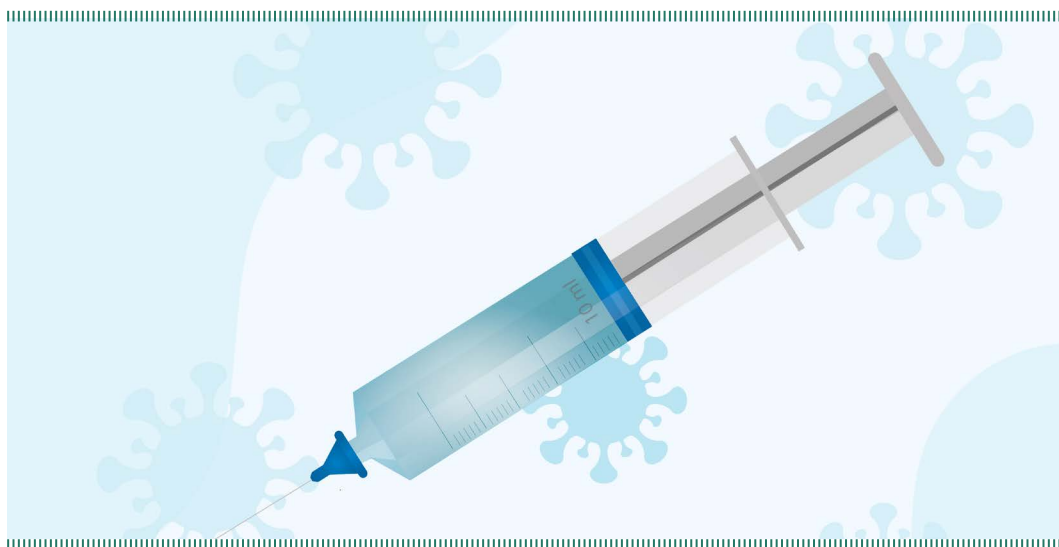


COVAX

EUROPE PUT TO THE TEST OF GLOBAL VACCINE SOLIDARITY



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Introduction ■

More than 1.6 billion doses of the COVID-19 vaccine have been administered to date across the globe yet there is a glaring gap between rich and poor countries in terms of access to the vaccine. Faced with this pandemic, for one person to be safe, everyone has to be. The only means of fully emerging from this health crisis is a collective response through international solidarity and cooperation. A race is on to reduce the prevalence of the disease and to slow the mutations of the virus, against which borders are not sufficient. The Director-General of the World Health Organization (WHO), [Tedros Adhanom Ghebreyesus](#), keeps saying this¹: “We must continue to advocate global solidarity because the virus will not be defeated in a divided world. We must share all that we have. This is not charity, it’s in every country’s best interest”.

Europeans see themselves at the forefront of this struggle for reasons that are moral, humanitarian, health-related and economic. The aim is therefore to deal with the uncertainty regarding variants, to bring about a long-term recovery and to secure supply chains².

As part of the “Global response to coronavirus” recommended by the G20, **the EU and its Member States are one of the co-founders and leading funding body of COVAX** (Covid-19 Vaccines Global Access), the international solidarity mechanism launched in April 2020 by the WHO, together with Gavi, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations (CEPI). This mechanism is designed to ramp up the development and production of vaccines with a view to guaranteeing fair access around the world.

1. MEP Chrysoula Zacharopoulou, co-chair of COVAX, reminded on Europe1 on 19 April 2021: “We will get out of this pandemic together. There is no room for nationalism, vaccine selfishness, all citizens must understand that vaccination for southern countries is not a matter of solidarity or multilateralism, it is a matter of safety for us all”.

2. European Commission. Communication of the 19th of January 2021. «Un front uni pour vaincre la COVID-19».

Facilitating access to the vaccine for all was the focus of discussions at the Global Health Summit held on 21 May in Rome as part of the Italian presidency of the G20, co-chaired by Italian prime minister Mario Draghi and President of the European Commission Ursula von der Leyen. The Declaration adopted by the participants defines a series of principles which will guide the global response in the event of future pandemics.

