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***Reimagining medicine
access in a time of
dismantling...***

Preliminary remarks...

1. An epidemic/ pandemic beset by hoarding of scientific knowledge & life-saving vaccine supplies is wrong. In COVID we called it *Vaccine Apartheid*.
2. Timing matters. Race and geography matter.
3. IP rules matter (for the wrong reasons...)
4. Science matters.
5. Money and politics matter.
6. Drug company 'benevolence' and volunteerism (and USAID - foreign funding) is often a ruse with conditions –historical access struggles have shown that we should not rely on charity or donations or goodwill, rather: enforceable guarantees.

*After the global HIV crisis, beginning of COVID, Mpox, Ebola - **Solidarity** was promised by richer nations – 'we are all in this together'. But, even now, **Solidarity** is just a word.*

The deaths, illness , global access movement, and the dismantling...

Beginning of this century- what happened? And now?

<https://www.thinkglobalhealth.org/article/life-less-pepfar-first-100-days-tanzania-and-uganda>

<https://www.washingtonpost.com/world/2025/05/18/usa-id-withdrawal-africa-healthcare/>

<https://www.reuters.com/business/healthcare-pharmaceuticals/hiv-patient-testing-falls-south-africa-after-us-aid-cuts-data-shows-2025-05-14/>

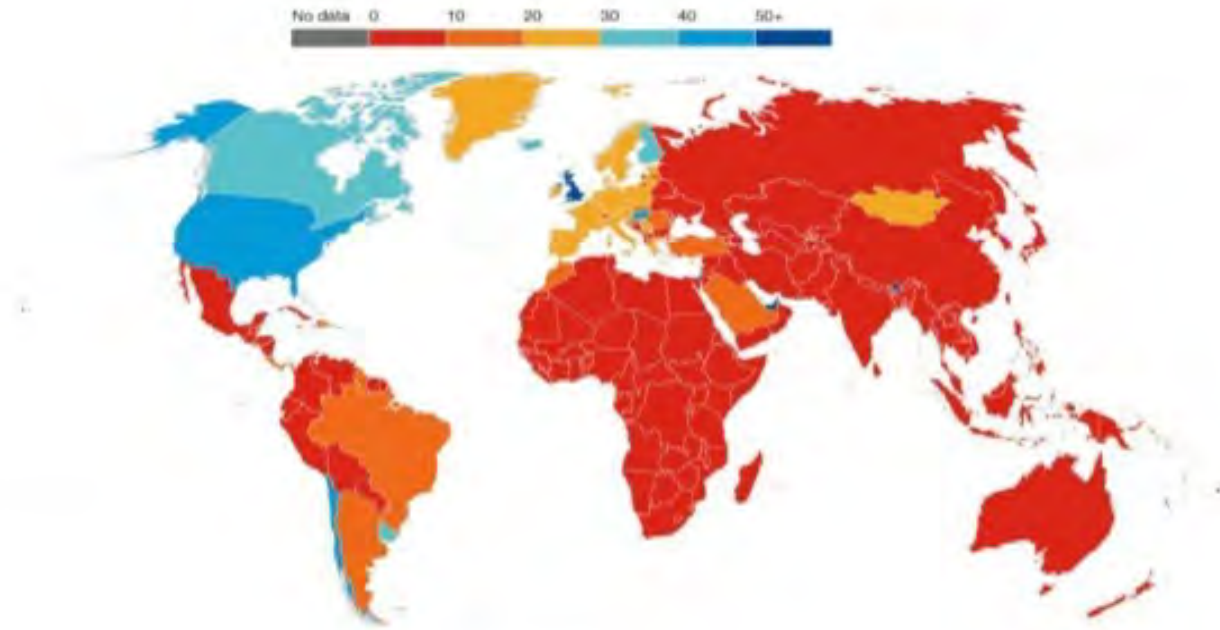
- Over 40 million people with HIV globally.
- ARVs costed US\$ 10-15000 per person/per year.
- Not available in most countries – except those that had local production (Brazil, Thailand, India).
- 8000 people a day dying, while lifesaving medicines were available in developed countries.

*So, a global medicine access movement was formed, stepped in, lowered drug prices, took on public and private power, and saved lives. **NOW: PEPFAR cuts will reverse any medicine access gains***



The vaccination gap

(share vaccinated as of end-April 2021, % of total population, at least one dose)



Source: Authors' calculations. See IMF Staff Discussion Note 21/4, May 2021.

