

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

Third Progress Report

May 11th, 2021

DRAFT

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Project level updates

1. Project Committee meetings

8th March 2021

As part of the regular project committee meetings EACT team met on 8th March 2021. Other than the regular updates from the pilot countries there was discussion on the strategic way forward to take the initiative to the next level and accordingly the following were discussed:

1. To counter the 'third way' (voluntary licensing) being flagged by WTO there was a consensus that public sector ownership of R & D and local production needs to be emphasised.
2. We have to have twin track approach for access to covid technologies. While advocating for TRIPS waiver we should work towards capacity building of countries for use of TRIPS flexibilities. Posing one against the other is also what GAVI has been doing. Both things have to be articulated equally and together to which David said brings us to making the argument against trade agreements, free trade and neoliberal globalisation with global supply chains
3. Another important aspect was highlighting the augmentation of domestic manufacturing capacity including some forms of public private partnership. In such a case it would be a nuanced demand would be that of public production and reciprocal terms of better forms of partnership.
4. Position Papers, followed by Policy Briefs on COVAX, C-TAP and possibly one on scaling up domestic manufacture with special reference to Africa (in association with other networks)

To take the strategic discussions forward, a follow-up meeting was planned for 25th March 2021

23rd March 2021

Discussion around the strategic direction was taken forward in much more detail during the 23rd March 2021 meeting. The following action points emerged:

1. Prasanna shall develop the first draft of a position paper on Covax and then circulate it for comments and further to the finalisation, policy briefs, infographics and such other products will emerge from that. Further to the completion of the products a webinar will be held with PHM and partner networks.
2. Sundararaman shall get the first draft of a position paper on local manufacturing then circulate it for comments and further to the finalisation, policy briefs, infographics and such other products will emerge from that. Further to the completion of the products a webinar will be held with PHM and partner networks. PHM South Africa in collaboration with Equinet and such other African networks will develop a brief with specific reference to manufacturing capacity for Africa
3. Luciana who is with the UAEM network would come up with a draft of a position paper to look at alternatives to patent regime which will be then further refined and products like policy briefs, infographics developed.

Pilot Country Updates

South Africa

I. Activities

Community Monitoring

Community monitors have been gathering data for just over two months. The monitors are being coordinated by Lerato Hlatshwayo, who is participating in the EACT project as part of a practicum for her Masters of Public Health degree at the University of Cape Town.

A meeting was held with the community monitors on May 4, 2021. The meeting was aimed at getting monitors' feedback on their experiences in the field, and sharing the preliminary data different monitors had gathered in their locations.

The monitors are active in 6 provinces across South Africa and are responsible for monitoring community-level barriers to accessing masks, soap and water, sanitiser, testing services, isolation facilities, admission to hospital for COVID-19 treatment, and awareness of and sentiments regarding COVID-19 vaccines. As vaccine rollout commences, they will also be well placed to monitor vaccine rollout. We may explore extending the work by applying for other grants to keep the monitors in place and/or expand the monitoring network if we can demonstrate success.

Generally the monitors reported similar experiences - nothing stood out as an outlier. The general sentiment they have observed is that people feel "COVID is over" and that masking and physical distancing are not done consistently. This is the case even in high-density places like social grants pay points, shops, taxis, schools, and churches. One monitor noted that the exception to this would be nurses and people who have lost loved ones due to COVID, as they remain more vigilant about prevention protocols.

The South African government recently opened up its vaccine registration system to people aged 60 years and above (as part of Phase 2 of the vaccine roll out strategy). In light of this, the meeting decided that we should add questions about this to the monitoring protocol. These questions will not introduce a change in where or how data has been collected to date, but are simply an addition to the existing protocol. The questions are:

1. Are you aware of who can register for the phase 2 rollout?
2. Do you know anyone who has registered?
3. Are you older than 60? Have you registered? If no why not?

Mistrust remains high in relation to vaccinations, and this is so even amongst health workers. One monitor reported that he had been vaccinated, and reported few side effects. Two other monitors were due to be vaccinated but one didn't have transport to take her to the vaccination site, and another had a health issue that led to vaccination being delayed. The monitors themselves all work as CHWs, and though they were pleased about having access to vaccinations, they reported that many nurses at clinics were sceptical of vaccines and hesitant about getting vaccinated. The monitors

all belong to a WhatsApp group, and on this group they also expressed that the vaccine-education work they undertake in their capacity as CHWs has become more difficult in the wake of reports that COVID-19 vaccines lead to side-effects like blood clotting disorders.

