



**PEOPLE'S HEALTH  
MOVEMENT**

*Health For All Now!*

# PROJECT REPORT

**Promoting Equitable Access to Essential Health  
Technologies in the context of COVID-19**

2021



# ACKNOWLEDGEMENTS

We would like to express our deepest appreciation to all those who supported in the completion of this report. A special gratitude goes to the project teams from South Africa, South Korea and India as also the global arm for the various actions and initiatives taken during the course of the project, which made this final report possible, given the challenges and the dynamic nature that the pandemic posed to the teams. The fact that most of the team members were volunteering their time out of sheer passion and commitment to equity, despite their busy schedule, makes it all the more commendable. The teams rose to the occasion in demanding accountability from the local, regional and global systems and used all the tools and wherewithal at their disposal to enable the Movement to be able to stand out and be counted.

We would also like to acknowledge the active handholding by the Global secretariat team of People's Health Movement, be it managing finances or the communications or coordinating the various meeting and activities in addition to mobilising the movement globally. Of specific mention is the role played by Dr. Sundararaman, Global Coordinator of the movement, Dr. David Legge as the Trade and Health circle coordinator and the finance committee member for their mentoring and leadership for the initiative. We thank all members of the Project Management Committee including our co-chairs, who regularly attended the monthly meetings. These meetings were the sites where the local experiences and thinking being generated in pilot countries came into lively engagement with the global developments and discourse and enriched each other. And we thank the members of this committee and the chair for making it so.

Furthermore, we would also like to acknowledge with much appreciation the important role played by the Trade and Health Circle in being available for consultation and guidance for this initiative. Similarly, we would like to acknowledge the time and effort by the Project advisory committee members, at the pilot country levels and global level, in providing useful inputs whenever required, all of which was voluntary. We also acknowledge the contributions by the other partner networks and organisations for their engagement with the initiative and for the solidarity expressed in this global struggle for equity.

This acknowledgement would be incomplete without recognising the unstinted support, both financially and in networking, that the project donor, Open Society Foundation (OSF), provided through the entire course of the project. We thank them for their confidence in us to deliver such a challenging program in such difficult times.

Last but not the least, the countless number of activists and supporters of the movement who participated the local, regional and global actions without whom the initiative would not have made any impact.

**Prasanna S Saligram**

**EACT Project Coordinator (Global)**

**Equitable Access to Essential Health Technologies in the context of COVID 19 (EACT)**

**August 31, 2021**

## LIST OF ABBREVIATIONS

A2M	- Access to medicines
ACT – A	- The Access to Covid-19 Tools Accelerator
AIPSN	- All India People’s Science Network
AIDAN	- All India Drug Action Network
AMC	- Advance Marketing Commitment
ASHA	- Accredited Social Health Activist - Community health workers in India
BGVS	- Bharat Gyan Vigyan Samiti
C19	- C19 People’s Coalition in South Africa
CDC	- Center for Disease Control
CMO	- Contract Manufacturing Organisation
Covid-19	- Novel Corona Virus Disease 2019
COVAX	- The Vaccine arm of ACT-A
CSO	- Civil Society Organisation
C-TAP	- Covid-19 Technology Access Pool
EACT	- Equitable Access to Essential Health Technologies in the context of COVID 19
EACT Korea	- South Korea Project team of EACT
EACT South Africa	- South Africa Project team of EACT
ECI	- European citizens’ initiative on Right to Cure
EFF	- Economic Freedom Front
EQUINET	- Network on Equity in East and Southern Africa (EQUINET)
EUA	- Emergency Use Authorisation
G7	- Group of Seven High Income countries
HAI	- Health Action International
HFAC	- Health For All Campaign
HIC	- High Income Countries
ICESCR	- International Covenant of Economic, Social and Cultural Rights
IP	- Intellectual Property
IPR	- Intellectual Property Rights
JSA	- Jan Swasthya Abhiyan, PHM India
KPDS	- Korean Pharmacists for Democratic Society
MSF	- Médecins Sans Frontières
NTIS	- National Science and Technology Information Service, Korea
NCC	- The national coordination committee of PHM India
LMICs	- Low and Middle Income Countries
PAC	- Project Advisory Committee
PHC	- Primary Health Care
PHM	- People’s Health Movement