Note: Country borders or names do not necessarily reflect the IMF's official position.

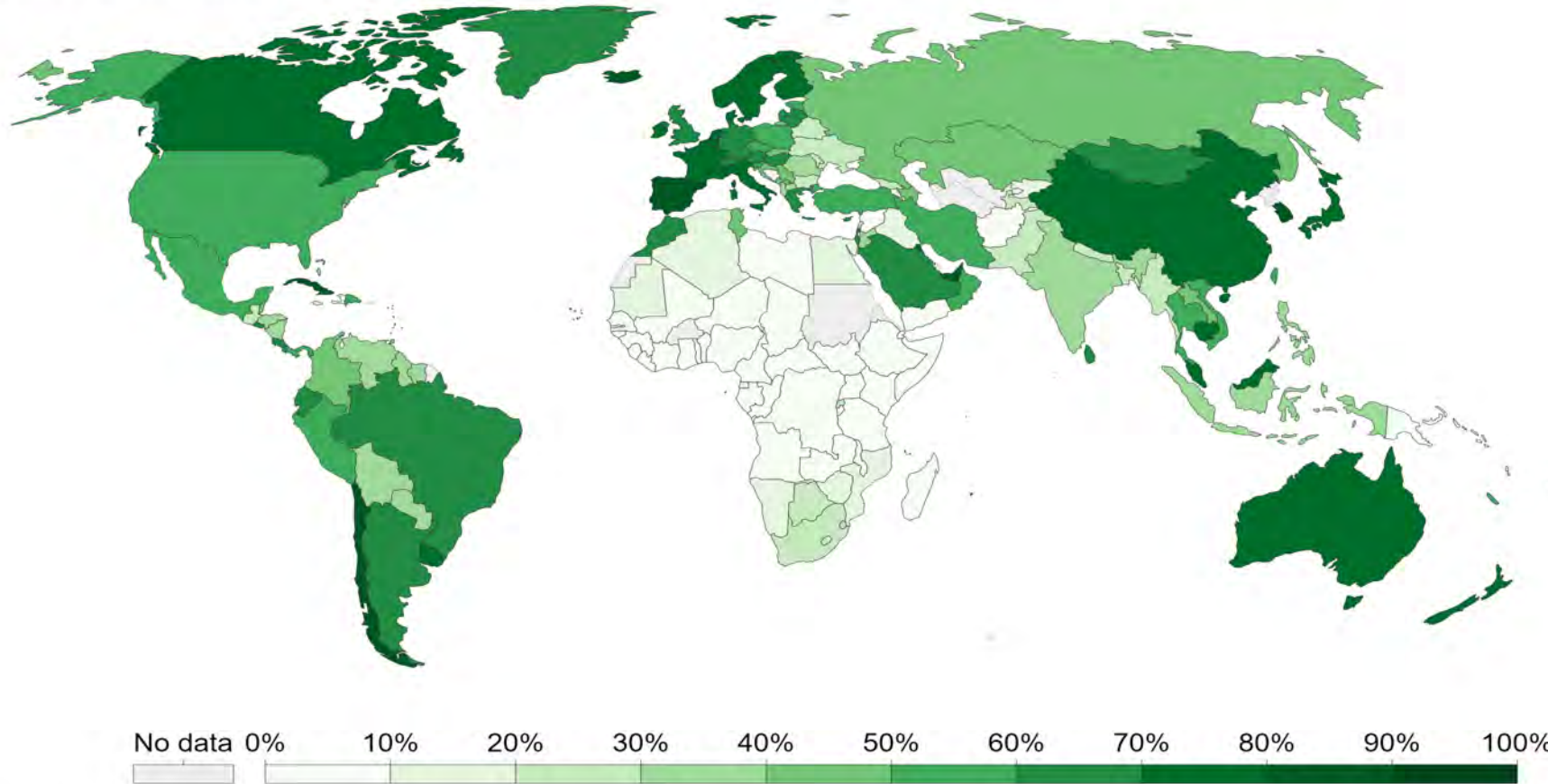
Global Context of Vaccination 5 December 2021

Share of the population fully vaccinated against COVID-19

Total number of people who received all doses prescribed by the vaccination protocol, divided by the total population of the country.