Implementation Phase of the Train-the-Trainers Manual on COVID-19 Vaccine Literacy

Members of the EACT research team participated in a process to produce a [COVID-19 Vaccine Literacy Manual](#). While S27 coordinated the C19 vaccine literacy part, PHM SA developed the advocacy part of the manual including the barriers to equitable access to the C19 technologies. PHM SA also proof-read the C19 vaccine literacy part for medical correctness. In addition, we contributed information on:

- TRIPS and its impact on public health;
- COVAX and its limits with respect to ensuring equitable access to COVID-19 vaccines;
- The need for domestic enabling legislation to ensure full use of TRIPS flexibilities by the South African government;
- Posters for easy use during community trainings; and
- An information note on why the J&J (Janssen) single-dose COVID-19 vaccine remains an efficacious and safe vaccine, despite a decision by the SA Minister of Health, taken in April 2021, to temporarily halt its use in a Phase 3b clinical trial due to concerns about a rare side-effect (blood clotting).

The manual will be piloted this week, on 13 and 14 May 2021, with a two-day virtual workshop that an estimated 30 participants will attend. This train-the-trainer workshop and all subsequent ones will be rolled out under the banner of the Popular Education Task Team of the [South African Peoples Vaccine Campaign](#). Two members of the EACT Team (Anneleen de Keukelaere and Lauren Paremoer) have been directly involved in coordinating the PVC popular education task team.

TRIPS “Explainer”; TTT Manual on IP and Access to Essential Medicines

We have produced a short manual or “explainer” that aims to describe the ways in which the TRIPS regime impedes equitable access to COVID-19 technologies and other essential medicines. The idea is that it will function as an accessible reference for activists interested in learning more about the public health impact of TRIPS. It was developed by Aleya Banwari, who is participating in the EACT project as part of a practicum for her Masters of Public Health degree at the University of Cape Town. The EACT team intends to use this manual to develop a train-the-trainers workbook on the public health effects of TRIPS that can be used as part of a popular education and advocacy campaign aimed at amending domestic IP legislation to enable full use of TRIPS flexibilities.

Heinrich Boell Foundation Case Study on Vaccine Distribution in South Africa

Leslie London and Lauren Paremoer are drafting a case study on factors affecting the distribution of COVID-19 vaccines in South Africa. Some of the research produced under the auspices of the EACT project is being used in this case study. The case study is one of six commissioned by the Foundation, which focuses on the impact of COVID-19 and the vaccine rollout in the global south. The case studies will be assembled in a web-dossier due to be released late May. The case study for South Africa, which draws on much of the EACT’s work, is due to be finalised this week.

2nd of February Action at Embassies

On the 2nd of Feb, PHM SA together with People’s Vaccine Campaign and the Fix the Patent Law Campaign, organised actions at 17 Embassies in Pretoria and Cape Town bringing attention to the TRIPS waiver and asking embassies to push for adoption of the waiver. The action included a flash mob outside the embassies as well delivery of a letter. Simultaneously, each embassy was email bombed with the same letter from various civil society organisations. The pressure on various embassies contributed to the global pressure on northern governments, which we think helped to shift the US position on the waiver.

Presentations on Vaccines

PHM-SA as part of EACT has contributed to various webinars for Community Health Workers (coordinated by PHM), Women on Farms Project, and other academic institutions in South Africa. We have also participated in the Africa CDC webinar on local production and global and regional civil society discussions on vaccine equity and the waiver.

Inputs to the Amicus Curae in a court intervention by Health Justice Initiative

There were moves by the private sector parties to try and secure the right to procure and distribute vaccines independently. Health Justice Initiative, a partner organisation in South Africa, decided to go to the court as [Amicus Curae](#) and Leslie from the EACT team gave technical inputs to the court intervention and argued how this would be a highly inequitable move.

II. Publications

Publication Based on Situational Analysis

In collaboration with colleagues at the University of KwaZulu Natal (UKZN), the Situational Analysis produced during Phase 1 of the EACT project was used to develop a publication for a special issue of the South African Health Review (SAHR) focused on COVID-19 for the 2021 edition. The paper is entitled “Intellectual Property Barriers to Access to COVID-19 Health Products in South Africa”, was submitted on May 3, 2021 and is currently under review. As described in the abstract the paper,

“undertakes an analysis of the extent to which intellectual property barriers have impeded, and may continue to impede, the availability, affordability and accessibility of the health products, especially vaccines, required to effectively respond to the pandemic. Global, regional and national initiatives to improve access to health technologies, such as the COVAX vaccine facility, the COVID-19 Technology Access Pool (C-TAP), and the waiver of intellectual property rights proposed at the World Trade Organisation by South Africa and India, are also appraised. The methodology includes both a review of a situation analysis of the relevant health product landscape, and a critical analysis of the role intellectual property rights have played in relation to health products generally and during the pandemic. The two-year delay

in tabling the Patents Amendment Bill Act, and the limited use of legal flexibilities to circumvent patent and other barriers, are examined. The key findings are that: the country experienced significant shortages of diagnostics, PPEs and other equipment; its vaccine acquisition programme lacked urgency; it has been held hostage by IP holders through their inability to meet demand for vaccines, and their refusal to enable scale up production through technology sharing; and, government has stalled on its commitment to patent law reform.”