PPE	- Personal Protection Equipment
PVA	- People's Vaccine Alliance
R & D	- Research and Development
ROK	- Republic of Korea
S27	- Section 27 organisation in South Africa
SA	- South Africa
SAHPRA	- South African Health Products Regulatory Authority
SK	- South Korea
SKG	- South Korean Government
T & H	- Trade and Health Thematic Circle
TRIPS	- Trade Related Intellectual Property Rights
TWN	- Third World Network
UAEM	- Universities Allied for Essential Medicines
UKZN	- University of Kwazulu-Natal
WHO	- World Health Organisation
WTO	- World Trade Organisation

**Promoting Equitable Access to Essential Health Technologies  
in the context of COVID 19**

**Final Report**

**September, 2021**

# Contents

EXECUTIVE SUMMARY .....	11
I. Introduction: A brief background to the Program .....	17
II. Program Objectives .....	19
III. Background work in the build-up to the project.....	21
A. Note on Theories of change .....	21
B. Note on Access to Covid-19 medical products:.....	21
C. Note on Policy Maps and Policy Products: .....	21
D. Easy to Access Policy Resources: .....	22
IV. Project Governance .....	23
A. Project Team .....	23
1. Global Team.....	23
2. South Africa (SA) Team .....	23
3. South Korea (SK) Team .....	24
4. India Team .....	25
B. Monthly Project Management Committee meetings.....	25
C. Trade and Health thematic circle .....	26
D. Global Project Advisory Committee .....	26
V. Pilot Country actions .....	28
A. South Africa .....	28
1. Background.....	28
2. Situational Analysis .....	30
3. Mobilisation around South Africa’s Vaccine Rollout Plan.....	31
4. Community Monitoring .....	32
5. Implementation Phase of the Train-the-Trainers Manual on COVID-19 Vaccine Literacy .....	35
6. TRIPS “Explainer”; TTT Manual on IP and Access to Essential Medicines .....	35
7. Heinrich Boell Foundation Case Study on Vaccine Distribution in South Africa	36
8. Action at Embassies on 2 <sup>nd</sup> February 2021 .....	36
9. Presentations on Vaccines .....	36
10. Inputs to the Amicus Curae in a court intervention by Health Justice Initiative	37
11. Webinars .....	37
i. Equitable Covid-19 vaccine procurement and the private sector .....	37

ii.	Community Monitoring of Barriers to Accessing to Covid-19 Health Technologies .....	37
iii.	PHM Global Health Systems Webinar, The Struggles of Community Health Workers at the Covid Frontline: Essential but Unrecognised .....	38
iv.	Webinar on ICESCR and the Right to Essential Medicines (August 2021).....	38
12.	Publications.....	39
i.	Publication Based on Situational Analysis.....	39
ii.	Article for Amandla Magazine .....	40
13.	Other Academic and Policy Outputs .....	40
14.	Popular Education .....	41
15.	Policy Brief: Developing Local Vaccine Manufacturing Capacity.....	43
16.	Advocacy Activities.....	43
i.	Advocacy for Transparency, Accountability and Evidenced-Based in the SA Vaccine Rollout .....	43
ii.	Advocacy for Equitable Access to Vaccines .....	44
B.	South Korea .....	46
1.	Introduction .....	46
2.	Actions and campaigns of PHM- EACT in last 11 months- and actions in support of WTO waiver of TRIPS conditions.....	47
i.	Stage 1: Continuing Intellectual Property & A2M actions in South Korea (July 2020 - October 2020).....	47
ii.	Stage 2: Blooming of the Korean advocacy for India-South Africa TRIPS Waiver (October 2020 - February 2021) .....	48
iii.	Stage 3: Standing with the TRIPS Waiver Proposal (February 2021 - June 2021) .....	50
3.	Specific Intervention Theme -1: Public Research and Development (R&D) in South Korea (January 2021) .....	53
4.	Specific Intervention Theme -2: Intervention on dubious medical product: Celltrion’s Regkirona (From November 2020 to February 2021).....	55
5.	Specific Intervention Theme - 3: The COVID-19 diagnostic kits industry in South Korea (June 2021).....	56
6.	Specific Intervention Theme- 4: Public manufacturing in South Korea (July 2021)56	
7.	Specific Intervention Theme – 5: Equitable vaccine distributions for the marginalized population in Korea.....	59
C.	India .....	60
1.	Background.....	60
2.	National Level consultations, seminars and meetings (by JSA and partner organizations) .....	61
3.	Situational Analysis .....	62
4.	Actions subsequent to the Situational Analysis.....	64

