



## Open letter to EU governments and institutions: Stop blocking the scale-up of vaccines and put health over profit

Friday 2nd April 2021

To:

His Excellency Josep Borrell Fontelle, High representative/vice-president of the European Union

Honourable Ursula von der Leyen, President of the European Commission

Honourable Valdis Dombrovskis, European Commissioner for Trade

Honourable Stella Kyriakides, European Commissioner for Health & Food Safety

Honourable Bernd Lange, Chairperson of European Parliament Committee on International Trade

Honourable Pascal Canfin, Chairperson of European Parliament Committee on Environment, Public Health and Food Safety

Honourable Tomas Tobé, Chairperson of European Parliament Committee on Development

Honourable Manfred Weber, President of EPP in the European Parliament Honourable Iratxe García

Pérez, President of S&D in the European Parliament Honourable Dacian Ciolos, President of Renew

Europe in the European Parliament

Honourable Manon Aubry and Martin Schirdewan, co-presidents of the Left GUE in the European Parliament

Honourables Ska Keller and Philippe Lamberts, co-presidents of Greens/EFA in the in the European Parliament

On April 7, World Health Day, we, a broad coalition of 88 civil society organisations across Europe urgently call on our governments and EU institutions to implement a COVID-19 response based on global solidarity and to act to **ensure that COVID-19 vaccines and medical products are available to everyone, everywhere in the world.** The production of these must be scaled up as quickly as possible. To make this a reality, **intellectual property rights (IPR) must be temporarily suspended**, and production technology and **know-how must be shared widely.** We must act now so the pandemic will not go into history as a moral failure by rich countries at the detriment of vulnerable lives across the world.

More than one year since the beginning of the COVID-19 pandemic, Europe continues to struggle with its

response to the spread of the virus. Not only has the pandemic already taken 860 892<sup>1</sup> lives across the continent, it has also brought **incredible stress to health workers** and health systems. In fact, the pandemic has very accurately pointed out the key weaknesses of our health systems. After years of sustained cuts in public services and policies based on austerity, health systems were caught unprepared for a pandemic of this extent and only continue standing thanks to the dedication of the people working in health care institutions.

One would hope that under exceptional circumstances like a global pandemic, the profit logic would no longer prevail over the lives and livelihoods of people. Indeed, at the beginning of the pandemic claims were made in this direction. Many officials, including Ursula Von Der Leyen, have assured us that the COVID-19 vaccine should - and would - be treated by the EU as a **global public good**. During this time, EU and Member State officials led us to believe that the pandemic response would be fueled by global mechanisms such as the ACT Accelerator, which would enable countries to access necessary products independently of their income.

Contrary to these early promises, we now bear witness to the extreme vaccine nationalism championed by many countries in the West. High income countries (HIC) have hoarded 53% of available vaccines while representing only 14% of the global population, disregarding the needs of others. The amount that European countries have pledged to COVAX, the WHO-led mechanism to secure vaccines for low and middle income countries, although very welcome, is not nearly enough to make equitable access a reality. According to the Economist Intelligence Unit, **'in developing countries, widespread vaccination coverage will not be achieved before 2023, if it happens at all'**.

Not only did global solidarity mechanisms remain mostly dead letters on paper due to insufficient funds and vaccine nationalism, but equitable distribution of vaccines has been hampered by HIC in the World Trade Organisation. The United Kingdom, Norway, the US and the **European Union remain among the few countries blocking a proposal** to waive aspects of the TRIPS agreement<sup>2</sup> submitted by India and South Africa in October 2020. The proposal would allow countries to choose to neither grant nor enforce patents and other intellectual property rights (PR) related to all COVID-19 products such as drugs, vaccines, masks and ventilators, for the duration of the pandemic. This would provide for the legal space to collaborate in R&D, manufacturing, scaling up, and distributing COVID-19 solutions, such as vaccines.

A temporary suspension of PR is the only way to scale up production and widen access quickly. Relying on tools such as compulsory licenses, for which the EU advocates in the WTO, cannot achieve the same result. From past experience, we know that the introduction of such licenses can take years, and we have to wonder about their implementability in this context, given that on previous occasions the EU has heavily criticised other countries for relying on compulsory licenses.

