

13th April 2021

Dr. Ngozi Okonjo-Iweala
Director General
World Trade Organization

cc. Dr. Tedros Adhanom Ghebreyesus
Director General
World Health Organization

cc. Members of the WTO

Dear Dr. Ngozi,

We congratulate you on your election as the Director General of the World Trade Organization.

Civil society organizations signed on to this letter are encouraged that you would like to contribute to addressing the global challenges of inadequate supply and inequitable access to COVID-19 medical products, especially vaccines.

However, we would also like to express our concern over the emphasis on industry-controlled bilateral agreements as the primary approach to addressing global production constraints and supply shortages. We note that some WTO Members have submitted WT/GC/230ⁱ. While the objective of this proposal may be well-intended, the proposed approach is also mainly centred on bilateral agreements controlled by corporate rightsholders. The same strategy has already been used by the pharmaceutical industry for the past year, including the oft-cited Oxford/AstraZeneca agreement with the Serum Institute of India. There is considerable experience on the constraints such agreements put on local production and equitable worldwide access to life-saving pharmaceuticals.ⁱⁱ

Bilateral agreements that have been signed to date contain restrictive terms and conditions that reinforce vertical control of technology-holding companies, artificially limit production and supply to constrain global supply options and are mostly un-transparent with governments and the public learning about the limits imposed post-facto, if ever. For instance, Astra Zeneca almost entirely relies on one manufacturer in India, which it has licensed, for the supply of its vaccine to low and middle income countries including the COVAX Facility, and consequently billions of people are now primarily dependent upon the vaccine supplies from one company in India.

Most of the existing bilateral agreements to produce COVID-19 vaccines are contract manufacturing agreements through which the contracted entity manufactures on behalf of a licensor that maintains full control over the use of its technology, the volume of production and where and at what prices vaccines may be supplied.ⁱⁱⁱ Although contractors may help ease some production pressure in the short term, the model cannot guarantee sustainability because contractors have no legal rights to independently produce and supply the concerned technologies worldwide. We have also observed from publicly available information that in some agreements the technology holder maintains control over the vaccine component and prevents the licensee from manufacturing the vaccine component, hence creating dependency on the technology holder for the supply of the vaccine component^{iv}, while others contain territorial restrictions^v.

These agreements also depend on the “willingness” of the technology holder to license at all and as such are failing to mobilise global manufacturing capacity and diversifying supply options, on transparent terms that prioritize boosting global supply of the vaccine components and the final product. For instance, Moderna and Pfizer have yet to enter into license agreements with developing country manufacturers allowing for technology transfer and manufacture to supply developing countries.

We recall that early on in the pandemic the World Health Organization (WHO) launched the COVID-19-Technology Access Pool (C-TAP) initiative calling on pharmaceutical companies to commit to transparent non-exclusive global voluntary licensing. However, this initiative has been rejected by the global biopharmaceutical companies. The voluntary bilateral contracting approach is the preferred choice of pharmaceutical corporations holding the technology for it allows them to control production and supply to markets, which they consider lucrative for their future profits. An example of this expectation of future profits is Pfizer's stated intention to shift some production to manufacturing booster doses for rich countries even while some low and middle income countries have not had an initial vaccine and to raise its vaccine price to an estimate \$150-175 per dose in what it considers the post-acute-pandemic phase.^{vi}

We understand your recent call, alongside other proposals, for a "Third Way" that entails once again appealing to pharmaceutical corporations to take voluntary actions. As elaborated above, we sincerely raise your attention to the inherent limitations of being dependent on corporations' voluntary measures that have been proven to be insufficient in this pandemic.

The world is in a state of a global health emergency, where societies, economies, and livelihoods worldwide are in a dire situation. And most pharmaceutical companies have benefitted from large amount of public funds invested in R&D, trials and spent on procurement, with little to no accountability and conditions attached to guarantee access. For instance, Pfizer and Moderna are expecting vaccine revenue of between \$15-30 billion in 2021.^{vii} It is time to realize governments' core and collective responsibility to collaborate and address monopolies on technologies concretely.

We believe that the way forward should be to remove barriers towards the development, production and approval of vaccines, therapeutics and other medical technologies necessary for the prevention, containment and treatment of the COVID-19 pandemic, so that more manufacturers, especially from developing countries, may independently contribute to the global supply. Global supply should not be dependent on the purely commercial prerogatives and exclusive rights of pharmaceutical companies holding the technology. There is simply too much at stake. In the context of WTO, temporarily waiving relevant intellectual property rules that reinforce monopolies, is an important contribution that the WTO as a rule-based multilateral institution can make on this matter in the pandemic, alongside reaffirming and supporting the full use of existing public-health-safeguarding flexibilities of the TRIPs agreement. Voluntary licensing, if pursued, should treat vaccine as a global public good, be open and allow for transparent global non-exclusive licenses with worldwide coverage of supply, and left to the WHO that has established C-TAP for this purpose.

