

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 (updated as at 14 April)

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 Action International
11. Health GAP
12. IndustriALL Global Union

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

Regional

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

National

49. Access to Medicines Research Group, China
50. Acción Internacional para la Salud, Peru
51. Action against AIDS, Germany
52. ActionAid Australia
53. Active Citizens Movement, South Africa
54. Africa Europe Faith and Justice Network (AEFJN), Belgium
55. Africa Faith and Justice Network, United States
56. Africaine de Recherche et de Coopération pour l'Appui au Développement Endogène (ARCADE), Senegal
57. Africa Japan Forum, Japan

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

110. Delhi Network of Positive People, India
111. Diverse Women for Diversity, India
112. Drug Action Forum-Karnataka, India
113. Dua'a Qurie, Palestinian NGO Network, Palestine
114. Ecologistas en Acción, Spain
115. Equal Health and Medical Access on COVID-19 for All! Japan Network, Japan
116. Edmund Rice International, United States
117. Equidad de Género: Ciudadanía, Trabajo y Familia, Mexico
118. Fair World Project, United States
119. Fairwatch Italy, Italy
120. Federation of Democratic Labour Unions, Mauritius
121. Food Sovereignty Alliance, India
122. Fórum Nacional de Prevenção e Erradicação do Trabalho Infantil – FNPETI, Brazil
123. Foundation for Research in Science Technology and Ecology, India
124. Freshwater Action Network Mexico, Mexico
125. Fundación Arcoiris por el respeto a la diversidad sexual, Mexico
126. Fundación Entreculturas-Fe y Alegría España, Spain
127. Fundación Grupo Efecto Positivo, Argentina
128. Fundación IFARMA, Colombia
129. Fundación Mexicana para la Planeación Familiar, A. C. MEXFAM, Mexico
130. Fundación Salud por Derecho, Spain
131. Gandhi Development Trust, South Africa
132. Gestos (soropositividade, comunicação, gênero), Brazil
133. Global Health Advocates / Action Santé Mondiale, France
134. Global Humanitarian Progress Corporation, Colombia
135. Global Justice Now, United Kingdom
136. Grandmothers Advocacy Network, Canada
137. Green Without Borders, Kenya
138. Groupe d'Action, de Paix et de Formation pour la Transformation (GAPAFOT), Central African Republic
139. Grupo de Incentivo à Vida (GIV), Brazil
140. Handelskampanjen, Norway
141. Health Justice Initiative, South Africa
142. Health Equity Initiatives, Malaysia
143. HIV Legal Network, Canada
144. Human Rights Research Documentation Center (HURIC), Uganda
145. Ignation Solidarity Network, United States
146. Indian Social Action Forum (INSAF), India
147. Indonesia AIDS Coalition, Indonesia
148. Indonesia for Global Justice, Indonesia
149. Initiative for Health & Equity in Society, India
150. Instituto Cidades Sustentaveis, Brazil
151. International Treatment Preparedness Coalition-South Asia, India
152. International Women's Rights Action Watch Asia Pacific (IWRAW Asia Pacific), Malaysia
153. IT for Change, India
154. It's Our Future, New Zealand
155. Jan Swasthya Abhiyan (JSA) Rajasthan/Prayas, India
156. Jesuit Conference of Africa and Madagascar, Kenya
157. Jesuit Justice and Ecology Network Africa, Kenya
158. Jesuit Missions, United Kingdom
159. Just Treatment, United Kingdom
160. Justice is Global, United States
161. Kenya Legal & Ethical Issues Network on HIV & AIDS, Kenya

