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All kinds of clever

Strengthening Australia's contribution to equitable access to vaccines and medicines for public health emergencies

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Acknowledgement of Country

- La Trobe University acknowledges that our campuses are located on the lands of many traditional custodians in Australia.
- We recognise their ongoing connection to the land and value their unique contribution to the University and wider Australian society.
- We pay our respects to the Elders, past, present and emerging.

Where are we now?

- Continued widespread COVID-19 transmission, more variants expected
- Persistent inequities in access to COVID-19 products
  - 13 billion COVID-19 doses administered but <25% of people in LICs have received a dose
  - Shift from critical vaccine supply shortages to more complex issues (lack of coordination, poor timing, short expiry, lack of health system capacity, vaccine hesitancy)
  - Severe inequities in access to tests (0.4% of 3 billion tests administered by March 2022 in LICs)
  - Only 8 LICs have yet received antivirals Lower income countries will be able to access affordable antiviral treatments, but upper-middle income countries miss out
- New products being developed – same bottlenecks likely to occur
- New outbreaks and pandemics, e.g. Monkeypox (MPX) – same patterns of inequity likely, since underlying problems haven't been solved

What can Australia can do to advance equitable access to pandemic response products?

1. Provide, redistribute and fund COVID-19 vaccines & other products for LICs
2. Support international initiatives to waive intellectual property rights
3. Invest in building production capacity in LMICs
4. Impose conditions on public funding for R&D for pandemic response products
5. *Inquiry into Australia's response*

Commentary

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Four actions Australia should take to advance equitable global access to COVID-19 vaccines

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As the COVID-19 pandemic progresses, inequities in access to COVID-19 vaccines have become increasingly stark. By the end of March 2022, two years after the World Health Organization (WHO) declared the coronavirus outbreak a pandemic, 11.2 billion COVID-19 vaccine doses had been administered globally and 64.3% of the global population had received at least one dose, but only 14.5% of people in low-income countries (LICs) had received a dose.[1] According to the WHO's Director-General, by February 2022, 116 countries were still not on track to meet the WHO's target of vaccinating 70% of the population of each country by mid-2022.[2]

the risk of variants emerging that are less responsive to vaccines, compromising the world's recovery from the pandemic.[8]

Rich countries, including Australia, bear most of the responsibility for inequities in global access to COVID-19 vaccines. Correcting these inequities will require a commitment to address the drivers of inequity and concerted action to right the current imbalance.

The drivers of global inequity in access to COVID-19 vaccines

Drivers of inequitable access include vaccine nationalism, failure to share the exclusive rights to the means of production, and the

LICs, was ignored by many HICs, including Australia. By the end of 2021, more boosters had been administered in HICs than the total doses given in LICs.[1,2]

Wealthy governments have pledged to donate over a billion vaccine doses, falling well short of the 7 billion doses needed by LICs and lower-middle-income countries to achieve global vaccination by the end of 2022.[6] Delivery of these promised doses has been slow and often ill-timed, with many arriving within three months of expiry.[3] And although useful in the short term, donations can entrench a charity model that perpetuates inequities and fails to address their root causes.

Monopolies on the means of production have limited the global supply, with a handful of companies holding exclusive rights to manufacture COVID-19 vaccines and largely refusing to share. No COVID-19 vaccine manufacturer has yet agreed to contribute its intellectual property (IP), know-how and technology to the WHO COVID-19 Technology Access Pool set up almost two years ago,[13] or the WHO-backed mRNA technology-transfer hub established in South Africa.[14] Most COVID-19 vaccine manufacturers (with the notable exception of AstraZeneca) have even avoided sharing their IP and technology by entering into voluntary licensing

1. Provide, redistribute and fund products for LICs

- Redirect COVID-19 vaccine doses not needed in Australia through COVAX
- Future pandemics: plan for equitable distribution from the beginning, rather than donating excess doses
- Ensure contracts with pharmaceutical companies allow vaccine doses to be reallocated
- Explore manufacturing products under compulsory license in Australia for export

* But a charitable approach will not solve the problem of the concentration of R&D and manufacturing in the Global North