We look forward to further engagement and discussions on this matter.

Signatories

Global

1. Amnesty International
2. AVAC
3. Casa Generalizia della Societa del Sacro Cuore
4. Congregation De Notre-Dame
5. Congregation of the Mission
6. Development Alternatives with Women for a New Era (DAWN)
7. EqualHealth Global Campaign Against Racism
8. Fondation Eboko
9. Health Alliance International
10. Health GAP
11. IndustriALL Global Union
12. International Network of Religious Leaders living with or personally affected by HIV and AIDS
13. International Presentation Association

14. International Treatment Preparedness Coalition (ITPC)
15. LDC Watch
16. Médecins du Monde
17. Médecins Sans Frontières (MSF) Access Campaign
18. Oxfam International
19. Passionists International
20. People's Vaccine Alliance
21. Reality of Aid Network
22. Regions Refocus
23. Sisters of Notre Dame de Namur
24. Social Justice and Ecology Secretariat, Society of Jesus
25. Social Watch
26. Society for international Development (SID)
27. Vaccine Advocacy Resource Group (VARG)
28. Yolse, Santé Publique et Innovation

Regional

29. AIDS and Rights Alliance in Southern Africa (ARASA)
30. African Alliance
31. Arab NGO Network for Development (ANND)
32. Asia Pacific Network of People Living with HIV (APN+)
33. Asian Indigenous Women's Network (AIWN)
34. Corporate Europe Observatory
35. Focus on the Global South
36. Health Action International Asia Pacific
37. International Treatment Preparedness Coalition (ITPCru), (Eastern Europe & Central Asia)
38. International Treatment Preparedness Coalition Latin America and The Caribbean
39. International Treatment Preparedness Coalition ITPC-MENA, (Middle-East & North Africa)
40. Jesuitenmission Germany & Austria
41. Pacific Network on Globalisation
42. Project Organising Development Education and Research (PODER)
43. Red Latino Americana por el Acceso a Medicamentos (RedLAM)
44. South Asia Alliance for Poverty Eradication
45. Southern African Programme on Access to Medicines and Diagnostics
46. Third World Network-Africa (TWN-Africa)
47. Universities Allied for Essential Medicines Europe (UAEM)

National

48. Access to Medicines Research Group, China
49. Acción Internacional para la Salud, Peru
50. Action against AIDS, Germany
51. ActionAid Australia
52. Active Citizens Movement, South Africa
53. Africa Europe Faith and Justice Network (AEFJN), Belgium
54. Africa Faith and Justice Network, United States
55. Africaine de Recherche et de Coopération pour l'Appui au Développement Endogène (ARCADE), Senegal
56. Africa Japan Forum, Japan
57. Aid/Watch, Australia
58. Alboan Fundazioa, Spain
59. All India Drug Action Network, India
60. American Friends Services Committee, United States
61. Asian Health Institute, Japan

62. Asociación por un Acceso Justo al Medicamento, Spain
63. Association for International Development and Research in Sustainability, Malaysia
64. Association For Promotion Sustainable Development, India
65. Association Marocain des Droits Humains, Morocco
66. Association of Concerned Africa Scholars (USA), United States
67. Association of legal entities Association of harm reduction "Partner network", Kyrgyzstan
67. ATTAC Hungary Association, Hungary
68. Auckland Peace Action, New Zealand
69. Australian Arts Trust / Music Trust, Australia
70. Australian Council for International Development, Australia
71. Australian Council of Trade Unions, Australia
72. Australian Fair Trade and Investment Network, Australia
73. Balance Promoción para el Desarrollo y Juventud AC, Mexico
74. Balay Alternative Legal Advocates for Development in Mindanaw, Inc., Philippines
75. Belgian Lung and Tuberculosis Association, Belgium
76. Belong Aotearoa (Formerly known as Auckland Regional Migrant Services Charitable Trust - ARMS), New Zealand
77. Both ENDS, The Netherlands
78. Brazilian Federation of Library Association and Institution – FEBAB, Brazil
79. Brazilian Interdisciplinary Aids Association, Brazil
80. Bread for the World, Germany
81. Building Inclusive Society Tanzania Organization (BISTO), Tanzania
82. BUKO Pharma-Kampagne, Germany
83. Campaign for Access to Medicines-India
84. Canadian Centre for Policy Alternatives, Canada
85. Canadian Coalition for Global Health Research, Canada
86. Canadian Jesuits International (CJI), Canada
87. Canadian Society for International Health, Canada
88. Cancer Alliance, South Africa, South Africa
89. Cancer Patients Aid Association, India
90. Center for International Policy, United States
91. Center for Peace Education and Community Development, Nigeria
92. Centre Europe- Tiers Monde (CETIM), Switzerland
93. Centre for the AIDS Programme of Research in South Africa (CAPRISA), South Africa
94. Charitable organization "100 Percent Life", Ukraine
95. Christian Education and Development Organization (CEDO), Tanzania
96. Citizens Trade Campaign, United States
97. Citizens' Health Initiative, Malaysia
98. Coalition for Health Promotion and Social Development (HEPS) Uganda
99. Coalition for Research and Action for Social Justice and Human Dignity, Finland
100. Coalition of Women Living with HIV and AIDS, Malawi
101. Coletivo Mangueiras, Brazil
102. Columban Center for Advocacy and Outreach, United States
103. Consumer Association the Quality of Life, Greece
104. Consumers' Association of Penang, Malaysia
105. Crisis Home, Malaysia
106. Delhi Network of Positive People, India
107. Diverse Women for Diversity, India
108. Drug Action Forum-Karnataka, India
109. Dua'a Qurie, Palestinian NGO Network, Palestine
110. Ecologistas en Acción, Spain
111. Equal Health and Medical Access on COVID-19 for All! Japan Network, Japan
112. Edmund Rice International, United States
113. Equidad de Género: Ciudadanía, Trabajo y Familia, Mexico
114. Fair World Project, United States