The SAHR is a benchmark annual publication of the state of health and health services in South Africa and is available for free online on the website of the [South African Health Systems Trust](#). It is widely read and cited by academics, activists, managers, and health workers. Catherine Tomlinson (author of the Situational Analysis), Leslie London and Lauren Paremoer contributed to writing this chapter along with Prof. Yousuf Vawda (UKZN Law and lead author) and Andy Gray (UKZN Pharmaceutical Sciences). Both Professors Vawda and Gray are active participants in the medicines access networks and have supported PHM over the years.

Article for Amandla Magazine

Leslie London and Lauren Paremoer co-wrote an article for [Amandla Magazine](#) (Issue 75/March 2021), a progressive publication produced by the Alternative Information and Development Centre in South Africa. Entitled “COVID-19 vaccines – inequality and the politics of health”, the article provided an overview of the shortcomings of COVAX in securing equitable distribution of COVID-19 vaccines globally, and explained the role the TRIPS waiver proposal tabled by South Africa and India at the WTO in October 2020 could play in addressing this injustice. It also set out a case for developing local vaccine manufacturing on the African continent and elsewhere in the global south.

Policy Brief: Developing Local Vaccine Manufacturing Capacity

Leslie London has initiated a discussion with [Equinet](#), the Regional Network on Equity in Health in East and Southern Africa, on jointly producing a policy brief on expanding the vaccine production capacity in Africa. Two meetings have taken place to date with another scheduled for this week at which first drafts will be circulated. A draft outline of the policy brief has been developed. The brief is aimed at Parliamentarians in East and Southern Africa and Civil Society engaging with parliamentarians. Its goals are to muster domestic political support for the waiver and other strategies for local production of COVID-19 vaccines and other health technologies for COVID-19. While vaccines are foregrounded, it also addressed other health technologies. Ruth Useh is participating in this process as part of her practicum for her Masters of Public Health degree at the University of Cape Town.

III. Upcoming plans

1. Finalize and launch the brief on Local Manufacturing Capacity.
2. Finalize the Heinrich Boell case study and participate in the launch event
3. Finalise the IP train-the-trainers booklet and complete a pilot.

4. Create an info graphic based on the content of the IP "explainer" that can be used as part of a social media campaign in support of the TRIPS waiver and domestic patent law reform.
5. Report back on the findings of the community monitoring probably by way of a webinar.
6. Continue collaboration with the Peoples Vaccine Campaign in their efforts to promote vaccine acceptance through train-the-trainer workshops on this issue.
7. Mobilise locally with partners to put pressure on foreign governments still opposing the waiver
8. Explore follow up funding to maintain the community-based monitoring beyond the grant
9. Continue running webinars for different targets groups alongside the train the trainer workers
10. Engage South African negotiators at WTO to identify ways civil society can support the waiver adoption

South Korea

I. Progress so far

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

9th EACT-Korea biweekly project meeting: January 14

10th EACT-Korea biweekly project meeting: January 28

11th EACT-Korea biweekly project meeting: February 8

12th EACT-Korea biweekly project meeting: February 22

13th EACT-Korea biweekly project meeting: March 8

4th A2M CSOs strategy meeting: April 14

14th EACT-Korea biweekly project meeting: March 22

15th EACT-Korea biweekly project meeting: April 5

5th A2M CSOs strategy meeting: April 14

16th EACT-Korea biweekly project meeting: April 19

CSOs Press conference, held in front of the Korean Parliament, in terms of TRIPS Waiver: April 29

1. Monitoring the South Korean Government and archiving

During the third quarter, the South Korea team has continuously monitored the domestic situation and regularly produced outputs like articles, statements, infographics, and media interviews. Our monitoring was focused on several issues regarding essential Covid-19 health technologies. We divided issues according to the life cycle of technology and three PHM Korea Fellows has monitored (1) R&D, production and supply policies and systems, (2) intellectual property rights and (3) deregulation and pricing, respectively. We monitored 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. We plan to regularly publish issue briefs by accumulating these contents this year (see annex 1 for more detail).

2. Major actions during the 3rd quarter

1) Advocacy for India-South Africa 'Waiver Proposal'

We continued to advocate the India & South Africa's TRIPS waiver proposal.

On February 3, we sent the 3rd joint public letter to SK government with our CSO networks (PHI, KPDS, APH, KFHR, HRN, Knowledge Commune, SWH, Gunchi, [Chunghan](#), CHSC, [PSPD](#), and other 25 CSOs) to pressure to support the waiver ([link](#)). This was introduced in media ([link1](#)).

On February 26, we sent the 4th joint public letter to SK government with our CSO networks (PHI, KPDS, CHSC, ILeft, Opengirok, and [Alliance for Anti-Privatization and Universal Health Care](#)) to pressure to support the waiver ([link](#)). This was introduced in media ([link1](#)).