1 ■ The origins of COVAX

1.1 ■ The project's ambitious beginnings

COVAX is the vaccine pillar of the Access to COVID-19 Tools (ACT) Accelerator³, launched in April 2020 during an event co-organised by the Director-General of the WHO, French President Emmanuel Macron, the President of the European Commission and the Bill & Melinda Gates Foundation. This Accelerator brings together governments, scientists, companies, civil society representatives, philanthropic entities and international organisations working in the health sector (including Gavi and CEPI), joining forces to support the development and production of COVID-19 diagnostic tests, treatments and vaccines, with the threefold objective of reducing severe forms of the disease and mortality, protecting healthcare systems and restoring social and economic activity as quickly as possible.

COVAX owes much of its creation to the European Union, and more specifically to France and the European Commission.

Co-managed by the WHO, Gavi and CEPI, which work in close partnership with UNICEF, it currently brings together 191 participants. The hope is to be able to deliver 2 billion vac-

cine doses by the end of 2021 mostly to the 92 low- and medium-income countries⁴.

1.2 ■ A scaled-down objective

"The creation of this multilateral mechanism met several considerations", explains Adrien Abecassis, Research and Development Director at the Paris Peace Forum⁵. "First of all there were scientific considerations. From the outset, all models showed that the epidemic would end faster if everyone was gradually vaccinated at the same pace, rather than if only a few country groups were fully vaccinated while others were not. Then there was an argument of fairness and considerations that the prospect of a world in which rich countries were vaccinated and poor countries were not would be politically untenable".

This resulted in the creation of a multilateral mechanism which had the initial objective of both conducting collective purchases of vaccine doses on an international level and sharing them among all participating countries, whether they are rich or whether they do not have sufficient market power to enjoy good purchasing conditions. A group mechanism has a much stronger bargaining power than a single country. In the more ambitious plans, **the idea was to set up a universal purchasing system.**

Yet this lofty ambition has been scaled down: those countries which could do so placed bilateral orders from the beginning, creating a **crowding-out effect**. It therefore emerged quite early on that the primary interest of COVAX was to use its power to assist countries which did not themselves have access to vaccines, in particular African nations, in line with conventional development aid mechanisms.

3. WHO, 2020. «Accélérer l'accès aux outils de lutte contre la COVID-19», who.int.

4. Gavi, 2020. "Covax. Commitment agreements", 15 December.

5. Interview with the author on 10 May 2021.

2 ■ Complex governance

The COVAX mechanism was created to ensure that safe and effective vaccines, approved by the WHO, can be distributed globally as fairly as possible to all persons at risk (the elderly or persons with comorbidity risks, front-line health and social workers) so that both the most vulnerable countries and the most vulnerable populations in each country may be protected. To achieve this objective, COVAX set itself the target of a vaccination rate of at least 20% in participating countries – a target raised to 30% in the 92 poorest countries.

In addition to the WHO, which essentially plays a normative and regulatory role (vaccine approval, distribution plans, oversight) and UNICEF, which looks after logistics (transportation of doses, work in the field), COVAX is based on two other major pillars: CEPI and Gavi.

2.1 ■ CEPI

The Coalition for Epidemic Preparedness Innovations (CEPI) steers research and development projects⁶. As early as the spring of 2020, it invested in work on the various promising vaccines using different technologies, with the initial aim of supporting the development of three safe and effective vaccines that could be made available to countries participating in the COVAX mechanism. The COVAX research and development portfolio managed by CEPI is comprised of seven candidate vaccines.

The Coalition obtained pre-emptive rights for more than one billion doses of the various candidate vaccines. It also made strategic investments in vaccine production,

particularly by reserving capacity in different facilities and ensuring that a sufficient number of glass bottles are available for the packaging of two billion vaccine doses.

CEPI also invests in new-generation candidate vaccines, effective against future variants. To achieve this, it estimates the cost at roughly €830 million (\$1 billion). Lastly, it has already moved onto the next phase, a sort of CEPI 2.0 which will provide protection against future coronavirus strains, in particular through a “library of prototype vaccines”.