5.	Statements and Position Papers by associated people’s health movements..	67
6.	Interventions before Courts.....	74
7.	Campaign on India-SA proposal before the TRIPS Council: .....	75
8.	Response to second wave of Covid .....	76
9.	Media Articles/ Publications: .....	76
10.	Media (podcasts, media briefings, media coverage and quotes) .....	79
11.	Peer-Reviewed Publications: .....	82
VI.	Global Arm .....	83
A.	Introduction .....	83
1.	Organization and personnel:.....	83
2.	Project Implementation: .....	83
3.	Networking, liaison, collaboration across PHM and beyond - with or through the Trade and Health Thematic Circle: .....	84
B.	Major Policy Interventions:.....	84
1.	Campaign supporting Waiver by WTO TRIPS Council of TRIPS conditions ....	84
2.	PHM Web Briefing on TRIPS waiver .....	84
4.	PHM Action around the 19th Anniversary of Doha declaration: .....	85
5.	Development and wide dissemination of Policy Brief on access to Covid technologies in general and TRIPS Waiver proposal in particular.....	85
6.	People’s Health Movement US’s explainer video on TRIPS Waiver: .....	86
7.	Policy Brief on COVAX.....	86
8.	Vaccine Equity .....	87
i.	Vaccine posters by EACT South Africa team .....	87
ii.	Infographics by EACT South Korea team .....	87
iii.	Domestic Manufacture.....	88
9.	Advocacy and Networking:.....	88
i.	Articles and engagement with mainstream media .....	88
ii.	Strengthening PHM thematic circle on Trade and health .....	89
iii.	Sign On Statement (s): .....	89
iv.	Engagement with Avaaz for their advocacy on Waiver:.....	89
v.	Engagement with other global campaigns:.....	90
vi.	European Citizens’ Initiative (ECI) .....	90
vii.	Free the vaccine campaign .....	90
viii.	Advocacy with the Vatican on waiver .....	92
ix.	Reaching out to PHM by other potential partners/networks on access issues	92
x.	Supporting the European Civil Society Initiative .....	92
xi.	South Civil Society Organisations Network .....	93



xii.	Orientation to members of European chapter of Universities Allied to Essential Medicines (UAEM) .....	93
10.	Supporting other country/region circles .....	93
i.	People’s Health Movement Japan’s actions .....	93
ii.	Supporting PHM France’s advocacy with French government for TRIPS waiver .....	94
VII.	A ‘Toolbox’ of the various strategies and actions for the other PHM Country/regional/thematic circles .....	95
1.	Laying the groundwork .....	95
2.	National/Regional Consultations .....	95
3.	Conduct Situational Analysis.....	96
4.	Community Monitoring .....	96
5.	Testimonies.....	96
6.	Tracking the evolution of policies .....	97
7.	‘Explainers’ .....	97
8.	Networking with other Civil Society organisations and networks to make common cause.....	97
9.	Civil Society Sign-on Statements .....	97
10.	Capacity building of the partner organisations and networks .....	98
11.	Position papers and Policy briefs .....	98
12.	Podcasts and Webinars .....	98
13.	Infographic material to raise awareness including T-Shirts .....	98
14.	Engaging international and national human rights organisations like ICESCR .....	99
15.	Writing of articles in both peer-reviewed publications and mainstream media including academic and policy outputs.....	99
16.	Media statements, briefings and media coverage .....	99
17.	Social Media campaigns .....	100
18.	Interventions in Judicial Courts .....	100
VIII.	Way Forward .....	101
1.	Outcomes from EACT Phase I .....	101
2.	Next steps .....	101
3.	Ongoing activities initiated as part of EACT .....	102
	Immediate.....	102
	Intermediate.....	102
4.	A tool-box for PHM circles to draw from in considering how they might build on the work so far of the EACT Project .....	103
5.	High level objectives for EACT project in the next phase .....	103
i.	Access to medical technologies (vaccines, diagnostics, therapeutics, oxygen, PPE, etc).....	103

ii. Intellectual property .....	104
iii. Exposing the consequences of the liberalisation of trade and finance .....	104
iv. Recognising the continuity of colonial exploitation, including internal colonialities .....	105
v. Respecting diverse experiences and perspectives and building solidarity...	105
vi. Democracy and human rights.....	105
vii. Delegitimising neoliberal globalisation and neoliberal global governance...	105
viii. Possible campaign themes (illustrative).....	106
6. Organization.....	108
ANNEXURE A .....	109