Our World
in Data

<https://ourworldindata.org/covid-vaccinations#what-share-of-the-population-has-been-fully-vaccinated-against-covid-19>



Source: Official data collated by Our World in Data – Last updated 6 December 2021, 19:00 (London time)

Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

OurWorldInData.org/coronavirus • CC BY

Racial Discrimination: CERD – April 2022

“Deeply concerned that (vaccine administration is) creating a pattern of unequal distribution within and between countries that replicates **slavery and colonial-era racial hierarchies**; and which further deepens structural inequalities affecting vulnerable groups protected under the Convention;

...Deeply concerned that the pattern of **unequal distribution of lifesaving vaccines and COVID-19 technologies** between and within countries manifests as a global system **privileging those former colonial powers** to the detriment of formerly colonised states and descendants of enslaved groups...”

As at
3 June 2021

5: WHAT IS COVERED BY THE TRIPS WAIVER

The waiver proposal was submitted by South Africa and India on 20 October 2020. For many months it was blocked by a handful of wealthier countries, such as the US, UK, EU (especially Germany, Norway and France) and Switzerland, Australia, Canada, Brazil and Japan).

- On 5 May 2021, the United States Government (USG) announced partial support for the waiver proposal, and agreed to participate in negotiations. Since then, New Zealand, China and Ukraine have indicated support for the waiver proposal.
- A draft text was in turn submitted by 63 member states (co-sponsors) on 21 May 2021.

The proposal is for the waiver to...

1

Apply to health products and technologies including diagnostics, therapeutics, vaccines, medical devices, personal protective equipment, their materials or components, and their methods and means of manufacture for the prevention, treatment, or containment of COVID-19.

2

To be in force for at least 3 years from adoption. The WTO General Council must thereafter review the existence of the exceptional circumstances justifying the waiver, and if such circumstances cease to exist, the General Council must then determine the date of termination of the waiver.