2.2 ■ Gavi

Founded in 2000, the Vaccine Alliance is a public-private partnership which contributes to the vaccination of half of children worldwide against some of the deadliest diseases. It has 28 members (NGOs, industrial players, civil society, country representatives) and twenty years of experience in the supply of vital vaccines to more than half of the world’s population, including in the most remote regions.

Gavi works from Geneva to ensure the proper functioning of the mechanism, manages relations with participants, negotiates advance purchase agreements with promising candidate vaccine producers on behalf of the 191 participating countries and raises funds to finance these doses.

2.2.1. The COVAX Facility

Gavi coordinates the design and implementation of the “COVAX Facility” which acts as a central purchasing office. The advance payment of orders must lead to a ramping up of production even before the approval of

⁶. CEPI is an innovative global partnership between public, private, philanthropic, and civil society organisations launched in Davos in 2017 to develop vaccines to stop future epidemics. CEPI took action as quickly as possible and in coordination with the WHO to deal with the emergence of COVID-19. It has launched eleven partnerships to develop vaccines against the new coronavirus. The programmes call for rapid intervention systems already supported by CEPI and for new partnerships.

vaccines and thereby guarantee large-scale production of sufficient quantities of the vaccines for all countries, including those which cannot provide funds.

These vaccines are then distributed free of charge to the most vulnerable countries. Others may purchase vaccines through COVAX at an attractive price by stating which share of their “priority” population they wish to cover (10% to 50% of their national population). Steered by the WHO, the allocation mechanism provides that doses are distributed to those most at risk or most likely to transmit the virus: front-line health and social workers, persons aged over 65, persons aged under 65 with underlying health conditions. According to Seth Berkley, Gavi CEO, the Facility is “a lifeline for most countries, providing doses to people, who would otherwise have little or no access to COVID-19 vaccines” and for countries that can afford to negotiate bilateral deals, “it is an insurance policy increasing their chances of getting efficacious COVID-19 vaccines”.

To date, Gavi has signed eight Advance Market Commitments, offering access to eight vaccines and candidate vaccines⁷. An indicative list of doses distributed and recipient countries, regularly updated on the basis of agreements and projections of producers enables interested parties to be prepared. The first round, announced early February, provided for an exceptional distribution of 1.2 million doses of Pfizer-BioNTech in the first quarter of 2021 to eighteen countries. The second round concentrated on 237 million doses of AZ/Oxford for 142 countries by the end of May. The situation in India is having a significant impact on deliveries and in total only 53 million doses of Covishield

have arrived. A third round, unveiled in early April, provided information on the distribution of 14.1 million doses of Pfizer/BioNTech vaccines to 47 countries between April and June 2021.

Gavi will create a reserve accounting for around 5% of total available doses (up to 100 million by the end of the year), which can be used in the event of severe epidemic outbreaks or humanitarian crises.

2.2.2. An innovative financing method

Gavi coordinates the development and implementation of the Advance Market Commitment (AMC), an innovative financial mechanism that supports the participation of the 92 low- and medium-income countries in the COVAX Facility and uses the funds it has to purchase doses which are allocated to these countries free of charge.

The participation of high-income countries thereby enables the most underprivileged countries to access vaccines. The AMC mechanism finances volume guarantees for specific manufacturers for candidate vaccines and provides long-term demand guarantees for the manufacturers of vaccines already on the market. The aim is to ensure that enough doses are produced for the countries concerned.

In addition, Gavi works with UNICEF and the WHO to ensure that the necessary infrastructure and technical support are in place so that vaccines can be delivered safely to those who are in need. It provided initial funding of €123 million to countries eligible for the AMC guarantee to support the various stages of vaccination (technical assistance, cold-

⁷. AstraZeneca (170 million doses), Pfizer-BioNTech (40 million), Moderna (500 million), Johnson & Johnson (500 million), Sanofi-GSK (200 million), Novavax (350 million) + two vaccines developed in partnership with the Serum Institute of India via technology transfers –SII Novavax (Covavax – 750 million doses) and SII-AstraZeneca (Covishield – 1.1 billion). Five of these vaccines have already been approved by the WHO. Novavax and Covavax are set to receive their approval around Q3 of this year. Sanofi is still at the trials stage. The WHO announced on 7 May that it had approved the COVID-19 vaccine produced by the Sinopharm pharmaceutical group as part of an emergency procedure, which will enable the vaccine to be incorporated into the COVAX programme.

chain system equipment and other aspects of the logistical operations required upon delivery)⁸. It has also helped each country to draw up a national vaccine roll-out plan and information campaigns. Heightened by misinformation, **vaccine hesitancy remains a major challenge in Africa**. The DR Congo announced at the end of April that it would have to give back 1.3 million doses to COVAX as it may not find enough people willing to have the vaccination before the expiry date.