## EXECUTIVE SUMMARY

### Introduction:

The ongoing Covid-19 pandemic has been a huge challenge to people's health movements. The consequences of the pandemic and the state responses have further exacerbated inequity, undermined freedoms, and the rise of autocratic state power. These are times when PHM is being called upon to communicate its understandings not only to health organizations, but to all democratic organizations and organizations of working people, and to many governments, not only on how to cope with the current pandemic, but how to build health systems that can cope with future pandemics. The huge crisis in health care precipitated by Covid-19 has now brought the very nature of production and allocation of health into the public discourse. The issue of equity in access to medical technologies is representative of all the contradictions and conflicts created when health and health care, including access to essential technologies is seen as an opportunity for corporate profits, rather than as a global public good.

It is in such a background, that PHM has undertaken the Program **"Promoting Equitable Access to Medical Technologies in the context of COVID 19 pandemic"**. Since the immediate focus was on Covid-19 technologies the program title got abbreviated, in usage, to **Equitable Access to Covid 19 technologies (EACT)**, and the first funded phase was referred to as the **"EACT Project"**. This phase was initiated in 1<sup>st</sup> July 2020 and completed on 30<sup>th</sup> July 2021, after which it transitions into a more sustained voluntary phase.

### Structure and Objectives:

The EACT Project, Equitable Access to Covid Technologies, was initiated from 1<sup>st</sup> July 2020. It involved activities in three of PHM's country circles (India, South Africa and South Korea), coordinated by a global arm based at the global secretariat. The project was managed by a project committee comprising representatives of the global arm and of the three pilot countries, in consultation with the Trade and Health Thematic Circle, and supported by a project advisory committee comprising experts from various partner organisations. The project was funded through a grant which was used to support central coordination and fund specific country level activities.

The objectives for the project were stated as: *“Develop a stronger commitment within governments and global institutions and in the public discourse to make policies related to access to technologies based on public health priorities, rather than on market principles and corporate profits.”*

In an initiating note called the project’s “Theory of Change” the PHM identified the key drivers of change as:

- (a) Movement building that amplifies the demand for equitable access;
- (b) New alliances that strengthen demand for change and increase our reach/capacity;
- (c) New information contributing to changes in attitudes;
- (d) Engagement in public policy discussion linked to community mobilisation; contesting the prevailing discourse and challenging the manufacture of consent for anti-peoples’ policies;
- (e) Policy change and implementation (better policies and effective implementation achieves change); and
- (f) Institutional development (systems work better).

## **Activities**

*At the global level:*

The first two months led to the development of four essential background papers that were essential for building a common understanding with the PHM and allies on the main issues.

The other major intervention was to prepare statements, a policy brief and organize webinars and use all channels of social media communication to mobilize international support for the South Africa-India proposal and WTO for the waiver of all TRIPS conditions for relevant medical technologies. This was across all country circles and some of the most effective actions were in developed countries where PHM circles pushed back on their countries efforts to block the waiver.

As a corollary to the above campaign, the PHM also brought out and widely disseminated a [COVAX policy brief](#) that exposed the attempt to pose COVAX and ACT Accelerators as solutions to the crisis in access. The policy brief explained why these market-based solutions and conflict-ridden multi-stakeholder institutions were designed to fail, and the need

for democratic movements and developing nations to come up with alternatives. Explaining policy requirements for greater domestic manufacture and alternatives to current patent regimes were also part of this work.

The global arm was also required to support and build capacity in country circles and to put together a [resources hub](#) on the PHM website that was created in collaboration with the country teams that country circles could easily access.

## Country level Activities

The country level activities are presented in some detail in the main text of the report. Even more detailed quarterly reports are available on the EACT website ([reports](#)). The activities that were common to all three countries were:

1. All countries started with a webinar for a national consultation with other organizations and domain experts, that discussed the issues and helped chart out the work that the PHM country circle would take.
2. A Situational Analysis Study that traced both the issues of access to one or more technologies in the country and the efforts made by civil society organizations to improve access and the evolution of state policy in this regard.
3. Dissemination of the policy briefs, and background papers brought out by global arm usually after adaptation to country contexts.
4. Community monitoring of the situation with regard to access to essential technologies. Each country chose a different method to do this, but for all of them it was one of the important steps.

