

Att:

- to the Ministers of Health of European Union,
- to Commission-President, Ursula von der Leyen,
- to Commissioner for Health, Stella Kyriakides,
- to Commissioner for Internal Market, Thierry Breton,
- to Commissioner for Innovation, Research, Culture, Education and Youth, Mariya Gabriel
- to Commissioner for International Partnerships, Jutta Urpilainen

Brussels, 10 June 2020

Dear Ministers,
Dear Commissioners,

We are writing this letter to express our concerns over the impact of the European Commission's recent plan for negotiating an advanced purchase agreement of COVID-19 vaccines, and request the Commission and health ministers to guarantee international solidarity and pursue global equitable access to COVID-19 medical tools in their strategic planning.

We have noted the European Commission's intention of seeking a mandate to negotiate advance contracts and to reserve doses of promising candidates of potential COVID-19 vaccines with pharmaceutical companies.¹ This mandate is an agenda point on the 12 June EPSCO meeting between the 27 ministers of health and the European Commission. After the divisiveness and nationalistic reflexes of some member states of the European Union (EU) over medical supplies early in the pandemic that led to export controls, it is a welcome step for the EU Member States to map their joint needs and engage in pooled procurement as leverage in negotiations with the pharmaceutical sector, not only for COVID-19 vaccines but for all medical supplies. A number of EU member states are organizing themselves as the Inclusive Vaccine Alliance with similar objectives.

However, we are alarmed that a main motivation for these initiatives, as reported, is in response to contracts between Biomedical Advanced Research and Development Authority (BARDA) and pharmaceutical companies. In these commitments, the US government offers pharmaceutical companies large amounts of money to support the research and development and manufacturing of potentially effective COVID-19 vaccines apparently in return for guaranteed access to a set number of doses for US domestic use.

By seeking to replicate the model used by the US, the EU joins and spurs a global race for preferential access to COVID-19 vaccines where countries and regions outbid each other rather than collaborate. This is problematic, we should not repeat the mistakes of the HIV and H1N1 epidemic when financial means rather than health needs defined access to life-saving health products.

The purchasing of potential COVID-19 vaccines that would cater to EU member states' needs first would sharply contrast with the European Commission's highly visible leadership in a *global response* to COVID-19, and the assertion of Commission President von der Leyen that COVID-19 vaccines will be "*our universal, common goods*", as well as other European heads of states' similar calls for solidarity and worldwide collaboration. Although it is positive that the proposal might lead to expanded supply capacity, including in Europe, that supply should not be preferentially allocated to Europe only or Europe first in derogation of its global solidarity commitment to equitable global access.

¹ Bloomberg, *Europe May Race the U.S. for Early Vaccine Access With Deals*, 3 June 2020.
<https://www.bloomberg.com/news/articles/2020-06-03/europe-may-join-race-for-access-to-vaccines-with-advance-deals>

A true commitment to equitable global access for COVID-19 vaccines demands that the pooled procurement and the mapping of needs by the EU member states fit within a global effort and framework managed and coordinated by the WHO, enabling the allocation and distribution of vaccines according to internationally agreed medical and ethical criteria. Particularly, the needs of frontline health workers and people living in low- and middle-income countries, who have limited access to effective and equitable healthcare services and treatments, require priority access and protection. A recent poll by the Wellcome Trust has shown broad support for global vaccine allocation according to need, even if at the expense of preferential domestic access.²

The EU benefits from positive historical experience in fostering collaborative efforts. The creation of the European Coal and Steel Community was an innovative political answer to World War II, pooling coal and steel production to create shared prosperity, and break with disastrous competition and crisis. This historical foundation provides the EU with a unique ability to craft and lead a global response in a similar manner to the COVID-19 pandemic.

Countries and regions currently share a mutual risk that the discovery of an effective vaccine will not take place on their own soil, or will fall outside the advanced purchasing commitments they plan to sign. Rather than pinning a policy on the hope that an effective vaccine is discovered, developed and manufactured in Europe, the EU should facilitate open access to and the right to use all technologies, know-how, materials, regulatory data and intellectual property related to all COVID-19 vaccine candidates at the global level, and seek to negotiate and facilitate transparent technology transfer agreements to producers in other regions, including the US, Asia, Latin America, and Africa, to greatly expand manufacturing capacity, thus accelerating the global availability of needed supplies.