3 ■ European ambivalence

3.1 ■ The EU, the biggest donor to the COVAX mechanism

From the outset, the European Union has been one of the main pillars of the COVAX mechanism. With its Member States, it is one of the biggest donors, **covering roughly one third of the Facility's budget**. To date, it has contributed up to €2.4 billion to the mechanism⁹: €1.4 billion from Member States (including €820 million from Germany, €230 million from Sweden, €100 million from France and €85 million from Italy) and €1 billion from the EU budget –€400 million as direct contributions and €600 million in the form of guarantees from the EIB (European Investment Bank)–, making it the largest amount ever granted by the EIB for global public health.

Aside from the EU, around twenty countries contribute to COVAX including Australia, Canada, Japan, Kuwait, the United Kingdom and Saudi Arabia¹⁰. The USA, which joined the mechanism following Joe Biden's election, provided an initial contribution of \$2.5

billion (€1.6 billion) and promised to allocate a further \$2 billion. The Trump administration had prioritised the creation of a vaccine stock for national use and refused to join the mechanism. The COVAX Facility budget is also funded by other donors (foundations, companies, NGOs).

3.2 ■ A specific vaccine sharing mechanism

Europeans have mixed feelings about COVAX as they **welcome its major role in providing vaccine access to the most vulnerable but condemn its slowness and lack of visibility** on the international scene. While the mechanism aims to place group orders on a global scale, in June 2020 EU Member States entrusted the Commission with the task of negotiating contracts with pharmaceutical companies on their behalf. The EU has therefore signed six contracts and secured some 2.6 billion doses of vaccines, sufficient to vaccinate the entire European population and assist the least developed countries.

Europeans have also decided to set up their own vaccine sharing programme to structure the supply of doses it will send to partner countries (Western Balkan countries, Eastern and Southern neighbours, Africa). By doing so, they hope to offset the diplomatic vaccine offensive of China or Russia.

There are different reasons behind this European ambiguity. First of all, there is a drive to secure doses in the global vaccine race launched in the spring of 2020 by Donald Trump. Also, some European countries are distrustful of major multilateral mechanisms and question the interest of delegating vaccine purchases to COVAX.

8. The total budget allocated to the vaccine pillar of the ACT-A is \$11.7 billion, part of which is allocated to CEPI to fund research work and another part to UNICEF to reinforce healthcare and vaccination systems.

9. The European contribution is made via the "Team Europe" initiative, which brings together the EU, its Member States and financial institutions (in particular the European Investment Bank and the European Bank for Reconstruction and Development), primarily with a view to supporting partner countries (Western Balkans, Eastern and Southern neighbours and Africa) in the fight against COVID-19. The total amount allocated to it is approximately €40.5 billion.

10. Gavi, 2021. "Key Outcomes: COVAX AMC 2021", 21st May.

4 ■ Mixed results

4.1 ■ A timid increase in deliveries

Beyond its very praiseworthy ambitions, COVAX's results are still too meagre. Its first delivery of vaccines only took place on 24 February in Ghana (600,000 doses of the AstraZeneca vaccine, produced under license in India), 505,000 doses were subsequently delivered to the Ivory Coast, indicating a long series of deliveries.

To date, the Gavi Alliance has delivered barely 72 million vaccine doses – a very large majority of which are AstraZeneca and Covishield doses and slightly less than 2 million Pfizer doses – to 125 countries, two thirds of which to 74 low- or medium-income countries which are entitled to the market guarantee and roughly 15 million to around fifty so-called “self-financing” countries, most of which have low incomes that are however too high to make them eligible for the AMC, such as Mexico, Brazil, South Africa, Iran and Botswana. Unlike the USA or the EU, these countries are unable to sign their own advantageous agreements, but they can receive vaccine doses at the price negotiated by the COVAX mechanism. Some doses have also been allocated to a handful of high-income countries such as Canada, Andorra and South Korea.