In addition, there were many country-specific actions that took place and which are detailed in the full report. Below we highlight three such illustrative examples a from each of the three countries:

PHM South Africa:

- Developing a tool kit to support community monitoring which included the use of podcasts for community monitors to provide feedback and present their findings is [here](#). There was also a Covid-19 vaccine literacy manual and a number of other communication material developed.
- Building cooperative relationships with a number of other networks working on related matters including patent law reform, access to

vaccines and together as People's Vaccine Campaign- organizing dissemination of information, development of a range of resources (training manual, videos, posters), and publications, to support the waiver advocacy and community mobilisation around access, patent law reform and local production.

- On 2<sup>nd</sup> February 2021, PHM SA together with People's Vaccine Campaign and the Fix the Patent Law Campaign organised actions at 17 Embassies in Pretoria and Cape Town, a synchronised protest demonstration asking these 17 countries who were blocking it, to instead push for adoption of the waiver. The action included a flash mob outside the embassies as well delivery of a letter. Simultaneously, each embassy was email bombed with the same letter from various civil society organisations. The pressure on various embassies contributed to the global pressure on northern governments, which we think helped to shift the US position on the waiver.

#### PHM in India:

- Developing a focus of its situation analysis in the four states of Bihar, Chhattisgarh Karnataka and Tamil Nadu. Much of it was in the form of case studies and testimonies that contributed to describing the actual situation with regard to access of essential COVID and non-covid health services. Based on the information from these studies and background papers extensive capacity building programs were also organized
- Large number of op-ed articles in print media and appearances on mass media and messages on social media that disseminated information, held government accountable for service delivery and point out policy and implementation gaps.

#### PHM South Korea:

Production of briefing papers followed by interventions on 5 themes:

- a. Support to the waiver- using infographics.
- b. Policy development for domestic manufacture of essential products
- c. Policy development for public sector in production
- d. The South Korea team focused on participating in national policy discussion (policy papers, op eds, etc) about South Korea's position on the waiver and directions for developing national production. The team recruited a number of fellows who worked with Sun Kim

to produce a number of briefing papers (waiver, local production). The SK team developed links with PHM circles in Japan and Indonesia and contributed to advocacy around vaccine equity and the proposed waiver.

*Outcomes:* It is difficult to attribute real world changes to the work of the project. However, at the end of one year, we believe that the project has contributed significantly to all the drivers of change listed earlier, with its main achievement being wider mobilisation around the pandemic response generally, and community engagement and policy interventions at country level.

### **The next steps:**

The impact of the pandemic in many LMICs is more severe now than it was during the last year, and the responses of many governments remain inadequate. Big pharma remains determined to exploit to the full the market opportunities the pandemic has presented; supported by transnational corporate and political elites.

There is therefore the need and scope to continue the EACT initiative as a platform to build upon and deepen PHM's advocacy and mobilisation around the links between widespread denial of the right to health and the structures and forces of transnational capitalism and imperialism. This new phase could

- (i) Follow up existing commitments arising from the first phase of EACT; This includes dissemination of COVAX policy brief, completion of policy briefs where work is in progress and the developing of a tool-box for PHM circles to draw from and in considering how they might build on the experience gained so far.
- (ii) Extend the scope and depth of PHM's advocacy and mobilisation to broader questions beyond access to health care products and taking on a wider range of campaign themes that address barriers to health care that are located to health systems development and social determinants.
- (iii) Extend reach by scaling up the existing project from 3 to 30 countries; at least in community monitoring and supportive regional actions.

*Organizational:* The funding to support country level activities and global coordination has been critical in the success of phase 1 of EACT. It would be desirable to raise funds for a similar capacity in the next phase. It would also be essential to expand coordination from the current Trade

and Health Thematic Group to two or three more thematic groups as relevant.



## **I. Introduction: A brief background to the Program**

The People's Health Movement (PHM) is a global network bringing together grassroots health activists, academics, policymakers and practitioners, civil society organizations and academic institutions from around the world. PHM currently has a presence in over 80 countries.

PHM supports a number of activities at global and regional levels that integrate the efforts of its country circles with its global and regional networks. These include the Health for All Campaign (HFAC), which is a global organizing framework for different mobilization actions by civil society networks and social movements around the world. The HFAC aims to inform and influence governments to address structural and systemic weaknesses in the health system. The campaign platform incorporates six thematic circles including: gender justice; the environment and ecosystem health; food security and nutrition; trade and health; equitable health systems; and war and conflict.

