Vaccine Access & Global Health Working Group Statement

To the G20 3rd Health Working Group Meeting
22nd - 24th June 2022, Bali, Indonesia

As the C20 Vaccine Access and Global Health Working Group (VAHWG), we have the overarching goal of the **Right to Health for all** encompassing **people-centred Universal Health Coverage (UHC)**. The health and well-being of people through **rights-based, intergenerationally-inclusive and gender-transformative approaches are essential** for evidence-based, economically beneficial and sustainable solutions inclusive of sexual reproductive health and rights and gender medicine through mechanisms/processes that are **transparent and accountable** for equitable health policies and solutions.

We put vulnerable groups, marginalised communities and key populations at the centre of global health strategies and responses, including ensuring the meaningful and inclusive participation of community-based and -led, and civil society organisations in all levels of political, decision-making, implementation and monitoring processes in achieving UHC for all.

The C20 VAHWG submits the following points ahead of the G20 3rd Health Ministerial Meeting in Bali, 22-24 June 2022.

**The C20 VAHWG strongly supports the need of Expanding Access to all Health and Covid-19 tools for prevention, containment, and treatment.** During the COVID-19 pandemic, which has shown very fast transmission and caused more than 6 million deaths worldwide, there has been a very real inequality in access to COVID-19 Commodities. The target to vaccinate 70% of the population in every country by mid-2022, agreed by the G20 leaders and at all levels of governance, appears far from being reached. With the current global situation, where there is still a very real gap in vaccine access, the G20 has a moral responsibility to facilitate the development of effective & adequately resourced policies to stop the pandemic.

Three years into the COVID-19 pandemic, only 25% of the African population has received a first dose. We note that currently, only 66.7% of the world’s population has received one dose of a COVID-19 vaccine, only 20.2% of people in LICs have received at least one dose, and only 58 countries have achieved the 70% target for immunity recommended by WHO.

The official global death toll stands at about 6.3 million people. The true number could be much more given the lack of testing in Lower-Middle income Countries (LMICs). People in LMICs are 1.3 times more likely to die as a result of the pandemic compared to High Income Countries (HICs). The heaviest cost of the pandemic was borne by the poorest people and those from minority ethnic groups. The Inequity of access to Covid-19 health tools also affects vulnerable groups as well as health workers:

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1. The C20 VAHWG is one of the thematic working groups of the C20, a formal engagement group of the G20.
2. **Vulnerable groups** as specified in the 2030 Agenda include children, youth, persons with disabilities, people living with HIV (PLHIV), older persons, indigenous peoples, refugees, internally displaced persons, and migrants.
3. Including peoples impacted by war, conflict, terrorist insurgency, and political unrest.
4. This includes communities who are excluded from mainstream social, economic, educational, and/or cultural life.
5. **Key populations** are defined according to WHO as people who inject drugs, men who have sex with men, transgender people, sex workers and people in prisons and other closed settings.
data from the end of last year highlighted that only 1 out 4 health workers in Africa were vaccinated, while many HICs had already vaccinated their entire populations by the beginning of this year.

1. Strengthening Global Health Architecture by utilizing the proposed VTD Manufacturing Hubs and Collaborative Research Hubs

Civil-20 expresses its immense disappointment at the outcomes of the recently concluded WTO MC-12 which resulted in a watered-down waiver of the TRIPS agreement related to the exports of vaccines which does little to keep up with the momentum from the Rome Declaration Principles endorsed by G20 leaders and committed to:

- The importance of open, resilient, diversified, secure, efficient and reliable global supply chains across the whole value chain related to health emergencies, including raw materials to produce vaccines, and for the manufacturing of and access to medicines, diagnostic tools, medical equipment, non-pharmaceutical goods, and address public health emergencies.
- Support low- and middle-income countries to build expertise, and develop local and regional manufacturing capacities for COVID-19 and Health tools, including by building on COVAX, with a view to developing improved global, regional and local manufacturing, handling and distribution capacities.

The COVID-19 pandemic has demonstrated the problems of maximizing the manufacturing capacities in LMICs, at the same time revealing that innovation, R&D, and manufacturing capacity does exist in diverse regions – including local manufacturers manufacturing their own diagnostic tests without any external technology transfer. For vaccines, there are over 100 pharmaceutical manufacturers across Asia, Africa, and Latin America with the existing technical requirements and quality standards to manufacture mRNA vaccines, should the technology and know-how be available.

Civil-20 strongly believes that Trade-Related Aspects on Intellectual Property Rights (TRIPS) have demonstrated that Intellectual Property (IP) is one of the most significant barriers to equitable and sustainable access to health products. All the COVID-19 tools for prevention, containment, and treatment are still monopolized by pharmaceutical companies through IP that has left LMICs unable to produce to meet their own needs even though they have the manufacturing capacity. It also impacts the price, number of production, transparency, and also profits made by big pharma during the pandemic. IP barriers also impact all health products for other diseases such as anti-retroviral therapies for HIV, Tuberculosis and cancer.