On March 8, we published the 2nd PHM issue brief titled as 'A strong global solidarity in terms of the TRIPS waiver proposal is needed in order to multinational pharmaceutical companies have to stop IP monopoly' ([link](#)).

On April 29, we held a CSO Press conference, held in front of the Korean Parliament, to urge SK government to support the TRIPS waiver proposal with our CSO networks (PHI, KPDS, KFHR, KPTU, PSSP, Pharmaker, CHSC, ILeft, Hye-young Jang lawmaker from Justice Party, Knowledge Commune, Jinbo, Progressive30, Opengirok, and [Alliance for Anti-Privatization and Universal Health Care](#)) ([link](#)). This was also introduced in media ([link1](#), [link2](#), [link3](#), [link4](#), [link5](#), [link6](#), [link6](#)).

On May 6, KFHR including KPDS and published a statement titled "[SKG must stop silence about the TRIPS waiver proposal](#)" and it was introduced in media ([link1](#))

Up to date (during January to April 2021), we received 5 response from the SK Government about TRIPS Waiver (two response from the Ministry of Trade, Industry, and Energy (MOTIE), two from the Ministry of Foreign Affairs (MOFA) and the last one from the KCDC).

On January 14, we received the first response from the SKG (Ministry of Foreign Affairs). It is as follows:

Your complaint was it should be used in solidarity and cooperation with the world to overcome COVID-19, and President Moon Jae-in recently mentioned a plan to make the COVID-19 vaccine a public good for humanity, and there is a discussion in this regard. As it is underway by the WTO TRIPS Committee, it is understood as the point of asking the government to make an effort to pass the Waiver.

First, thank you for your interest and valuable opinions for overcoming COVID-19. In our department, we will consult closely with the Ministry of Trade, Industry and Energy, which are usually the main departments in charge, and related departments related to COVID-19, referring to your valuable opinion.

On February 10, we received a response from the SKG (MOTIE). It is as follows:

A. The WTO TRIPS Committee held two informal meetings on 01/19 and 02/04 this year, and continued discussions on TRIPS waiver through small group meetings from time to time. However up to date, there is still a considerable degree of difference in positions among member states. The debate on the TRIPS waiver needs to be balanced between the need to support improved access to vaccines and treatments, and the possibility of negatively affecting response to the health crisis by hindering incentives to develop new drugs when the intellectual property protection system weakens. Member States have a wide range of issues, including the need to support vaccines and treatments to low-income countries, strengthening the global supply chain to facilitate supply and demand in the medical field, flexibilities already existing in the TRIPS agreements such as Articles 31

and 31bis of the TRIPS Agreement, and the importance of developing effective vaccines at reasonable prices.

B. Korea is actively participating in voluntary international cooperation initiatives (ACT-A, COVAX AMC, etc.) to improve access to COVID-19 vaccines and treatments, and will continue to actively participate in the discussions of the WTO TRIPS Committee to balance the intellectual property protection system and public health. We will carefully review and contribute to the related discussion.

On March 22, we received the first response from the SKG (KCDC). It is as follows:

A. It is understood that your organization's complaint is to ask the President for his opinion on the fair distribution of Covid-19 vaccines to guarantee health rights in low and medium-income countries. We believe that the questions and suggestions of your organization should be made from a humanitarian perspective. We understand that the president has said the same thing as your group's suggestions several times, and I think he wants to pursue the policy in the direction you said.

B. However, we would like to inform you that the KCDC is dedicated to preventing the spread of Covid-19 and supplying and vaccinating Covid-19 vaccines in Korea, and please understand that there will be no policy decision or enforcement.

On March 25, we received the second response from the SKG (MOTIE). It is as follows:

A. Since October 2020, a temporary moratorium on some of the WTO's TRIPS on medical products such as Covid-19 vaccines and treatments was proposed by India and South Africa, consultations between WTO members have continued, but there has been a significant difference. Developing countries such as India and South Africa are supporting the proposal, but the TRIPS board is also raising the need to carefully consider the negative impact of the moratorium on the response to the public health crisis. Member states are discussing various factors and possibilities.

B. The government will be careful in making decisions on intellectual property rights, considering the need to support vaccine and treatment accessibility in developing countries and the potential to negatively affect the response to the health crisis.

On April 12, we received a response from the SKG (MOFA). It is as follows:

A. SKG contributes to the eradication of poverty and disease in the international community through various development cooperation projects and humanitarian assistance. In particular, amid the recent global pandemic of Covid-19, our government continues to contribute to the global humanitarian crisis and health crisis response.

B. As part of this effort, the Korean government contributed \$10 million to the COVAX AMC, which provides vaccine support to 92 LMICs while providing a variety of necessary support to 120 countries suffering from Covid-19. We also continue to contribute to and engage in discussions with major global health organizations, including the Global Fund, GAVI, Unitaid, and CEPI.

C. In the future, our government will keep an eye on international trends and damage conditions in each country, push for support where we need help, and join the international community's efforts to overcome the Covid-19 crisis.