Furthermore, COVAX could struggle to supply the 500 million doses it hoped to deliver before the end of the first half of 2021.

There are an increasing number of delays in deliveries: production capacities are far from able to meet demand. **The situation has been further exacerbated by the crisis in India,** which had promised to deliver 200 million doses to COVAX but has decided to

block all exports for the time being due to the surge in the pandemic¹¹.

Another phenomenon is complicating vaccine distribution: export prohibition or control mechanisms introduced by some countries, which affect vaccine distribution and disrupt the procurement of ingredients necessary for production. **The United Kingdom has not exported a single dose manufactured on its territory. In the USA, a presidential decision had up to now strictly blocked vaccine exports and limits the exports of vaccine components.** On the contrary, the EU has exported more than 200 million doses to more than 90 countries (as many doses as administered to its own citizens), making it the **only democratic region in the world to export on a large scale.** The European export authorisation scheme introduced at the end of January also provides for many exemptions for humanitarian reasons, in particular exports to the 92 low-income countries and vaccines ordered and/or delivered via COVAX.

4.2 ■ The call to share doses

One of the basic principles of COVAX was that the various stakeholders concerned – countries, producers, international systems – would join forces to give priority to vaccine distribution through the mechanism. Yet the situation today is entirely different. Apart from Europeans, many countries have signed bilateral agreements with pharmaceutical companies to obtain vaccines.

Some have even purchased many more doses than they need, a move which increases pressure on global supply. The major western countries (EU, US, Australia, UK, Canada) have ordered 2 to 5 times more

¹¹. According to the agreement signed between Gavi and the Serum Institute of India, which included funding earmarked for production capacity, SII is contracted to provide COVAX with the COVISHIELD vaccine for more than 60 lower-income countries participating in the COVAX AMC (including India), alongside its commitments to the Government of India. COVAX has only received part of the agreed doses.

doses than necessary. The EU and the USA may have in total around 2 billion surplus doses in relation to their own needs and have set the target of vaccinating 70% of the adult population by the end of July, an objective far exceeding that put forward by COVAX. In order to meet its objectives, the mechanism is therefore striving to obtain additional vaccine doses from wealthy nations with a view to redistributing the surplus doses to those in need.

The COVAX Facility proposes to share the doses according to the following conditions: safe and effective (doses have to have obtained at least prequalification or be added to the WHO's emergency use listing or the authorisation of a stringent regulatory authority), early availability, rapidly deployable (the country offering to share doses must undertake to facilitate the obtaining of necessary authorisations so that the manufacturer can dispatch the agreed doses directly to the recipient country), unearmarked (doses should not be earmarked for specific geographies or populations), and substantive quantity to contribute to achieving COVAX's goals. In addition, the country sharing the doses is required to cover all costs.

The first country to answer this call, France announced on 23 April its intention to share with COVAX 100,000 vaccine doses acquired for its own consumption and 500,000 doses by mid-June. These doses will be provided free of charge to the COVAX AMC to be distributed to low-income countries. President Emmanuel Macron also announced at the Global Health Summit that France would allocate at least 30 million doses to COVAX by the end of the year as part of a European initiative. Germany will do the same. Italy has promised 15 million doses. In total, the President of the Commission announced in Rome that the European Union would donate 100 million doses to low- and medium-income countries by the end of the year, particularly via COVAX.

Other countries have started to share their surplus doses, such as Spain (7.5 million doses, which will start to be sent when 50% of its population has been vaccinated), Sweden (which intends to provide one million doses of the AstraZeneca/Oxford vaccine) and New Zealand. The European Commission, which wishes to remain in its role of promoting solidarity, has also undertaken to distribute the surplus doses that it has ordered, minus the quantities it will need to vaccinate EU citizens. The USA is planning to authorise the export of 60 million AstraZeneca doses (which is mostly produced in the USA but has not yet received approval from the US Food and Drug Administration) but has not yet specified whether this will take place via COVAX or through bilateral agreements. It is intending to send 20 million doses of Moderna, Pfizer and Johnson&Johnson to third countries by the end of June.