Instead of increasing dependency on selected pharmaceutical companies with limited internal capacity to deliver better, faster or affordable access, the Commission should aim to maximize the global capacity of vaccine development, manufacture and supply of multiple effective vaccines to enable as many people as possible to be catered to as soon as possible. An inventory of global manufacturing capacities, including all independent vaccine manufacturers from developing countries, and barriers for upscaling global manufacturing and production of effective vaccines, should be established. The use of public funding should be geared towards addressing those barriers and increasing and maximizing capacities.

In light of the above, we call on the Commission and health ministers to review the proposed plan concerning advanced purchase agreements on COVID-19 vaccines, to make sure the strategic planning of the Commission and the member states reinforce international collaboration and a global framework of equitable allocation and access to COVID-19 medical tools.

SIGNATORIES:

Organizations:

1. Médecins Sans Frontières (MSF) Access Campaign
2. Public Citizen
3. Action medeor - German Medical Aid Organization e.V.
4. Observatoire de la transparence dans les politiques du médicament (OTMeds)
5. NoGracias, Spain
6. International Treatment Preparedness Coalition (ITPC)

² Wellcome trust, *What people think about global access to COVID-19 treatments and vaccines.* <https://wellcome.ac.uk/reports/what-people-think-about-global-access-covid-19-treatments-and-vaccines>

7. Life4me.plus to fight AIDS, Hepatitis C and Tuberculosis
8. Black Activists Rising Against Cuts (BARAC) UK
9. Ärzte der Welt e.V./Médecins du Monde, Germany
10. STOPAIDS, UK
11. Global Justice Now
12. Health Global Access Project, international
13. World Vision Deutschland e.V.
14. Just Treatment
15. Universities Allied for Essential Medicines (UAEM)
16. Aidsfonds, the Netherlands
17. Public Eye, Switzerland
18. BUKO Pharma-Kampagne, Germany
19. Transparency International Health Initiative
20. Salud por Derecho, Spain
21. Medico international e.V.
22. Action against AIDS, Germany
23. Wemos Foundation, The Netherlands
24. Chronic Illness Advocacy & Awareness Group, USA
25. ATTAC España,
26. Global Health Advocates
27. Health Action International (HAI)
28. Ecologistas en Acción, Spain
29. Women Engage for a Common Future - WECF International
30. Medicusmundi, Spain
31. AIDES, France
32. Transnational Institute, The Netherlands
33. Association des Femmes de l'Europe Méridionale (AFEM)
34. Access to Medicines Ireland
35. Médecins du Monde, France
36. Treatment Action Group, USA
37. Patti Rundall, Baby Milk Action, IBFAN UK
38. Corporate Europe Observatory (CEO)
39. Yolse, Santé Publique & Innovation
40. Fondation Eboko, France
41. Dokters van de Wereld/ Médecins du Monde Netherlands
42. Save the Children
43. European AIDS Treatment Group
44. ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ - Médecins Du Monde – Greece
45. Movimiento Asambleario de Trabajador@s de la Sanidad. MATS
46. AAJM Spanish Association for Fair Access to Medicines
47. Salud y Farmacos, USA
48. Oxfam
49. SESPAS (Spanish Society of Public Health and Health Administration)
50. Society for International Development (SID)
51. Health Innovation in Practice (HIP), Geneva
52. Platform of Affected by Hepatitis C (PLAFHC),
53. Attac Austria
54. Initiative for Health & Equity in Society

Individuals:

55. Professor Brook K. Baker, Northeastern U. School of Law, USA
56. Brittany Herrick, MPH
57. Alexis Benos, Feride Aksu Tanik, Elias Kondilis on behalf of International Association of Health Policy in Europe [IAHPE]
58. Apostolos Veizis, M.D
59. Professor Karl Blanchet, Geneva Centre for Education and Research in Humanitarian Action
60. Alison Katz, People's Health Movement, retired International Civil Servant, WHO
61. Dr. Andreas Wiegand, Apotheke Helfen e.V./German Pharmacists' Aid
62. Baba Aye, Public Services International (PSI)
63. Juan Bárcena del Riego, Senior Researcher at the National Institute of Agricultural and Food Research and Technology - Instituto Nacional de Investigación y Tecnología Agraria y Alimentaria (INIA), Spain
64. Carmen San José, especialista en Medicina de Familia y Comunitaria, Spain
65. Edith Pérez Alonso, especialista en Medicina de Familia y Comunitarian, Spain
66. Philip Mathew, Associate Professor of Community Medicine, PIMS, India and Doctoral Student, Global Public Health, Karolinska Institutet
67. María Ruggiero García, Neurologist, Spain
68. Nicoletta Dentico, public health expert, Italy
69. Dr Mira Shiva, Public Health Physician

Contact

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