

PEOPLES' VACCINE, NOT FOR-PROFIT VACCINE!



Since COVID-19 was declared a pandemic by the World Health Organization (WHO) more than a year ago, it has unleashed a crisis of multiple dimensions that continues to massively impact health and economic systems across Asia and the Pacific. While solving these crises require system change, an urgent life-saving first step is to fight the pandemic through free, fair, and equitable access to vaccinations. Vaccine equity will directly improve health outcomes, as no one is safe until everyone is safe. It is key to the enjoyment of human rights and is equally vital to a comprehensive economic rebuilding out of inequality, poverty and hunger.

We, in the Peoples' Vaccine Alliance-Asia, note with alarm, however, that this is not what is happening today. We estimate that in developing countries, only one in ten people will get vaccinated by end of this year. A handful of giant pharmaceutical companies are using the global intellectual property (IP) system to prevent vaccines from being truly universally accessible. They are being supported by rich country governments, who are opposing a [proposal championed by South Africa and India in the World Trade Organization \(WTO\) to waive patents](#) on COVID-19 vaccines.

Developed countries are also throwing economic and political weight to pre-order and hoard vaccine stocks, irrationally without regard for the rest of humanity. [UNICEF](#) calculates that the European Union has secured 4.6 billion doses (10 times their population of 450 million). The United States alone has 3.2 billion doses (10 times their population of 330 million).

Conveniently silent on these glaring inequalities, developed countries promote charitable actions such as COVAX (COVID-19 Vaccines Global Access), which may be a positive measure but is far from addressing structural issues such as the power of the multi-billion pharmaceutical industry at a time of acute crises and unprecedented human suffering. COVAX cannot match the speed of contagion, hampered as it is by vaccine chauvinism, corporate impunity and billion-dollar [funding gaps](#). For 2021 alone, COVAX and the Access to COVID-19 Tools Accelerator (ACT-A) are short of \$3 billion and \$22 billion, respectively.

In the face of critical supply shortages, developing countries across the world are being left dangerously farther behind while the virus continues to mutate and makes catching up even harder. Additionally, within countries, there is further risk that marginalized groups – such as people with disabilities, elderly people, people discriminated by work and descent (DWD), refugees, women and children, people living in conflicts and war zones, people living in geographically inaccessible areas like the indigenous communities, and others – may be left out for years.

All these roadblocks to controlling COVID-19 are surmountable. Countries in the south such as China, India, Thailand and Vietnam have the capability to produce vaccines and should be encouraged and supported. Asia has a sizeable generic pharmaceutical industry, which can be deployed to produce vaccines for itself and the rest of the world. There will be additional long-term benefits of capacity-building for the next pandemic.

There is no time to lose! We in the Peoples' Vaccine Alliance-Asia, coming together in light of the urgency of the situation and building on our collective power, commit to the following key demands to ensure the fair, equitable distribution of safe and effective COVID-19 vaccines and to take steps towards just, transformative change:

1. Everyone on the planet should get safe, effective **free vaccines**. We call for a fair and equitable global distribution of COVID-19 vaccines, one based on the needs of the country and its populations, and irrespective of the country's economic status, and bound by human rights, international solidarity and cooperation.
2. All countries should prepare transparent vaccination plans which must prioritize the people in urgent need such as frontline health and other care workers, people with pre-existing medical conditions, elderly population, poor and marginalized groups, women, refugees, people living in conflict zones, people with disabilities, people discriminated by work and descent and indigenous communities, etc.
3. Facilitate Technology transfer and open sharing of vaccine science, technology, and know-how through at least two routes:
 - a. Developed country-governments must support the proposal in the WTO Trade-Related Aspects of Intellectual Property Rights (WTO TRIPS) for a temporary waiver of IP rights with regard copyright, industrial designs and patents, until the majority of the world's population receives effective vaccines and develops immunity to COVID-19. This should not be limited to vaccines, but include medical equipment, diagnostics and therapeutics.
 - b. Pharmaceutical companies and rich countries should be compelled to join WHO's COVID-19 technology access pool (C-TAP) initiative.
4. Many health systems in Asia region lack effective and efficient procurement processes and practices, from accurate planning to purchasing, to storage, transportation, and distribution of vaccines and medical equipment. WHO and UN agencies must take the lead in securing and providing the necessary technical support to ensure a quick and safe rollout of vaccine programmes.
5. We appeal to each vaccine-producing country to shift away from their 'me first' policy and stop the hoarding of COVID-19 vaccines and therapeutics. Vaccine nationalism keeps the world in an ever-present state of danger and insecurity. It is irrational and goes against science. It violates basic ethical standards, human rights, international cooperation and solidarity.
6. We call upon developed country-governments in Asia, specifically Japan, Singapore and South Korea to take political leadership in our region to rally and support the TRIPS wavier in WTO as a demonstration of solidarity with other Asian countries in their struggles to vaccinate their populations.
7. We call upon global development bodies and platforms, UN agencies, government, and pharma companies to work out a distribution plan for vaccines priced at-cost, and support countries in investing in production capacity, procurement, and strengthening health systems.

8. Governments should invest and work with all stakeholders including CSOs in creating vaccine awareness, including correcting misinformation and managing fears around vaccination, and providing quality, public post-inoculation support to encourage people to get vaccinated.
9. Many developing countries in Asia have historically failed to invest in the public health system, leaving them weak at this time of crisis. Governments must prioritize investing in public health to cope with this crisis and build well-funded public systems to prepare for future challenges. The pandemic has shown that essential services such as health should not be surrendered to or monopolized by profit-motivated corporations but should be in the domain of public sector.
10. The additional investment in health should not be at the cost of other public services such as water and sanitation, and decent housing, or result in additional financial and economic burdens on people. They should be funded from sharply progressive taxes on multinational corporations and wealthy elites. We must scrap tax incentives that only forgo potential revenues and stop the bleeding of financial resources through illicit financial flows.

Developing countries face serious, unparalleled fiscal challenges that will be felt in years to come and should be not be unjustly made to choose between paying debt service or ensuring the survival and well-being of their peoples. Debt cancellation frees up resources that should be invested in health systems, vaccination programmes, preventive measures and other essentials. No new debt mechanism should be created for investing in vaccines which will further deepen debt problems and aggravate economic hardships in many Asian countries. Donor agencies and governments should not use debt instruments but provide support through grants for financing vaccination.