Three interns made the draft of the Korean translated version of PHM statement in support of the waiver which was reviewed and finalized by Sun Kim. Going forward So-hyung Lim will be writing on COVAX, Ji-won Park will be writing on the South African situation, Sun Kim planned this article series titled [COVID-19 and Global Health Watch] and serves as the coordinator, to review and finalize each article.

- **In South Africa, would be great to understand more what this circle is doing to get access to some of the vaccines likely being filled and finished in the country (but shipped to Europe), and other key priorities?**

South African team being part of the C19 coalition also has some of the unions who represent workers at some pharmaceutical corporations (e.g. CIPLA). There are talks that unions could lead on these issues, as their workers at these sites will essentially be producing vaccines for markets in the global north while risking their own lives in the absence of vaccine access. For example, the Eastern Cape province where J&J is aiming to fill and finish vaccines, has been severely impacted by the second wave - partly because its public health system is chronically under-resourced and struggled to manage the high demand for Covid care driven by the new, more infectious strain of the virus.

- [Have you \(globally or at national circle levels\) attracted any other funding for this work?](#)

In India, the team could add one more state, Tamil Nadu, to undertake the study in addition to the 3 pilot states that was originally envisaged due to the voluntary contribution (not through fund donations) by a partner organisation, SOCHARA.

The South African team have recently attracted funding from the Commonwealth Foundation to continue with network building around this issue and to focus on popular education on vaccines (one aspect of which is addressing vaccine denialism). The team has secured some funding from Norwegian Peoples Aid to do short videos that address vaccine denialism.

At a global level, PHM has initiated some more processes of fund raising but nothing has as yet fructified.