2) On Scaling-up COVID-19 vaccine manufacturing capacity

On March 15, We request of information about COVID-19 vaccine manufacturing capacity in SK through a lawmaker Youngseok Seo from the Democratic Party (ruling party).

Till date, We received three responses from the SKG about COVID-19 vaccine manufacturing capacity. And all responses literally said that they don't know about the current vaccine manufacturing capacity in SK.

On March 31, We received a response from the SKG (KCDC). It is as follows:

A. Korean Vaccine Research and Development Center for Public Vaccines is investigating the status of vaccine development in Korea, but no data on the current status and capacities of vaccine manufacturing in Korea are investigated.

On April 12, we received a response from the SKG (KFDA). It is as follows:

A. The requested information is not held by our department.

On April 19, we received a response from the SKG (Ministry of Health and Welfare). It is as follows:

A. Please understand that individual companies' Covid-19 vaccine manufacturing capacities are not disclosed by each company because they are confidential in management and business.

3. Articles, statements and interviews

We have 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](#). We introduce this series as following;

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 January 27, PHM Korea Fellow Sohyung Lim and Sun Kim wrote an article titled "[Criticism on vaccine nationalism in the pandemic era](#)"

On February 30, PHM Korea Fellow Jiwon Park wrote an article titled "[The lessons South Africa's AIDS Movement gives to the coronavirus debate](#)"

On May 5, JinHwan Kim (PHI member) wrote an article titled "[What vaccine passport means?](#)"

PHI weekly article series (1) which is published in [The Pressian](#) and [The Rapportian](#).

On January 25, an article titled "[Global justice with covid19](#)" was published.

On February 1, an article titled "[Detail is needed in terms of vaccination](#)" was published.

On March 1, an article titled "[Vaccination and essential work](#)" was published.

On March 29, an article titled "[Urgent call on preparing post COVID-19](#)" was published.

On April 5, an article titled "[IP is not sacrosanct](#)" was published.

On April 26, an article titled "[Can we defeat vaccine nationalism?](#)" was published.

PHI weekly article series (2) which is published in [The Pressian](#). We introduce this series as following;

Thomas Friedman, a U.S. columnist, wrote that human history can be divided into BC (Before Corona) and AC (After Corona) since the Covid-19. AC One year, the relevant debate is already under way. The work of whether the state will be in debt or households will still lead to conflicts over the payment of disaster support funds. The issue that Korea's vast proportion of self-employed businesses makes individuals more vulnerable to catastrophes has also emerged as an urgent task. How to manage the health problems of disabled people who are unable to receive essential medical treatment has also become an important task. Right now, even when vaccination has begun, it is important how to win the fight against the Covid-19, which is still sweeping all over the world. It is time to think about how to overcome the Covid-19 and what efforts will lead to better changes after Covid-19.

On March 10, Eun-kyung Choi (PHI member) wrote an article titled "[Science and ethics of vaccination](#)"

On March 17, Changyup Kim wrote an article titled "[The spirit of post COVID-19 is equity](#)"

On March 25, Sun Kim wrote an article titled "[The world is now moving into vaccine apartheid, vaccine imperialism](#)".

PHI's interview was published in media.

On May 2, an article based on interviews with Dong-geun Lee and Hongjo Choi titled "[TRIPS waiver proposal is the key to the end of COVID-19 by scale up manufacturing capacity](#)" was published.

On May 6, an article based on interviews with Dong-geun Lee and Sun Kim titled "[Relinquishing of patent monopoly is enough to solve vaccine shortage?](#)" was published.

PHM Korea currently is participating in the PHI's research project on COVID-19 Vaccine, which plans to publish in June.

Political economy analysis of vaccine R&D, vaccine policy and public health, ethics and justice of vaccination, global governance, and civic participation.

Three fellows undertake political economy analysis of R&D (Jieun Park) and global governance part (Jiwon Park and Sohyung Lim).

KPDS published several articles on media and issued statements regarding equitable access to Covid-19 health technologies.

On February 10, Dong-geun Lee wrote an article titled "[Celltrion COVID-19 treatment, CT-P59, has to function as global public good](#)". And this was introduced in several media ([link1](#), [link2](#), [link3](#), [link4](#))

On April 7, KPDS published a statement titled "[It is time to consider global solidarity not a nationalism](#)". This was introduced in media ([link1](#), [link2](#))

4. Forums and seminars

On January 16, Dong-geun Lee gave a presentation at a Youth Politics Conference held by Youth Justice Party. The session title was 'Who is the owner of COVID-19 vaccines: questions for 'publicness'' (video [link](#))

PHI participated in several forums and seminars.