4.3 ■ Competing procurement mechanisms

We are also bearing witness to a multiplication of bilateral and multilateral procurement mechanisms aimed at countries which do not themselves have access to vaccines. Many of these mechanisms were established for questions of geopolitical influence.

"When the USA decides to give 60 million doses to Mexico, it's not in their interest to do this via COVAX but rather to use their surplus doses to exercise soft power", claims Adrien Abecassis. "The Chinese have done this from the start. They have not used redistribution mechanisms –and it is true that their vaccine was not authorised by the WHO– and preferred bilaterally negotiate agreements with countries to give them doses in return for increased political influence. Russia has done the same with the Sputnik V vaccine. The European Union is hesitating between two lines, to really defend the multilateral mechanism or to exercise soft power with vaccines. Both end up getting mixed together

as the EU gives doses via COVAX while wanting to set their destination in advance, particularly to countries in its immediate vicinity”.

The African Union, which found that COVAX was operating too slowly, set up its own procurement mechanism, AVATT (African Vaccine Acquisition Task Team) which, with the African Centre for Disease Control and Prevention (CDC), ordered roughly 200 million doses for African nations directly from pharmaceutical companies.

4.4 ■ Insufficient funding

Another ongoing problem is funding. To date, Gavi has collected €5.5 billion, initially set at €5.8 billion. The target has been raised to €6.9 billion.

The Alliance therefore launched a campaign on 15 April to raise new funds by June. This extra funding collected from donors and countries, supported by multilateral development banks, would enable the COVAX AMC to secure 1.8 billion vaccine doses for the 92 low-income countries by the end of the year. This new campaign will reach its peak on 2 June 2021, during the fundraising Summit for the COVAX system, hosted by the Japanese prime minister Yoshihide Suga.

According to UNICEF, an additional amount of \$2 billion would also be necessary to help the 92 poorest countries to pay for the equipment essential for the vaccination process (refrigerators, fuel for delivery trucks, etc.). All COVAX member countries have the necessary infrastructure to send pallets of vaccines to warehouses. Some, however, particularly in Africa, are poorly equipped for the following stages: sharing out of doses and distribution across the territory.

4.5 ■ Excessive dependence on the AstraZeneca vaccine

COVAX has strongly relied up to now on the vaccine manufactured by AstraZeneca, which has the merit of being sold at cost and of being easy to store, unlike messenger RNA vaccines. Yet this dependence has contributed to the delays recorded by COVAX. This vaccine has come up against several difficulties: the Swedish-British group is struggling to keep to its delivery schedules. The rare cases of thrombosis and the decision made by several countries a few weeks ago to suspend the use of this vaccine for a few days (and even permanently in Denmark) have fostered the public’s distrust of this vaccine. Faced with a surge in the epidemic, India, which with COVISHIELD supplied most of the doses to COVAX, decided to suspend all vaccine exports so that it could vaccinate its own population as a priority.

5 ■ Vaccines, towards a global public good

5.1 ■ A vaccine offer that is still lagging behind

Despite its ambitions and the commitments of its participants, COVAX is coming up against many stumbling blocks. Meanwhile, the gap between rich countries which are stepping up their national vaccination campaigns, and poor countries, which are lagging behind, is constantly growing: **in some wealthy countries, one in every two people has been vaccinated, compared to one in 500 in some poor countries**, as the WHO estimated mid-April. More than 80% of COVID-19 vaccine doses administered worldwide were given in wealthy countries, and only 0.3% in the poorest countries. Due to the delays in the delivery of vaccine doses produced by the Serum Institute of India, **people living in Africa only account for 2% of vaccinated persons in the world** and 1% of administered doses, the WHO stated in

early May. High-income countries account for more than half of the 8.6 billion vaccine doses ordered worldwide¹².