C20 emphasizes that all needs for, prevention, containment, and treatment related to COVID-19 and all other health tools must become public goods free from profit interests. For this reason, G20 countries need to be serious in providing for all the needs of the COVID-19 pandemic by placing people’s safety above corporate profits. The Civil-20 seeks to demands G20 countries to prioritize lives over profit. To proposed the VTD Manufacturing, all barriers to produce VTD must be removed.

- In global health emergencies, health tools and countermeasures are global public goods, and must be free of intellectual property rights restrictions. Legal rights to control knowledge can act as barriers, both to research and to large-scale production of affordable health technologies.
● The manufacturing capacity in LMICs needs to be bolstered through the open sharing of research data, knowledge, and technology on a non-exclusive basis, enabling adequate production scale-up to ensure sufficient supply, equitable allocation, and affordability.

● Maximizing the flexibility of TRIPS, including compulsory licensing and technology transfer, to break IP barriers and monopoly of pharmaceutical companies.

2. The VTD Manufacturing Hubs and Collaborative Research Hubs short term and long-term goals and activities to develop the ecosystem

In the short term, VTD Manufacturing must urgently address the inequality of access to COVID-19 tools to end the pandemic. This initiative should provide immediate access to countries where vaccination attainment is low and it is still difficult to meet their needs for prevention, containment, and treatment. This initiative should be able to make maximum use of the existing manufacturing capacity.

In the long term, VTD Manufacturing and Collaborative Research Hubs should aim to access all healthcare products and be part of Pandemic Prevention, Preparedness, and Response. Increase available manufacturing capacity and reach more regional areas.

VTD Manufacturing and Collaborative Research Hubs must also increase the variety of health needs, mainly to provide access to vulnerable groups. VTD Manufacturing and Collaborative Research Hubs should also be an initiative to provide long-acting therapeutics across healthcare. For long-term goals, this hub can maintain UHC sustainability and implement the equity and inclusivity principle in preparing and responding the global health breakouts condition.

3. Structured of the Hubs

Research, manufacture and supply of and access to health products should be based on people’s interests. The high cost of drugs and vaccines produced by big pharma often means countries cannot access these and therefore fail to deliver to its people their right to health. The C20 recommends that the structure of the manufacturing hub must be created in Public-Led Production and the research hub developed through open sharing of research data, knowledge, and technology.

The structure of the hub must involve all representatives from EG G20 to apply the principles of transparency and inclusiveness. It is necessary to determine the minimum percentage of involvement of each type of actors, so that this will increase sense of ownership among the stakeholders. We propose that there be 2-4 representatives from LMICs and global south countries, and CSOs in the governing board or management. We encourage the governance structure of the FIF to undertake affirmative action by ensuring a minimum of 30% representatives from the LMICs and CSOs from global south.

Several considerations must be accounted for Manufacturing Hubs and Collaborative Research Hubs proposals: to involve the representation of all relevant stakeholders, especially from the G20 engagement group, in the governing body, especially within quality control formulation and quality control management for this hub; to create collaborative funding mechanism from LMICs and all G20 members; to eliminate the potential hindering bureaucratic arrangement in the hub management. This recommendation is proposed to lessen the power relation issues within the collaborative research and manufacturing hubs relation between LMICs and the developed countries.
4. **Fund the proposed VTD Manufacturing Hubs and Collaborative Research Hubs by utilizing the FIF and other supports from G20 member countries**

C20 demands The Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness, and Respond to focus on addressing existing inequalities to prevent future pandemics by prioritizing rights-based, transformative and people-centred approaches – focusing on equity and equitable access, technology co-creation and knowledge transfer, as well as creating larger ecosystems for developing, producing and delivering supplies. It must ensure clear timelines for operationalization, with in-depth engagement and regular consultations with donors, implementing governments, communities and civil society (as equal decision-makers) for the selection of implementers, modalities for access to funding, and implementation and monitoring and evaluation.

G20 must avoid the equity failures that are we still facing two years into COVID-19 and ensure that we have sustained and proactive investments in research, development, and delivery of medical countermeasures that are critical to responding effectively to the medical needs of the most vulnerable. This investment must also be sustainable and predictable, with clear priority given to open approaches and areas most likely to be neglected by the market.

Learning from the Past and Building on Existing Mechanisms: Key lessons must be drawn from challenges related to the implementation of the Pandemic Emergency Financing Facility (PEF) of the World Bank so that costly mistakes are never repeated. In addition, the G20 has to build on existing responses, infrastructure and lessons learned from existing mechanism.

The FIF should support the mutualization of resources, where appropriate so that they can be optimized and used for existing public health priorities. This should include financing for strengthening health infrastructure, human resources for health, and service delivery to address new pandemics, existing epidemics, and pandemic-prone diseases at all levels of the health system, including at the primary care level.