On January 22, Sun Kim gave a presentation titled 'COVAX, a multistakeholder approach to Global Health Governance: How PHM fights back by engaging the WHO and the WTO' for a webinar co-organized by Corporate Accountability, ETC Group, FIAN International, Focus on the Global South, FOEI, G2H2, IT for Change, MSI Integrity, Peoples Health Movement, Public Services International, Transnational Institute. (video [link](#))

Lastly, on March 5, Dong-geun Lee, gave a presentation, and Sun Kim acted as a moderator for the webinar 'Beyond COVID-10 Access to Medicines and Vaccine in Asia' held by Human Asia, UAEM Korea, Korean Association of Human Right Studies (Video [link](#)).

II. Upcoming plans

South Korea team plans to continuously publish issue briefs as a movement to inform the public of key domestic and global issues and pressure the government. We also plan to hold seminars to provide open opportunities to study and discuss the 'publicness' of essential health technology.

III. Annexure

PHM South Korea and the network has been tracking a number of policy developments. Some of the references published during the third quarter period are given below:

[production & supply] [President says sufficient volume of vaccines procured swiftly](#) (2021/01/18)

“President Moon Jae-in, speaking at his first in-person news conference of the new year, on Jan. 18 said vaccines against the coronavirus were being procured swiftly and in ample supply.”

[export & aid] ['Gov't open to sharing leftover vaccines with struggling nations, NK'](#) (2021/01/27)

“Prime Minister Chung Sye-kyun on Jan. 27 said the government is not closed to the possibility of sending leftover vaccines to third countries struggling with the pandemic including North Korea.”

[production & supply] [Gov't plans for COVID-19 vaccinations this year announced](#) (2021/01/29)

“The government on Jan. 28 announced its plans to vaccinate the population this year against COVID-19. The first quarter will see medical staff, patients and nursing hospital employees get vaccinated, followed by senior citizens ages 65 and over in the second and those ages 18-64 in the third. The first round of general vaccinations will end in September and the government said it expects herd immunity by November.”

[production & supply] [WHO OKs AstraZeneca vaccine made in Korea for emergency use](#) (2021/02/16)

“WHO Director-General Tedros Adhanom Ghebreyesus told an online media briefing that his organization listed the version of the Oxford-AstraZeneca vaccine produced by SK Bioscience of Korea and another made by the Serum Institute of India.”

[production & supply] [Add'l vaccines for 23M people secured from Novavax, Pfizer](#) (2021/02/16)

“Prime Minister Chung Sye-kyun on Feb. 16 told a meeting of the Central Disaster and Safety Countermeasure Headquarters at Government Complex-Sejong, “The government secured COVID-19 vaccines for another 23 million people in addition to existing ones for 56 million, meaning a total of 79 million can be inoculated.”

“We concluded a deal to have three million additional Pfizer vaccines received by the second quarter, and the supply of 500,000 vaccines slated for the second half will be moved up to late March.”

“We also secured 20 million additional vaccines from Novavax,” he said. “They will be used from the second quarter.”

[R&D] [President visits plant for making syringes to inject vaccine](#) (2021/02/19)

“He added that the government will spare no effort to support innovative smaller companies that seek opportunity amid crisis and expand exports as well as domestic supply.”

[export & aid] [Vaccines made in Korea arrive in Vietnam](#) (2021/02/25)

A shipment of vaccines against the COVID-19 pandemic produced by Korean pharmaceutical maker SK Bioscience, which has a plant in Korea approved for making the AstraZeneca vaccine, has arrived in Vietnam.

[production & supply] [Public vaccinations against COVID-19 launched nationwide](#) (2021/02/26)

“A combined 5,266 people were scheduled to get jabbed on the first day, including patients and workers under 65 at 213 nursing hospitals and facilities and mental health and rehabilitation centers. All of them received the AstraZeneca vaccine produced in the country by domestic pharmaceutical manufacturer SK Bioscience under a partnership deal.”

“Through March 20, personnel at hospitals specifically for COVID-19 patients will get the Pfizer-developed vaccine from the COVAX Facility, a global project led by the World Health Organization.”

[test] [Seoul city gov't urges foreign residents to get COVID-19 pre-screening](#) (2021/03/05)

“The Seoul Metropolitan Government has urged the city's estimated 240,000 foreign residents to get pre-screened for COVID-19.”

[production & supply] [President Moon: 20M Novavax vaccine doses slated by end of 3Q](#) (2021/04/13)

President Moon Jae-in on April 12 said, "In-country production of Novavax's vaccine will begin this month, and the raw and processed materials required for production during the first half of this year have also been secured."

[production & supply] [3M vaccinations to come this month, 12M by year's 1st half](#) (2021/04/19)

“The government said it will do its best to vaccinate three million people by this month and 12 million by the first half of this year.”

[test] [Korea in photos] [Launch of COVID-19 self-test kits](#) (2021/04/29)

“Pharmacies nationwide from April 29 began sales of a self-test kit for COVID-19 after it received emergency approval from the World Health Organization.”