The poorest countries have only reserved 770 million doses, as stated in a report published by Duke University's Margolis Center for Health Policy¹³ (13). According to data compiled from government sources by Oxford University's Our World in Data project, there is blatant inequality: on 5 May 2021, 0.23% of doses administered were in Oceania, 1.59% in Africa, 6.71% in South America, and 20.13% in Europe, 23.82% in North America and 47.53% in Asia (slightly more than 290 million doses administered in China)¹⁴.

With the emergence of variants across the globe, there is more need than ever to ramp up vaccine development. Yet **it would be unrealistic to redistribute vaccines if production cannot keep up**. The main bottleneck remains vaccine production capacity. Many countries, leaders and NGOs are therefore calling on States and their partners to take the necessary steps to increase supply, particularly by lifting the measures that restrict vaccine exports, by donating surplus vaccine doses as quickly as possible and by removing some obstacles related to intellectual property rights. The WHO believes it is essential to explore all options to stimulate production and invest in local vaccine production.

5.2 ■ Difficult discussions on waiving patents

The question of relaxing the intellectual property system for vaccine production has recently emerged in political debate as a

means of increasing available doses for the most deprived countries.

In the short term, the aim is still rather to distribute surplus vaccine doses from wealthy countries to poor countries. This would require the lifting of restrictions on exports for countries with such restrictions in place, such as the USA. To increase vaccine production, emergency action also entails protecting supply chains which are already under pressure and remodelling production chains.

Europeans favour technology and knowledge transfers, via voluntary licenses and partnerships between laboratories and manufacturers¹⁵. They have also decided to work on increasing local production capacities. The President of the Commission announced in Rome that the EU was going to invest €1 billion in Africa to develop vaccine production capacities by means of regional hubs; to date, the continent imports 99% of its vaccines.

That said, this approach is very ambitious as, in practice, the production process for a COVID-19 vaccine is highly complex. It requires roughly 300 components, very often dependent on global supply chains. Investments in vaccine plants also require very specific systems (equipment, clean rooms, tests and quality control processes) and highly qualified staff. A greater distribution of production capacity therefore requires global assistance which goes beyond the simple matter of sharing patents. This will not generate a result in the short term and can only be one part of the response.

12. Virginie Robert, 2021. «Vaccins contre le Covid-19 : enquête sur la bataille homérique autour des brevets», *Les Échos*, 6 May.

13. Mark McClellan & Krishna Udayakumar, 2021. "Reducing Global COVID Vaccine Shortages: New Research and Recommendations for US Leadership". Duke, 15 April.

14. Our World in Data, "Statistics and Research Coronavirus (COVID-19) Vaccinations", ourworldindata.org.

15. Around 300 production agreements have been signed in the last year with a view to scaling up vaccine production. AstraZeneca has, for example, shared its licenses to allow the production of vaccines on several sites, Pfizer and Sanofi have signed technology transfer agreements for finish services and Moderna announced that it would let other companies use its technology during the pandemic.

Measures can, however, be considered in the case of intellectual property being an obstacle to production. Flexibility is provided for in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) via **compulsory licenses**. This scheme, adopted by the WTO in the early 2000s following a long fight by poor nations and AIDS sufferers, allows a government in a state of health emergency to waive a patent without the holder's agreement to produce generics at a lower cost, in return for financial compensation for the patent holder. The procedure is, however, highly regulated and it is very difficult for a country to force a laboratory to give up a technology in which it has invested so much. It could therefore be useful to simplify it.

Another avenue is a focus of intense debate, that of lifting intellectual property. India and South Africa, supported by around one hundred countries and many NGOs, are advocating within the World Trade Organisation (WTO) for a temporary suspension of patents for COVID-19 vaccines, in derogation of the TRIPS Agreement. By enabling States to grant licenses to local companies, those championing this move believe it would increase the number of production sites. We should also remember that a substantial part of investments are public and that the RNA technique is the result of thirty years of research.