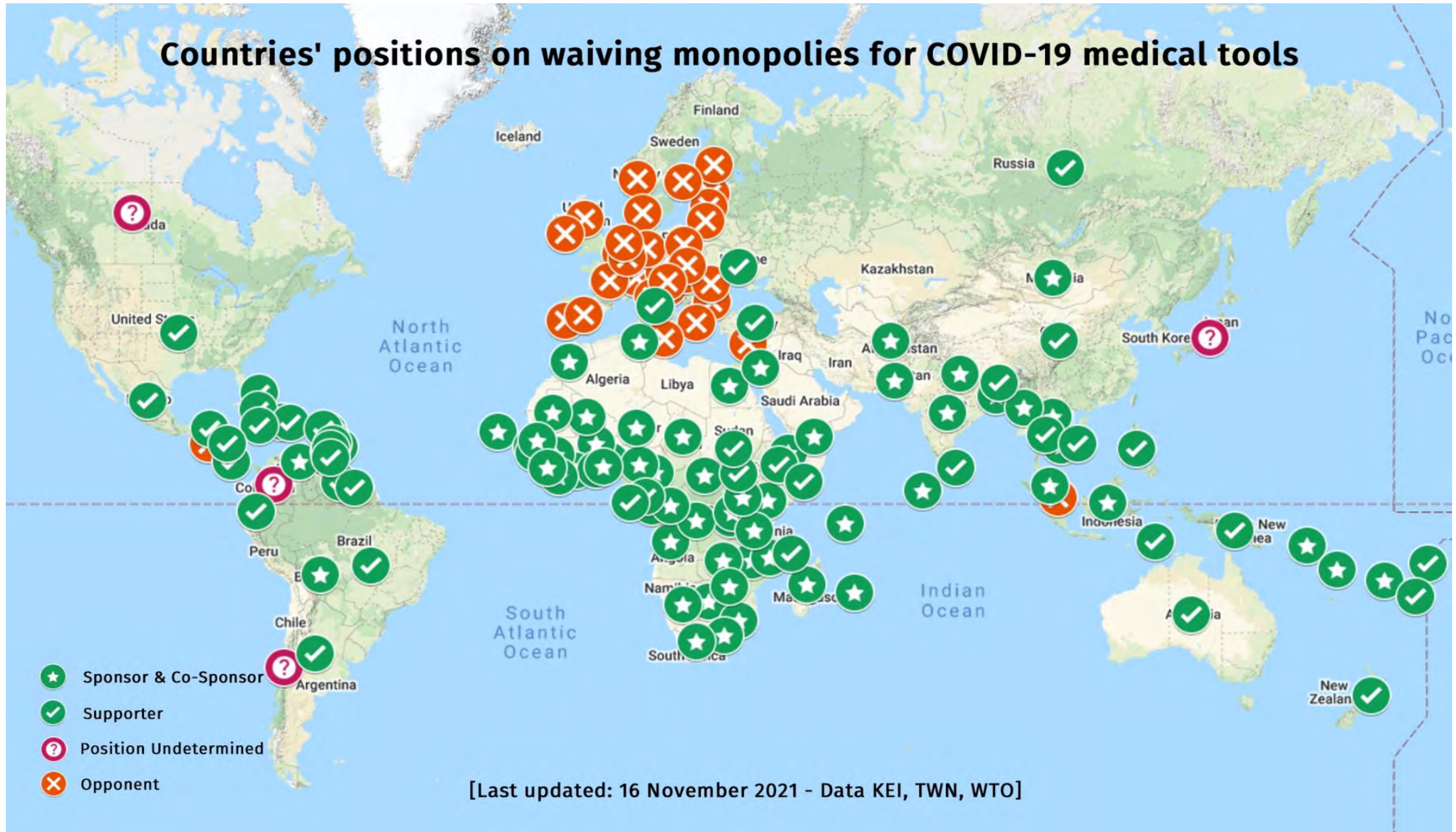


The proposal is also drafted to ensure that member states do not challenge any measures taken by countries who use the waiver to expand access. This includes not taking member states through to a WTO dispute resolution mechanism.



The waiver proposal and text apply to patents, trade secret, copyrights and Industrial design covering the technology and know-how on COVID19 medical products such as therapeutics, equipment as well as vaccines, all of which are essential to overcoming the COVID-19 pandemic.

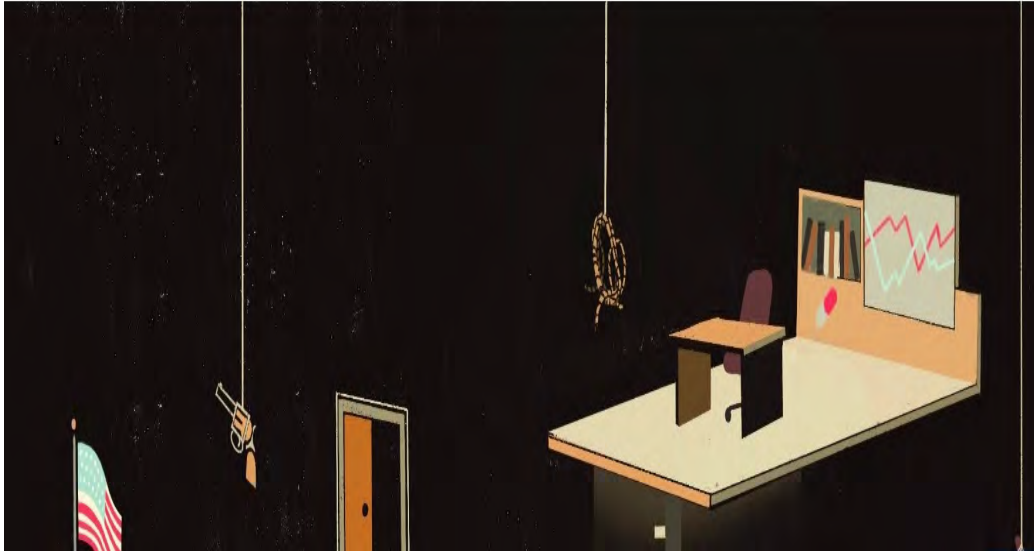
Countries' positions on waiving monopolies for COVID-19 medical tools



[Last updated: 16 November 2021 - Data KEI, TWN, WTO]

Who killed the COVID vaccine waiver?

The inside story of how lobbying, threats and the desire to protect industry gutted a proposal that was meant to make vaccines widely available in poorer countries.