Another important engagement of PHM is with democratizing Global Health Governance where PHM studies, comments and campaigns for ways to improve the global environment for health by changing information flows and power relations that frame global health decision-making and implementation. One important form this takes is the Global Health Watch which is published once in three years and the other is the WHO Watch. The PHM also has a major capacity building program for activists through its International Peoples Health University (IPHU).

The ongoing Covid-19 pandemic has been a huge challenge to people's health movements. Other than being an enormous public health crisis; it is also an unprecedented political, economic, social and humanitarian crisis. Much of the suffering caused by this pandemic lie in the weakening and privatization of health systems, and the lack of social security. The consequences of the pandemic and the state responses have further increased inequity, undermining of freedoms, and the rise of autocratic state power. These are times when PHM is being called upon to communicate its understandings not only to health organizations, but to all democratic organizations and organizations of working people, and to many governments, not only on how to cope with the current pandemic, but how to build health systems that can cope with future pandemics.

The issue of equity in access to medical technologies is not an issue related to merely health systems preparedness or even global supply chains. It is representative of all the contradictions and conflicts created

when health and health care, including access to essential technologies is seen as an opportunity for corporate profits, rather than as a global public good. The huge crisis in health care precipitated by Covid-19 has now brought this agenda of the very nature of production and allocation of health into the public discourse. It is in such a background context that PHM has undertaken the Program **“Promoting Equitable Access to Medical Technologies in the context of COVID 19 pandemic”**. Since much of the focus of this program was on Covid-19 technologies the program title got abbreviated, in usage, to **Equitable Access to Covid-19 technologies (EACT)**, and the Program in this first funded phase was most often referred to by its acronym as the **“EACT Project”**.

The Program began from 1<sup>st</sup> July 2020 with a duration of one year, was extended by one more month and completed its current phase on 31<sup>st</sup> July 2021.

The Program is best understood as consisting of four arms – The global arm and the pilot country arms of South Africa, South Korea and India. These countries where the program had a special focus were also termed pilot countries as replication and expansion of the program to more country circles in the next phase was part of the design. The program understood “essential health technologies” to mean vaccines, medicines, diagnostics, hospital equipment, hospital care including intensive care with oxygen access and ventilators, personal protective equipment (PPE) and even the design of public health programs. Study of the disruption of essential non-Covid services was also part of the objectives.

## II. Program Objectives

The broad objectives of Program were: *“Develop a stronger commitment within governments and global institutions and in the public discourse to make policies related to access to technologies based on public health priorities, rather than on market principles and corporate profits.”*

This included reiterating the role of the state in ensuring universal and equitable access to essential health technologies through better policies with regard to manufacture, procurement, distribution, pricing of products as well as the better organization and financing of healthcare services. Policies for universal access further require re-framing of governance (both global and national) in areas of research and development (R&D). The Program was built on the shared understanding that access to essential health technologies was one of the most important elements of achieving the right to health and health equity, but not the only element.

In operational terms, the Program set itself the tasks of building an adequate description of the current situation in terms of access and governance at the global level, and at the national level in three countries we are having a special focus on, as well as monitoring the dynamics of community access within these three nations: India, South Africa and South Korea. The Program objectives in operational terms were to:

1. Monitor policy developments in access to technologies related areas and note the trends in both global governance and in focus countries that lead to greater or lesser public ownership of companies, distribution, and platforms as opposed to dependence on market mechanisms.
2. Monitor community access to essential health technologies in the post Covid-19 context. In particular, to note how access got changed with the coming of the pandemic and how equity in access changes, as new technologies for Covid-19 emerge, with special focus on marginalized communities that live in poverty. This would be important in all three countries, but would have a special emphasis on South Africa.
3. Undertake advocacy action through interactions with decision makers, and through shaping public opinion and critical thinking and discussion on the issue of equity in access to essential health technologies.

4. Use comparative learnings between the three countries and from other regional and relevant country experiences to provide inputs towards global discussions and decision-making on access to technologies.

The Program was conceived as having four arms- the three country circles plus what is being described as the global arm of the Program. In each of these arms- there is a set of administrative/organizational steps that were sought to be achieved in addition to a set of activities.