India

I. 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.

II. Activities

- a. 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 states have submitted the case studies collected by them. It is currently being analysed to and developed into a report for further advocacy. Karnataka has looked at about 24 case studies, including people affected by HIV, families where members have succumbed to COVID-19, families plunging into financial burden, as well as healthcare workers. Tamil Nadu looks at about 18 case studies, including group work with community health care workers, nurses and sanitary workers. Bihar looks at about 20 case studies including on aspects of maternal health, those affected by non-communicable diseases and increased debts due to lack of services at public hospitals. Chhattisgarh colleagues undertook interviews with persons affected by COVID, those who needed care for other diseases. These cases include from both urban and rural areas. They also undertook group discussions with vulnerable groups including transgender community, and those working with tribal community in the area. JSA-Chhattisgarh has continued to highlight the unfair working conditions of community health workers (ASHAs/Mitanins), as also documented in the situational analysis. The issue was [covered](#) in national media. A chapter based on the Chhattisgarh situational analysis is being included in a book titled 'COVID-19 – A view from the margins', edited by Dr. Yogesh Jain.
- b. Additionally, at the national level online survey is being conducted about the availability of the Personal Protective Equipment (PPE) for health care and other frontline workers
- c. A policy brief document is being prepared on the evolution of the diagnostics policy during the course of the pandemic.
- d. EACT is also working with local community groups to develop advocacy material to address vaccine hesitancy post the second-wave in the country.

- e. Given the current wave of the pandemic spreading to the rural areas as well, Bharat Gyan Vigyan Samiti (BGVS), a constituent of the JSA has decided to undertake a training programme of 100,000 volunteers across 14 states and have over 7 days trained 1500 plus master trainers for this. Many of these state units are co-terminus with the state JSA units. Tamil Nadu Science Forum (TNSF) is also training 500 volunteers. The training is largely around access to medicines issues and the promotion of Covid appropriate behaviour and campaign in access to vaccines/vaccine equity.

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

- a. March 2021: Supported two training sessions for members of UAEM on intellectual property barriers to access and role of the TRIPS waiver proposal
- b. Supported twitter campaign focusing on US, Canada, Japan, EU and Australia on March 2.
- c. Pandemic & Public Health: Learnings from the Past and Present- [Webinar 1](#), organised by SAMA Resource Group for Women and Health, 30 March 2021
- d. Pandemic & Public Health: Learnings from the Past and Present- [Webinar 2](#), organised by SAMA Resource Group for Women and Health, 16 April 2021

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

Vaccine roll-out, changing policies and lack of resources in the second wave

- a. 14 April 2021: All India Peoples Science Network published its [statement on the second wave of COVID-19](#). The paper reiterates the need to understand the role of variants and expanding gene sequencing, the need to increase testing, tracing and surveillance, the need to address vaccine shortage and inequity in access, need to scale up vaccine production
- b. 21 April 2021: All India Peoples Science Network issues a [statement](#) on government's Phase-3 vaccine strategy. The new vaccine strategy that has now left it up to the state governments to procure vaccines directly from private players by negotiation prices, instead of being allocated by the central government. The statement highlights that the strategy will undoubtedly exacerbate inequities in vaccination, in favour of urban, rich and well-connected sections of society. The statement demanded for rolling back of the new strategy and for recalibrated fully funded and universal vaccination programme backed by

adequate government support for vaccine manufacturers including PSUs. These statements received wide coverage in the media

- c. April 23, 2021: Public Health activists Sarojini Nadimpally (EACT-India advisory committee member), Sundararaman T. (PHM Global Co-ordinator), Sulakshana Nandi (Co-Chair PHM Global), Deepa Venkatachalam (PHM India member), Neelanjana Das (PHM India member), and Priyam Cherian (EACT-India) [wrote](#) to the Health Minister to ensure that any patient who reaches a government hospital must not be turned away,

Interventions before Courts

1. The Supreme Court of India has taken *suo moto* cognisance of the COVID-19 crisis looking at various issues, from number of COVID health centres to vaccine roll-out policy. Several intervention applications were filed by different groups on this matter. Prof. T. Sundararaman (PHM Global Co-ordinator) an intervention application challenging the new vaccine policy. The intervention application challenged the vaccine policy which now allows private entities to purchase vaccines and offer them to the public at unregulated charges.
2. JSA Mumbai (Mumbai unit of PHM) also filed two intervention applications before the Supreme Court of India. One of the intervention applications challenged the vaccine policy allowing private sector procurement of vaccines. The second intervention application sought direction to the government to issue compulsory license on the COVID-19 therapeutics namely Remdesivir, Tocilizumab and Favipiravir. JSA Mumbai was represented by Mr. Anand Grover, Senior Advocate who is also a member of the Advisory Committee of EACT. The Court issued directions to the government to provide information related to revising vaccine policy, possibility to issue compulsory license to COVID-19 related treatment, allocation of treatment and oxygen to different states, and actions related to timely medical intervention.