NOVEMBER 10, 2022 | 12:00 AM CET

“Is that a direct threat? I don’t know.” The adviser to the Belgian prime minister spoke calmly as they recounted a lobbying phone call from 2021, but the contents of the conversation are extraordinary.

The call was from a spokesperson for Janssen, the Belgian-founded pharmaceutical arm of Johnson & Johnson (J&J) that developed the company’s single-shot COVID-19 vaccine. According to the adviser, the spokesperson warned them that if Belgium supported a radical proposal made by India and South Africa at the World Trade Organization, then Janssen might rethink its vast billion-dollar research and development investments in Belgium.

The proposal that provoked this fear, known as the TRIPS waiver, would have allowed some intellectual property (IP) rights for COVID-19 products to be waived during the pandemic. The ambition was to give companies wanting to produce vaccines and treatments the “complete freedom to operate,” explained one official from a country that co-sponsored the proposal.

MONEY, MONEY, MONEY

Big Pharma's EU lobbying spend* in 2020 and 2021.



The weak deal: The WTO is a colonial construct, and not fit for purpose

High-income countries delayed and prevented textual negotiations and took it upon themselves to decide what low-income countries needed. The deal offers very little by way of a true relaxation of IP rules in this pandemic: there is no waiver of IP, and no immediate consideration of other technologies. Basically, it is such a weak deal that some groups have argued it constitutes a slap in the face of poor countries, and Doctors Without Borders, the global medical humanitarian group, described it as a devastating global public health failure.

<https://www.thinkglobalhealth.org/article/best-2022>



"Pfizer executives announced that the company's coronavirus vaccine was projected to bring in \$15 billion this year alone from sales, making it one of the highest-grossing pharmaceutical products of all time."

Lee Fang
Source: The Intercept

**The
Intercept_**

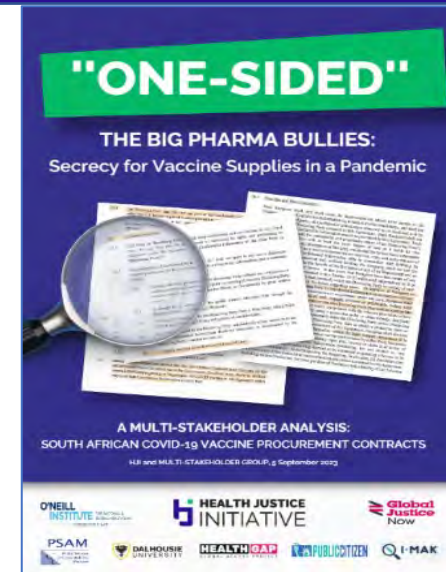
Medicine/Vaccine Access in COVID

Open The Contracts: Transparency

- In **2022** HJI launched legal proceedings for the disclosure of all Covid-19 vaccine contracts and negotiation records with all companies/entities.
- **In August 2023**, the Pretoria High Court ruled in HJI's favour.
- The Court ordered the unredacted disclosure within 10 days, with a cost order.

What did we find ?

- Bullying and undermining of democratic practices (NDAs).
- Terms and conditions were overwhelmingly one-sided.
- Secrecy and confidentiality obligations .
- High prices - inflated thus resulting in gross profiteering.
- Little leverage against late or non-delivery of supplies.



Access for some...

Part 1:

- The CSO [Analysis](#) and unredacted [Contracts](#) are public.
- The SA Government finally conceded that it was “screwed” and “[bullied](#)”.

Part 2:

- Negotiation records made public.
- Even negotiations heavily favoured MNCs, over the public interest (secrecy).
- NDAs are a medicine access problem now.



BIG PHARMA BULLIES

Documents reveal how Pfizer and Moderna 'profiteered' in vaccine negotiations



Sharing science...?

<https://www.theguardian.com/global-development/2022/oct/05/covid-vaccine-inequity-south-africa-afri-gen-mrna>

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Fair Access
Global
development

'Like copying a Louis Vuitton handbag': big pharma hits out at Africa's replica Covid vaccine

Knowledge-sharing hub in Cape Town reverse engineered the Moderna vaccine, but future of the initiative to reduce inequity



Antimicrobial
Resistance

Infectious
Diseases

Pandemics &
Emergencies

Non-
Disea

Next Steps: Tension About How to Settle the Pandemic Agreement's Annex

Pandemics & Emergencies 21/05/2025 · Kerry Cullinan



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