

REAL SOLUTIONS TO ADDRESS VACCINE INEQUITY

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Abstract: As many high income countries end COVID-19 restrictions due to high vaccination rates, the virus continues to negatively impact low- and middle-income countries whose vaccination rates remain low. This article will outline the current extent of vaccine equity throughout the globe and document efforts by the People’s Vaccine Alliance Ireland to persuade the Irish government to support effective measures to address this issue. It will outline why allowing low income countries to produce their own generic versions of the COVID-19 vaccine through a TRIPS (Trade Related Aspects of Intellectual Property Rights) waiver is the most effective way to ensure that most people around the globe are vaccinated against COVID-19.

Key words: People’s Vaccine; Vaccine inequity; TRIPS waiver; COVID-19.

Introduction

Two years ago, the World Health Organisation (WHO) declared COVID-19 a global pandemic. Although most restrictions have ended in Ireland and other European countries, the global impacts are still being felt. By March 2022, we could have been celebrating the end of the pandemic in every country around the world. Yet, it is clear we are living through a two-tier pandemic which is putting us all at risk. The official global death toll stands at 5.9 million people (Our World in Data, 2022a), which is widely agreed to be a huge underestimate, especially for developing countries where adequate testing is not possible. Modelling using measures of excess deaths (Adam, 2022) shows that an estimated 19.6 million people have lost their lives because of the COVID-19 pandemic – 3.3 times more than officially recorded. That’s approximately 18 people every minute. The majority of deaths have been in developing countries. For every life lost in a rich country another four people have died in a poorer nation; 54 per cent of all deaths caused by COVID-19 have been in low and lower middle-income countries, where 10.6 million people have died (*The Economist*, 2022).

The pandemic has wreaked havoc on global economies and household incomes. An estimated 99 per cent of humanity are worse off because of COVID-19, 160 million people have been pushed into poverty and 137 million people have lost their jobs (Oxfam, 2022: 2). Women have felt an especially heavy burden during the pandemic. The human and economic cost of this greed has been staggering. The richest 10 men doubled their fortunes during the pandemic and a new billionaire is being created every 26 hours (Oxfam, 2022: 2). Of those new billionaires, 40 of them have made their billions profiting from vaccines, treatments, tests, and personal protective equipment (PPE) (Tognini, 2021).

This article will outline the current extent of vaccine equity throughout the globe and document efforts by the People's Vaccine Alliance Ireland to persuade the Irish Government to support effective measures to address this issue. It will outline why allowing low income countries to produce their own generic versions of the COVID-19 vaccine through a TRIPS waiver is the most effective way to ensure that most people around the globe are vaccinated against COVID-19.

Vaccine inequity

Since the first COVID-19 vaccine was administered over a year ago, over ten billion doses have been administered. Ten billion vaccines in just over a year is impressive, however, even this quantity has meant that significant numbers of the global population remain unvaccinated due to unequal vaccine distribution. 46 per cent of the world is yet to be vaccinated with two doses, while 85 per cent of the global population has yet to receive a booster shot. 72 per cent of people in high-income countries are fully vaccinated (two doses) while just 6 per cent of people in low-income countries are (Our World in Data, 2022b).

Booster vaccinations and new generation vaccines will be needed to continue to protect against severe illness and death, as well as reduce infections. An estimated 22 billion doses of mRNA vaccines will be needed to control COVID-19 with a 15 billion dose gap in mRNA COVID-19 vaccine

production in 2022 (Prep4all, 2022). This identified need is beyond what Pfizer-BioNTech and Moderna are set to produce in 2022 to meet global need for both initial doses for the unvaccinated, and boosters for all (Ibid). Thus, it is clear that the current system has not and will not be able to produce adequate supplies of effective vaccines to get close to meeting the global demand for vaccinations. The only way to address this is to increase the supply of vaccines being produced. Permission to manufacture COVID-19 health technologies would not only increase capacity but also greatly reduce the reliance of low-income countries on the uncertain philanthropy of high-income countries. According to South African President, Cyril Ramaphosa, this has led to low-income countries having to rely on the ‘crumbs from the table of the West’ (du Plessis, 2022).