2. Support international initiatives to waive intellectual property rights

- Support expansion of the TRIPS waiver to include treatments and tests
- Assist developing countries to use compulsory licensing and/or the TRIPS waiver for pandemic products
- Support promising provisions in the WHO Pandemic Prevention, Preparedness and Response Accord to:
  - Increase transparency in the funding of pharmaceutical R&D and public procurement contracts
  - Place conditions on R&D funding to drive equitable access
  - Support technology transfer to LMICs
  - Relax intellectual property rights during pandemics

3. Invest in building production capacity in LMICs

- Support WHO mRNA technology transfer hub (South Africa) and global biomanufacturing training hub (Republic of Korea)
- Participate in / initiate / fund regional initiatives

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Home / News / Moving forward on goal to boost local pharmaceutical production, WHO establishes global biomanufacturing trai

Moving forward on goal to boost local pharmaceutical production, WHO establishes global biomanufacturing training hub in Republic of Korea

Bangladesh, Indonesia, Pakistan, Serbia and Viet Nam to receive mRNA technology from the technology transfer hub

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The World Health Organization (WHO), the Republic of Korea and the WHO Academy today announced the establishment of a global biomanufacturing training hub that will serve all low- and middle-income countries wishing to produce biologicals, such as vaccines, insulin, monoclonal antibodies and cancer treatments. The move comes after the successful establishment of a global mRNA vaccine technology transfer hub in South Africa.

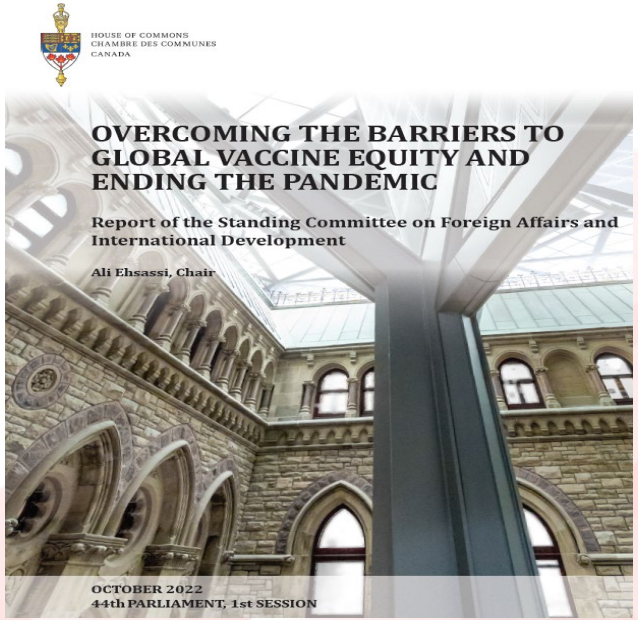
"One of the key barriers to successful technology transfer in low- and middle-income countries is the lack of a skilled workforce and weak regulatory systems," said WHO Director-General, Dr Tedros Adhanom Ghebreyesus. "Building those skills will ensure that they can manufacture the health products they need at a good quality standard so that they no longer have to wait at the end of the queue."

4. Impose conditions on public funding for R&D for pandemic response products

- Early in the COVID-19 pandemic, vaccine R&D was funded by at least US%5.6 billion in up front public funding, plus over $45 billion in advance purchase agreements (Moon et al, 2021)
- Despite risk assumed by governments, conditions were not attached requiring affordable pricing or sharing of intellectual property and know-how
- Instead, pharmaceutical companies:
  - placed restrictive conditions on purchase agreements (e.g. restrictions on sharing doses with other countries)
  - Profited handsomely (e.g. Pfizer ‘s net profit for 2021 was almost $22 billion)
  - Prices for some vaccines set high, and to be increased once companies declare the pandemic over (e.g. Pfizer vaccine to be increased from around US$30 to US$110-130 per dose in 2023
  - Engaged in little voluntary sharing of IP and know-how, and opposed initiatives to encourage sharing
- Conditions for R&D funding should stipulate affordable pricing, open licensing

5. Reflect on and learn from Australia's aid and development response to the pandemic

- Canadian parliamentary inquiry recommendations include:
  - Increasing funding for vaccine equity initiatives
  - Making R&D funding conditional on open licensing
  - Advocating for extending the TRIPS waiver to cover diagnostics and therapeutics
  - Review Canada's compulsory licensing for export arrangements



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