Finally, not only do we need to temporarily waive these PR, we also need our governments to demand that knowledge about the production of COVID-19 vaccines is shared by manufacturers. A pandemic is no time for industrial secrecy. The EU has the moral imperative to take action in line with what its population is demanding: recent surveys have shown that on average 69% of the population of western countries believe that governments should ensure vaccine science and know-how is shared with qualified manufacturers around the world.<sup>3</sup>

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<sup>1</sup> Drawing on data from OurWorldInData, Bloomberg and represent the number for the whole of Europe, the data are consulted on March 16 2021 available at <https://www.bloomberg.com/graphics/2020-coronavirus-cases-world-map/> and <https://ourworldindata.org/covid-vaccinations>

<sup>2</sup> The waiver is demanding a temporary derogation, and falls within the legal framework of the WTO\* agreements which allows for derogations in the case of exceptional circumstances to which the current pandemic largely falls under. Article IX 3 and 4 of the Marrakesh Agreement Establishing the WTO (WTO Agreement), affirm that in exceptional circumstances, a waiver from certain obligations under WTO treaties, such as TRIPS, can be decided at the WTO Ministerial Conference (during the interval of the Conferences, the WTO General Council would perform this function). The waiver needs to contain a justification based on the exceptional circumstances, the conditions and the time when the waiver terminates. Waivers longer than one year will be reviewed by the Ministerial Conference annually until its termination.

<sup>3</sup> The YouGov poll results for the individual countries were: US – 69 per cent, France - 63 per cent, Germany 70 per cent and the UK 74 per cent, which gives a combined average across the countries of 69 per cent. All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 1,351 adults in the US, 1788 adults in the UK,

The EU did [massive investments](#) in research and development and production of vaccines accelerating the availability of new vaccines in unprecedented circumstances. Despite this, we have seen that European institutions did not put any conditions on these investments given to Big Pharma: they signed **untransparent agreements**, not retaining any control over for whom these publicly funded goods would be available, at what price and when but very profitable for the pharmaceutical companies.

That is why this World Health Day we support the **European Citizens' Initiative Right to Cure - No Profit on Pandemic** addressing all of the above concerns through its concrete demands to the European Commission. COVID-19 has become a [huge lucrative business](#) and comes at a great cost to our health and people's lives globally. EU institutions and the governments of European countries have to take responsibility now and reshape their response to the COVID-19 pandemic, ensuring that vaccines are available to everyone and that the interest of pharmaceutical companies is not put before people's health. The only effective response to the COVID-19 pandemic is one of global scale, based on global solidarity.

The European Citizens' Initiative can be signed here [www.noprofitonpandemic.eu](http://www.noprofitonpandemic.eu). The initiative has already collected over 130.000 signatures thanks to the mobilization of more than 300 civil society organizations in Europe.

Yours sincerely,

The undersigned civil society organisations,

Associazione G. Dossetti. Per una nuova etica pubblica" Cosenza Cosenza, (Irene Scarnati, Membro del Direttivo), Italy;

ACOD Lokale en regionale besturen (Willy Van Den Berge), Belgium;

ACV Puls, (Stefaan Decock, algemeen Secretaris), Belgium;

Agora des Habitants de la Terre, (Riccardo Petrella, Président), Belgium ;

Alter Summit, (Sebastian Franco, Secretariat coordinator), Europe;

Altro Modo Flegreo, (Ferrillo Gennaro, Referente) Italy;

APS Amici della Ludoteca C. G. C.C. -Gas Cassina, (Giulia Marconi, Presidente), Italy;

ASSOCIAZIONE LOFFICINA (Elena Rosa, President), Italy;

Associazione SanitÃ di Frontiera-Varese-ODV (Fiorella Gazzetta, President), Italy

Attac Austria (Elisabeth Klatzer, Board Member), Austria;

Attac Espana (Fernanda Gadea Martínez, Coordinator), Spain;

Attac Italia (Marco Bersani, Coordinatore nazionale), Italy;

Attac Saronno, (Roberto Guaglianone, referente locale), Italy;

BBTK Federaal, (Jan-Piet Bauwens, Ondervoorzitter), Belgium;

Belgian Anti-Poverty Network (BAPN), (Guy Tordeur, Président), Belgium;

Bunte Kittel (Frieder Hummes), Germany;

Campagna Dico32! - Coordinamento nazionale per il diritto alla salute (Antonio Muscolino), Italy;

C.B.C.S., Alain Willaert Coordinateur général, Belgium;

Centre familial de Bruxelles (Marie Arnould, Administratrice Déléguée), Belgium ;

Centre for Peace Studies (Sara Lalić, Program Director), Croatia;

Cittadella della salute Como, Italy;

CETRI - Centre tricontinental (Bernard Duterme, directeur), Belgium ;

CGSP ALR-LRB Bruxelles (Di Martinelli, Secrétaire Fédérale), Belgium ;

Christelijke Mutualiteit (Luc Van Gorp, Voorzitter), Belgium;

Centro di Salute Internazionale e Interculturale, Italia ;

Clinique Sociale de Solidarite d'Athenes, Greece;

CNE (Felipe Van Keirsbilck, Secrétaire General, Belgium);

Cobas Scuola Venezia, Italy ;

Comitato Cremonese Prevenzione AIDS - Fair@Play (Giampaolo Rossi, segretario), Italy;

Confederación General del Trabajo (Sandra Iriarte, Secretaria de Relaciones Internacionales), Spain;