The People’s Vaccine Alliance Ireland

The People’s Vaccine Alliance Ireland (2022) is made up of several Irish non-governmental organisations (NGOs), health practitioners, faith groups, trade unions and academics. They are collectively advocating that the fairest and most effective way to end this pandemic is to ensure that everyone, everywhere has access to COVID-19 vaccines, tests and treatments. This alliance is part of the global People’s Vaccine Alliance (2022). The Alliance was launched on 8 July 2021 with an event attended by over 300 people. Speakers at the launch included Dr Mike Ryan from the WHO and Winnie Byanyima from UNAIDS (The Joint United Nations Programme on HIV/AIDS).

Members of the People’s Vaccine Alliance Ireland have regularly appeared in the media in Ireland outlining the continued extent of vaccine equity and the failure of government policies to address this issue. The People’s Vaccine Alliance Ireland has also undertaken intensive lobbying with both members of the government and opposition parties which resulted in the issue being raised in the Oireachtas (Parliament) many times. In December 2021, the Seanad passed a motion calling on the Irish government to support calls to allow generic production of COVID-19 vaccines in low income countries. This is one of the first times an EU member state has passed such a motion. The People’s Vaccine Alliance Ireland also successfully persuaded

the Joint Oireachtas Committee on Enterprise, Trade and Employment to review Ireland's stance on the TRIPS waiver after the Alliance had provided a detailed submission to inform the Committee's deliberations. The Alliance has also engaged the general public with thousands of people signing up to the campaign's petition and also respected members of the scientific and medical community who have publicly endorsed its campaign.

The Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver

The temporary TRIPS waiver was first proposed at the World Trade Organisation (WTO) in October 2020 by India and South Africa. The temporary waiver seeks to suspend the implementation of certain provisions in the TRIPS Agreement relating to copyrights, industrial designs, patents, and protection of undisclosed information for a period of three years to facilitate ramping-up of the production of COVID-19 diagnostics, therapeutics, and vaccines across low- and middle-income countries (LMICs) combating the pandemic. The TRIPS waiver will most likely lead to a two-tier market for vaccines, with generic production for low-income countries and existing production systems for high-income countries. This is similar to what eventually transpired during the HIV/AIDS pandemic, which had no negative impacts on future innovation. The TRIPS waiver proposal is supported by 120 countries, including the United States, Spain and Australia. However, it is currently opposed by Ireland and the EU.

It should be remembered that in total \$100 billion of public money was funnelled into the research and development of COVID vaccines and therapeutics (People's Vaccine, 2021: 9). Rather than incentivising significant private investment in the vaccine research, intellectual property (IP) has simply allowed the companies to privatise and monopolise the fruits of the largely publicly funded research for their own private gain. A temporary TRIPS waiver could provide potential generic manufacturers in low- and middle-income countries the full freedom to operate; to manufacture, to import and export, and to commercialise needed COVID-19 related medical products for a specified time.

Experienced manufacturers willing to start manufacturing generic versions of COVID-19 vaccines have come forward from all over the world, including from Bangladesh, Pakistan, Senegal, Denmark and Canada (Furlong, 2021). Biolyse in Canada, who have approached J&J and AstraZeneca, have indicated that they could be producing vaccines within six months; Incepta in Bangladesh estimate that they can make between 600 million to a billion doses; Teva in Israel, who have capacity to immediately commence COVID-19 vaccine production; and Bavarian Nordic in Denmark, have all offered to assist in the manufacture of vaccines. But IP protections are preventing them from doing so. In addition, Human Rights Watch (2021), have identified an additional 125 vaccine manufacturers globally who have the potential capacity for producing COVID-19 vaccines.