Articles/commentaries by PHM India members

1. [On second wave of COVID-19 Infections in India](#), Chhyakada Chats-A Podcast with Dr. T. Sundararaman
2. [The Public Sector Is Crucial for Self-Reliance in Vaccines and Public Health](#), 29 April 2020, The Wire Science, April 2021
3. [Interview](#) of Sundararaman T., on how the government has failed at multiple levels in containing COVID-19, Newslick, 16 April, 2021
4. [Why do we have a second wave of COVID-19](#), AIPSN, Commentary by Sundararaman T., 9 April 2021
5. [BBC-Hindi Digital news update](#), Sundararaman T called for comments, 8 April 2021

6. [Compulsory Covid-19 vaccination won't help – coercion will increase hesitancy, not reduce it](#), Sandhya Srinivasan, Scroll.in, 07 April 2021
7. [Show COVID19 vaccination certificate, get ration under PDS, says IMA. Health experts protest](#), 6 April 2021, JSA member Sulakshana Nandi quoted
8. *Good Public Health Logistics for resilient health systems during the pandemic: Lessons from Tamil Nadu*, Adithyan GS & Sundararaman T., Indian Journal of Medical Ethics, 6 April 2021
9. [Second wave is likely to be larger than first, surveillance failure and COVID denial to blame](#), 5 April 2021, The Telegraph, Interview of Sundararaman T.
10. [‘In principle almost 100% will require vaccination ... It should mean that everyone has an entitlement’](#), Interview with Sundararaman T., Global Health Co-ordinator, PHM, The Times of India, 24 March 2021

V. Upcoming plans

1. Policy brief around the policy evolution of diagnostics
2. Analysis and report preparation on the situational analysis from the data collected from the states
3. Analysis and report preparation on the national PPE study
4. Infographic video and other popular material on the public sector vaccination manufacturing in India
5. Material like policy briefs, infographic material etc based on the situational analysis conducted for advocacy campaign in India

Global response

I. Activities

This section will bring to light the many responses by the global arm of the project on the EACT front in addition to the pilot country updates. The global arm has initiated many actions and also has been actively functioning as a clearing house to many requests, from like-minded networks, for PHM to participate in for instance sign ons, webinars, twitter campaigns and so on. The global arm has also focused on bringing out many articles to influence the public debate. We are listing some of the actions that have happened on this front.

Supporting the European Civil Society Initiative

The European Civil Society Initiative (ECI) which is running a [campaign](#) 'Everyone deserves protection from Covid-19 – No profit from Pandemic' to collect one Million signatures to influence the European union requested PHM EACT group to do an orientation session to the members of ECI on the TRIPS waiver. Prasanna and Priyam did an orientation session on 18th January 2021. This session led to many other subsequent events.

South Civil Society Organisations Network

This is a collaboration network initiated by Third World Network. Many of the EACT members participate in the periodic meetings. One of the outputs was a sign-on to debunk the 'third way' on voluntary license proposed by WTO as an alternative to which EACT team mobilised the global PHM to sign on

Orientation to members of European chapter of Universities Allied to Essential Medicines (UAEM)

Universities Allied to Essential Medicines (www.uaem.org) is a network of Universities which have signed up to the 'open source' model of molecular and technology discoveries as an alternative to the IPR model. This session was an offshoot of the ECI orientation we did in which some members from UAEM Europe participated and approached the EACT project team for this orientation. The participants were largely medical graduates and hence a two-part series was done. First session, held on 09.03.2021 was to explain in detail about what IPR and TRIPS was about and the second session, held on 16.03.2021 pertained to Covid Technologies and TRIPS waiver

People's Health Movement US's explainer video on TRIPS Waiver

PHM US friends contacted PHM EACT group for bringing out an [explainer video](#) on TRIPS waiver to be sent to Biden administration. Indian and South African project colleagues participated in the video and was sent to the Biden Administration.

Networking with Open Society Foundations Public Health Program on financing for local production for Africa

Rosalind from OSF had directed Mr. Frederick Abbott from the Open Society Foundations Public Health programs on financing for local production to EACT project team. Leslie London from EACT South Africa team gave detailed inputs to the document in addition to sharing some more useful resources. Leslie also participated in the webinar organised by them.

II. Upcoming plans

1. Continue the global advocacy for the TRIPS waiver and continue networking with other like-minded organisations and networks.
2. Completion the position paper on Covax and bring out policy briefs, infographics and such other products. Organise a webinar with PHM and partner networks and also in different languages with interpreters.
3. Completion of the position paper on local manufacturing and bring out policy briefs, infographics and such other products. Organise a webinar with PHM and partner networks and also in different languages with interpreters. Concurrently PHM South Africa in collaboration with Equinet and such other African networks will develop a brief with specific reference to manufacturing capacity for Africa and organise a webinar for African audience.
4. Completion of the draft of a position paper to look at alternatives to patent regime including the strong emphasis on public sector Research and Development and bring out policy briefs, infographics and such other products and take this up as a long time campaign within PHM and other networks even beyond the EACT project.