Coordinadora Antirivatizacion de la Sanidad (CAS),

Coordinamento comitati, Associzioni e cittadini per il Forlanini bene comune (Luisa Stendardi, coordinatore) Italy;

Coordinamento Nazionale No Triv (Francesco Masi, Portavoce) Italy;

Coordination Nationale des comités de défense des hôpitaux et maternités de proximité (Michèle LEFLON, Présidente), France ;

Corporate Europe Observatory (Olivier Hoedeman, Coordinator), Europe;

Cultures&Santé, Belgium;

Diritto Alla Cura - Rete Cremonese (Gigi Rossetti), Italy;

European Network against Commercialisation of Health and Social Protection (Sarah Derdelinckx, Coordinator), Europe;

FARES asbl, Belgium ;

Federación de Asociaciones para la Defensa de la Sanidad Pública (Marciano Sanchez Bayle, Portavoz), Spain ;

Fédération Wallonne de Promotion de la Santé (Ouhadid Dounia, Coordinatrice), Belgium;

Femmes et Santé (Manoë Jacquet, coordinatrice), Belgium ;

Forum AIDS Italia (Giampaolo Rossi, Portavoce), Italy;

Forum Italiano dei Movimenti per l'Acqua (Paolo Carsetti, Segreteria Operativa), Italy;

Gas Cassina De' Pecchi, Italy;

Geneeskunde voor het Volk (Janneke Ronse, Voorzitter), Belgium;

Gruppo pro-positivo BETA 2 (Giampaolo Rossi, responsabile legale), Italy;

Hard Boven Hard, Belgium;

Human Rights House Zagreb (Ivan Novosel, Director of Programs), Croatia;

IFE Italia (Nicoletta Pirota, president), Italia

Intersos (susanna barnaba, Advocacy and Communications officer), Italy;

La santé en lutte, Belgium ;

Le Monde selon les femmes (Maquestiau Pascale, chargée de mission), Belgium ;

Links Ecologisch Forum (Michel Vanhoorne, Coördinator), Belgium ;

ManiFiesta (Mario Franssen, Directeur), Belgium, ;

Marea Blanca Catalunya, Spain ;

Médecins Sans Vacances / Artsen Zonder Vakantie (Isabelle Wolff, Manager Actions Sud), Belgium ;

Medecina Democratica, Italia ;

Molenbeek Commune Hospitalia (Chris Depredomme), Belgium;

Mouvement Ouvrier Chrétien (Patrick Feltesse, Conseiller socio-économique), Belgium, Mutualités

Mutualités chrétiennes (Elisabeth Degryse, vice-presidente), Belgium ;

Organisation for Workers' Initiative and Democratization (Bojan Nonković, Member of Steering Committee), Croatia;

PEAH - Policies for Equitable Access to Health (Daniele Dionisio, Head), Italy,

People's Health Movement Europe (Ana Vračar, Coordinator), Europe;

Plateforme d'action pour la santé et la solidarité - Actieplatform Gezondheid en Solidariteit (Jean Hermesse, président ad interim), Belgium ;

Pravo na grad (Right to the City Zagreb), Croatia;

PRC Marche, Italy;

Progressive Doctors (Andrew Goldstein, Founder), Global;

PSMG, Belgium;

PTB-PVDA (Marc Botenga, Merckx Sofie), Belgium;

Quinoa ASBL (Damien Charles, Chargé de mobilisation), Belgium ;

Red sindical de solidaridad y luchas, (Sandra Iriarte), Spain ;

Rete della Sinistra Termoli (marcella stumpo, rappresentante ufficiale), Spain ;

Rete Lombarda per il diritto alla salute (Carlo Parascandolo), Italy;

Right to Cure - No Profit on Pandemic European Citizens' Initiative (Julie Steendam, campaign coordinator), Europe;

Right2Cure Ireland (Caoimhghín Ó Caoláin), Ireland;

SETCa Non Marchand (Nathalie Lionne, secrétaire fédérale), Belgium ;

Sindicato dos Enfermeiros Portugueses (Guadalupe Simões, membro da Direção Nacional), Spain ;

Sinistra Italiana, Italy ;

Solidaris (François Perl, directeur pôle acteur social et citoyen), Belgium ;

Solidarity for All (Zikou Melina), Greece;

Tavolo della salute bergamo (Edda Adiansi) Italy;

Théâtre de Galafronie (De Neck, Directeur Artistique) Belgium ;

Union Nationale des Mutualités Libres (Xavier Brenez, Directeur Général), Belgium,

UNI Global Union – UNICARE, Global;

Viva Salud (Wim De Ceukelaire, directeur), Belgium ;

World Federation of Public Health Associations (Marta Lomazzi, Executive Manager), Switzerland;

WSM (Bart Verstraeten, algemeen directeur), Belgium;

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