The former director of chemistry at Moderna has said that with the blueprint and technical advice, a modern factory should be able to get mRNA vaccine production going in at most three to four months (Cheng and Hinnant, 2021). In a recent WHO call for companies interested in mRNA technology production, fifty companies responded within the first two weeks alone indicating significant untapped opportunity for mRNA vaccine technology transfer.

We can't donate our way out of the pandemic

COVAX, the initiative that is currently the only global mechanism for pooling demands for COVID-19 vaccines to try and secure access for low-income countries has failed to deliver. By the end of 2021 the scheme had delivered less than half of the 907 million doses it had originally promised (UNICEF, 2021). At the same time, it is estimated that G7 countries would waste 240 million doses due to hoarding vaccines that were left to expire (Global Times, 2021). But even if countries donated all their excess stock and lived up to their promises, there would still be billions of extra vaccines needed to be produced to meet demand.

Ultimately, donations are neither a sufficient nor sustainable solution, especially as not enough vaccines are being produced and high-income

countries are reluctant to release supplies they may need for booster shots or tackling variants. The WHO has repeatedly said that the issue is not one of finance but of supply. Charity is simply not going to fix the huge supply problem nor should people's lives in so many countries around the world be dependent on unpredictable and uncertain charitable giving from high income nations. Donations should never be a substitute for sharing the rights to produce these vaccines and ensuring distributed manufacturing around the world so that countries have their own supplies they can rely on. We need a shift in emphasis from global access to vaccines, treatments and diagnostics to global access to all tools to produce vaccines, treatments and diagnostics. Furthermore, the current donations/charity approach is making the roll out of vaccines in LMICs very difficult because of the lack of predictability and security of supply. To reverse vaccine inequity, we must address the root causes of inequitable production and distribution, which benefits high-income countries. We cannot donate our way out of this pandemic.

The agencies responsible for delivering donated vaccines including COVAX, UNICEF and the African Vaccine Taskforce have reported that the majority of donations from high-income countries have been ad hoc, provided with little notice and short shelf-lives, and without necessary equipment including syringes. The way in which donations are being made increases the risk that doses will be wasted. As Dr Tedros Adhanom Ghebreyesus, WHO Director General, said: 'I will not stay silent when the companies and countries that control the global supply of vaccines think the world's poor should be satisfied with leftovers' (WHO, 2021).

Conclusion

Ireland's continued opposition to the TRIPS waiver is not only greatly damaging Ireland's international reputation as a champion of low-income countries and as an advocate for human rights, but could be in contravention of Ireland's human rights obligations under the International Convention on the Elimination of Racial Discrimination (CERD) and under the International Covenant on Economic, Social and Cultural Rights (ICESCR). It also fails to

take into account the potential negative impacts of allowing extensive areas of the world to remain unvaccinated for the foreseeable future.

The Omicron variant shows that where there are low vaccination rates in countries due to lack of access, this can lead to greater incidence of the virus, and risks of dangerous new variants emerging. This threatens control of COVID-19 for everyone everywhere, including Ireland. Many scientists have predicted that potentially deadly variants like Omicron will continue to arise as long as global vaccine inequity is allowed to continue (Oxfam, 2021a). This was the key message heard at a recent meeting held with top scientists, health professionals and academics from Ireland and around the world (People's Vaccine Alliance Ireland, 2021). Following this event more than 400 leading scientists and medical professionals, including Professors Kingston Mills, Sam McConkey, Cliona Ni Cheallaigh and Luke O'Neill signed a public statement urging the Irish Government to support the generic production of COVID-19 vaccines and treatments to address global vaccine inequity (Oxfam Ireland, 2021b). As negotiations continue at the WTO on a TRIPS waiver, the People's Vaccine Alliance Ireland will continue to draw attention to the position of the Irish government which remains opposed to this essential measure to address vaccine inequity.

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