162. Knowledge Commune, Republic of Korea
163. Korean Pharmacists for Democratic Society, Republic of Korea
164. Lawyers Collective, India
165. Life Concern, Malawi
166. Little Sisters of the Assumption, United States
167. Madhyam, India
168. Malaysian AIDS Council (MAC), Malaysia
169. Maritime Union of Australia Victoria Branch, Australia
170. Mauritius Trade Union Congress, Mauritius
171. Médecins sans Frontière, Japan
172. Medical Action Group, Philippines
173. Medical Mission Institute Würzburg, Germany
174. Medico International, Germany
175. Médicos sin marca Colombia, Colombia
176. Migration and Sustainable Development Alliance, Mauritius
177. Milwaukee Fair Trade Coalition, United States
178. MISEREOR Germany, Germany
179. Missionary Society of St Columban, Australia
180. MY World Mexico, Mexico
181. National Campaign for Sustainable Development Nepal, Nepal
182. Nelson Mandela TB HIV Community Information and Resource Center CBO Kisumu Kenya
183. NETWORK Lobby for Catholic Social Justice, United States
184. New South Wales Retired Teachers' Association, Australia
185. New Zealand Alternative, New Zealand
186. NGO Federation of Nepal, Nepal
187. Nigerian Women Agro Allied Farmers Association, Nigeria
188. Observatoire de la transparence dans les politiques du médicament, France
189. ONG Positive Initiative, Republic of Moldova
190. Oxfam New Zealand, New Zealand
191. Pacific Asia Resource Center (PARC), Japan
192. Pakistan Fisherfolk Forum, Pakistan
193. Passionist Center-Justice, Peace and Integrity of Creation, Inc., Philippines
194. People PLUS, Belarus
195. People's Health Forum, Malaysia
196. People's Health Movement Canada, Canada
197. People's Health Movement (PHM) - Japan Circle, Japan
198. People's Health Movement Nepal, Nepal
199. People's Health Movement Uganda (PHMUGA), Uganda
200. People's Health Movement South Africa, South Africa
201. Pertubuhan Kebajikan Intan Zon Kehidupan, Malaysia
202. Philippine Alliance of Human Rights Advocates (PAHRA), Philippines
203. Philippine Human Rights Information Center (PhilRights), Philippines
204. Phoenix Settlement Trust, South Africa
205. Positive Malaysian Treatment Access & Advocacy Group (MTAAG+), Malaysia
206. Public Citizen, United States
207. Public Eye, Switzerland
208. Public Health Association of Australia, Australia
209. Public Health Research Society Nepal, Nepal
210. Red Argentina de Personas Positivas (Redar Positiva), Argentina
211. Red de Acceso a Medicamentos, Guatemala
212. Réseau québécois sur l'intégration continentale (RQIC), Canada, Quebec
213. Rural infrastructure and human resources development organisations, Kpk, Pakistan
214. Salesian Missions, Inc. United States

215. Salud y Farmacos, United States
216. Sankalp Rehabilitation Trust, India
217. Save the Children South Africa
218. SEATINI-Uganda
219. SECTION27, South Africa
220. Sentro ng mga Nagkakaisa at Progresibong Manggagawa (SENTRO), Philippines
221. SHARE, Japan
222. Sisters of Charity Federation, United States
223. Social Development Through Community Action (SODECA), Kenya
224. Social Watch Philippines-Alternative Budget Initiative Health Cluster, Philippines
225. Southern and East African Trade and Negotiations Institute - South Africa
226. Southern African Programme on Access to Medicines and Diagnostics (SAPAM), South Africa
227. Students for Global Health, United Kingdom
228. SWP-ABI Health Cluster, Philippines
229. Tebtebba (Indigenous Peoples' International Centre for Policy Research and Education), Philippines
230. Terra Nuova, Italy
231. Third World Network, Malaysia
232. Trade Collective, South Africa
233. Trade Justice Network- Canada
234. Trade Justice PEI, Canada
235. Trade Justice Pilipinas, Philippines
236. Trade Justice Prince Edward Island, Canada
237. Transnational Institute, The Netherlands
238. Treatment Action Group, United States
239. UDK Consultancy, Malawi
240. UNANIMA International, United States
241. UnionsWA, Australia
242. Universities Allied for Essential Medicines UK, United Kingdom
243. War on Want, United Kingdom
244. Washington Biotechnology Action Council, United States
245. Watch Democracy Grow, United States
246. Women's Coalition Against Cancer – WOCACA, Malawi
247. WomanHealth Philippines
248. Women's Probono Initiative, Uganda
249. Youth and Small Holder Farmers, Nigeria
250. 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>