115. Fairwatch Italy, Italy
116. Federation of Democratic Labour Unions, Mauritius
117. Food Sovereignty Alliance, India
118. Fórum Nacional de Prevenção e Erradicação do Trabalho Infantil – FNPETI, Brazil
119. Foundation for Research in Science Technology and Ecology, India
120. Freshwater Action Network Mexico, Mexico
121. Fundación Arcoíris por el respeto a la diversidad sexual, Mexico
122. Fundación Entreculturas-Fe y Alegría España, Spain
123. Fundación Grupo Efecto Positivo, Argentina
124. Fundación IFARMA, Colombia
125. Fundación Mexicana para la Planeación Familiar, A. C. MEXFAM, Mexico
126. Fundación Salud por Derecho, Spain
127. Gandhi Development Trust, South Africa
128. Gestos (soropositividade, comunicação, gênero), Brazil
129. Global Health Advocates / Action Santé Mondiale, France
130. Global Humanitarian Progress Corporation, Colombia
131. Global Justice Now, United Kingdom
132. Grandmothers Advocacy Network, Canada
133. Green Without Borders, Kenya
134. Groupe d'Action, de Paix et de Formation pour la Transformation (GAPAFOT), Central African Republic
135. Grupo de Incentivo à Vida (GIV), Brazil
136. Handelskampanjen, Norway
137. Health Action International (HAI), The Netherlands
138. Health Equity Initiatives, Malaysia
139. HIV Legal Network, Canada
140. Human Rights Research Documentation Center (HURIC), Uganda
141. Indian Social Action Forum (INSAF), India
142. Indonesia AIDS Coalition, Indonesia
143. Indonesia for Global Justice, Indonesia
144. Initiative for Health & Equity in Society, India
145. Instituto Cidades Sustentaveis, Brazil
146. International Treatment Preparedness Coalition-South Asia, India
147. International Women's Rights Action Watch Asia Pacific (IWRAP Asia Pacific), Malaysia
148. IT for Change, India
149. It's Our Future, New Zealand
150. Jan Swasthya Abhiyan (JSA) Rajasthan/Prayas, India
151. Jesuit Conference of Africa and Madagascar, Kenya
152. Jesuit Justice and Ecology Network Africa, Kenya
153. Just Treatment, United Kingdom
154. Justice is Global, United States
155. Kenya Legal & Ethical Issues Network on HIV & AIDS, Kenya
156. Knowledge Commune, Republic of Korea
157. Korean Pharmacists for Democratic Society, Republic of Korea
158. Lawyers Collective, India
159. Life Concern, Malawi
160. Little Sisters of the Assumption, United States
161. Madhyam, India
162. Malaysian AIDS Council (MAC), Malaysia
163. Maritime Union of Australia Victoria Branch, Australia
164. Mauritius Trade Union Congress, Mauritius
165. Médecins sans Frontière, Japan
166. Medical Action Group, Philippines
167. Medical Mission Institute Würzburg, Germany
168. Medico International, Germany