Yet discussions are set to be long and difficult given the divisions within the WTO on this issue. A long-standing opponent of patent waivers, the USA announced on 5 May that it was now in favour¹⁶. Yet it has not yet given details on its proposal, which may seem a clever diversion tactic to detract attention from the vaccine nationalism it has demonstrated up to now. The European Commission has announced that it would submit

proposals to the WTO in early June in favour of a third way aimed at increasing production, limiting export restrictions and relaxing the rules on compulsory licenses, while stating that it is willing to engage constructively to study the American proposal. The Rome Declaration remains very cautious on this matter and merely stresses that work must be done to increase production capacities, including under the TRIPS Agreement, and on voluntary licensing agreements, without recommending patent waivers.

The pharmaceutical industry prefers to insist on the success of these vaccines in terms of innovation (the WHO approved the first vaccine on 31 December 2020, less than one year after the virus' DNA sequence was disclosed), production, logistics and solidarity (thanks in particular to the COVAX mechanism). From their point of view, making the vaccine a global public good would primarily mean making it accessible to all at an affordable price, ensuring that a maximum number of doses are produced in a maximum number of production sites with maximum safety for a maximum of people. Several executives in the pharmaceutical industry have renewed their commitment to making vaccine doses available to COVAX to help to stop the spread of the pandemic¹⁷.

The report published in early May by the Independent Panel for Pandemic Preparedness and Response on the management of the pandemic recommends that the WTO and WHO convene major vaccine producing countries and manufacturers to get agreement on voluntary licensing and technology transfer arrangements for COVID-19 vaccines. If actions do not occur within three months, a waiver of TRIPS intellectual property rights should come into force immediately, according to the experts¹⁸.

16. Tweet from Ambassador Katerine Tai, 5 May 2021.

17. At the Rome Summit, Pfizer/BioNTech, Johnson&Johnson and Moderna undertook to supply a total of 3.5 billion doses to low- and medium-income countries, including 1.3 billion doses in 2021 (1 billion for Pfizer, 200 million for Johnson&Johnson, 100 million for Moderna), at cost for the poorest and at a reduced price for others, a large percentage of which via COVAX.

18. The Independent Panel, 2021. «COVID-19: Agissons pour que cette pandémie soit la dernière», 12 May.

Conclusion ■

Going beyond general talk of solidarity, the situation remains very unequal when it comes to access to the vaccine. Wealthy countries have secured orders of doses beyond their needs while the majority of the poorest countries only have very few or no prospects outside of COVAX or uncertain vaccine diplomacy. Circumventing COVAX would weaken the WHO, multilateralism and the international health architecture, warned Jeremy Farrar, Director of the Wellcome Trust¹⁹.

Whatever its failings, the mechanism is of real use as it can redistribute vaccine doses to the countries which do not have sufficient financial means or production capacities. Yet its utility is very limited, both by the fact that there are still very few doses to be redistributed today and because it is one mechanism amongst others. The future will depend considerably on the assumptions on the pandemic (duration, need for booster jabs, need to adapt vaccines to future variants): if the pandemic becomes established for the foreseeable future, it may be necessary to set up a long-term mechanism.

The other issue concerns production capacity: a consensus is emerging regarding the fact that we must be equipped to produce many more vaccines in the long term than we have ever produced before. This in turn raises other questions such as how to create permanent production capacities, which are much more developed than is currently the case, for what purpose, with which oversight and with what funding? According to Adrien

Abecassis, “once we are able to produce enough vaccines for the entire world, the issue of distribution will be much easier to resolve. This could potentially entail a sort of modified or improved COVAX, or something else”.

The idea of an **international treaty on pandemics, reflected in the Rome Declaration**²⁰ is also gaining currency. It was suggested by the President of the European Council, Charles Michel, during the G20 meeting in November 2020 and supported in an open letter on 29 March by the leaders of 23 countries (including France, Germany, the UK) and the WHO. Such a treaty would help the world to deal with future health emergencies. The aim would be to guarantee universal and fair access to vaccines, medications and diagnosis in the event of a pandemic and to really make vaccines a “global public good”. The right to health is universal. Yet to achieve this, a vaccination plan on a global scale must be drawn up. ■

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19. Jillian Deutsch, 2021. “POLITICO Brussels Playbook: Söder down, not out — Never EZ for AZ — On the vaccine headline”, Politico, 20 April.

20. European Commission, 2021. “Rome Declaration”, 21st May.