169. Médicos sin marca Colombia, Colombia
170. Migration and Sustainable Development Alliance, Mauritius
171. Milwaukee Fair Trade Coalition, United States
172. MISEREOR Germany, Germany
173. Missionary Society of St Columban, Australia
174. MY World Mexico, Mexico
175. National Campaign for Sustainable Development Nepal, Nepal
176. Nelson Mandela TB HIV Community Information and Resource Center CBO Kisumu Kenya
177. NETWORK Lobby for Catholic Social Justice, United States
178. New South Wales Retired Teachers' Association, Australia
179. New Zealand Alternative, New Zealand
180. NGO Federation of Nepal, Nepal
181. Nigerian Women Agro Allied Farmers Association, Nigeria
182. Observatoire de la transparence dans les politiques du médicament, France
183. ONG Positive Initiative, Republic of Moldova
184. Oxfam New Zealand, New Zealand
185. Pacific Asia Resource Center (PARC), Japan
186. Pakistan Fisherfolk Forum, Pakistan
187. Passionist Center-Justice, Peace and Integrity of Creation, Inc., Philippines
188. People PLUS, Belarus
189. People's Health Forum, Malaysia
190. People's Health Movement Canada, Canada
191. People's Health Movement (PHM) - Japan Circle, Japan
192. People's Health Movement Nepal, Nepal
193. People's Health Movement Uganda (PHMUGA), Uganda
194. People's Health Movement South Africa, South Africa
195. Pertubuhan Kebajikan Intan Zon Kehidupan, Malaysia
196. Philippine Alliance of Human Rights Advocates (PAHRA), Philippines
197. Philippine Human Rights Information Center (PhilRights), Philippines
198. Phoenix Settlement Trust, South Africa
199. Positive Malaysian Treatment Access & Advocacy Group (MTAAG+), Malaysia
200. Public Citizen, United States
201. Public Eye, Switzerland
202. Public Health Association of Australia, Australia
203. Public Health Research Society Nepal, Nepal
204. Red Argentina de Personas Positivas (Redar Positiva), Argentina
205. Red de Acceso a Medicamentos, Guatemala
206. Réseau québécois sur l'intégration continentale (RQIC), Canada, Quebec
207. Rural infrastructure and human resources development organisations, Kpk, Pakistan
208. Salesian Missions, Inc. United States
209. Salud y Farmacos, United States
210. Sankalp Rehabilitation Trust, India
211. Save the Children South Africa
212. SEATINI-Uganda
213. SECTION27, South Africa
214. Sentro ng mga Nagkakaisa at Progresibong Manggagawa (SENTRO), Philippines
215. SHARE, Japan
216. Sisters of Charity Federation, United States
217. Social Development Through Community Action (SODECA), Kenya
218. Social Watch Philippines-Alternative Budget Initiative Health Cluster, Philippines
219. Southern and East African Trade and Negotiations Institute - South Africa
220. Southern African Programme on Access to Medicines and Diagnostics (SAPAM), South Africa
221. SWP-ABI Health Cluster, Philippines
222. Tebtebba (Indigenous Peoples' International Centre for Policy Research and Education), Philippines

223. Terra Nuova, Italy
224. Third World Network, Malaysia
225. Trade Collective, South Africa
226. Trade Justice Network- Canada
227. Trade Justice PEI, Canada
228. Trade Justice Pilipinas, Philippines
229. Trade Justice Prince Edward Island, Canada
230. Transnational Institute, The Netherlands
231. Treatment Action Group, United States
232. UDK Consultancy, Malawi
233. UNANIMA International, United States
234. UnionsWA, Australia
235. Universities Allied for Essential Medicines UK, United Kingdom
236. War on Want, United Kingdom
237. Washington Biotechnology Action Council, United States
238. Watch Democracy Grow, United States
239. Women's Coalition Against Cancer – WOCACA, Malawi
240. WomanHealth Philippines
241. Women's Probono Initiative, Uganda
242. Youth and Small Holder Farmers, Nigeria
243. Zimbabwe National Network of PLHIV (ZNNP+), Zimbabwe

ⁱ Enhancing the role of the World Trade Organization in the global effort toward the production and distribution of Covid-19 vaccines and other medical products.

ⁱⁱ https://msfaccess.org/sites/default/files/2020-10/IP_VoluntaryLicenses_full-brief_Oct2020_ENG.pdf

ⁱⁱⁱ e.g. Moderna-Lonza Agreement

^{iv} e.g. Serum Institute of India and Novavax Agreement

^v e.g. Astra Zeneca and Fiocruz Agreement

^{vi} <https://www.fiercepharma.com/pharma/pfizer-eyes-higher-covid-19-vaccine-prices-after-pandemic-exec-analyst>

^{vii} <https://www.theguardian.com/business/2021/mar/06/from-pfizer-to-moderna-whos-making-billions-from-covid-vaccines>