### **III. Background work in the build-up to the project**

#### **A. Note on Theories of change**

(Fran Baum and David Legge, July 27- 2020)

This note was prepared and approved after discussions. Its purpose was to promote discussion within PHM and our allies on how this Program activities would relate to change, the possibilities of such change, and the ways in which we can optimize the contribution that this Program makes. It stresses that the drivers of change are through (a) Movement building that amplifies the demand for equitable access (b) New alliances that strengthen demand for change, increases our capacity (c) New information and changes in attitudes (d) New policy discourse/public discourse - contesting/shaping existing discourse and the manufacture of consent for anti-peoples policies and posing alternatives to the dominant discourse (e) Policy change and implementation (better policies and effective implementation achieves change) and Institutional development (systems work better).

#### **B. Note on Access to Covid-19 medical products:**

(David Legge 2020-07-23)

This background paper provides an overview of the problems faced for procurement and distribution of Covid-19 relevant technologies. It then describes the ACT accelerator and its four pillars- diagnostic, therapeutic, vaccines and health systems- and provides an insight into the politics of this accelerator and the marginalization of WHO in the process. It describes also the Covid-19 technology access pool (C-TAP) and the way corporates rejected and distanced themselves from the latter. The tension between these two approaches and its implications for equity in access, is an area that PHM sought to highlight.

#### **C. Note on Policy Maps and Policy Products:**

This note looks at the need to promote policies directed at regulatory, fiscal and institutional reform at the national, regional and global levels; and mobilising around such policy reforms. This note highlights the importance of mapping of the policy space as it was then, and flowing from it a list of policy products that might be needed to locate, create or

commission as necessary inputs to further policy development, capacity building and advocacy.

#### **D. Easy to Access Policy Resources:**

One of the important ideas that was taken up early in the project was to create an easy access to important policy resources for EACT teams to access. Here we are referring to EACT teams not only in the three Program countries but across the PHM network. To enable this a web-page has been created in the PHM web-site called "[Equitable Access to Essential Covid Technologies - Useful websites and articles](#)"

## IV. Project Governance

### A. Project Team

#### 1. Global Team

The project was led by a project management committee constituted by the Coordinating Commission and approved by its Steering Council. David Legge the coordinator of the Trade and Health thematic circle, was the chairperson of this committee and the guiding force for the project.

Prasanna Saligram was the Global program coordinator, from August 2020 till the end of its first phase till 31<sup>st</sup> July 2021. Both co-chairs of the global movement and the financial coordinator were also part of the project committee. Sundararaman the global coordinator of People's Health Movement secretariat, was one of those who initiated this project and his guidance and coordination was there throughout. PHM activists drawn from the three different focal country/region/thematic circles and those who volunteered were there on the project committee.

#### 2. South Africa (SA) Team

Lauren Paramoer was coordinating EACT in SA. Other team members were Leslie London, Bridget Lloyd and Anneleen de Keukelaere. Additionally, the team could draw upon a number of student interns and volunteers.

#### Extended team

1. Tendai Mafuma, Researcher SECTION27
2. Bridget Lloyd, PHM SA
3. Nontsikelelo Mpulo, Head of Communications SECTION27
4. Marlise Richter, Health Justice Initiative
5. Ruth Useh, Masters in Public Health Student, UCT

Community monitors:

1. Bongelani Nene, Community Monitor, Gauteng
2. Caroline Mashego, Community Monitor, Mpumalanga
3. Noluthando Nontobeko Mhlongo, Community Monitor, KwaZulu Natal
4. Andiphile Mcebula, Community Monitor, Easter Cape
5. Getrude Square, Community Monitor, Western Cape

6. Nondumiso Sithole, Community Monitor, Western Cape
7. Kenosi Betani, Community Monitor, North West

### 3. South Korea (SK) Team

The People's Health Institute (PHI, PHM Korea secretariat) took on the task of hosting the EACT-Korea Project. Sun Kim was the PI and three PHM Korea fellows were recruited for the EACT-Korea project. Ji-eun Park, So-hyung Lim, and Ji-won Park started their activities since September, November, and December 2020 respectively. Since November 2020, Dong-geun Lee (activist at Korean Pharmacists for Democratic Society) joined the project committee.

#### Extended team

**Project advisory committee:** PHI and pre-existing CSOs' network joined the project as project advisory committee, doing advocacy, publishing statements and attracting sign-ons together.

- People's Health Institute (PHI, PHM Korea secretariat): Sun Kim, Hongjo Choi
- Health Right Network (HRN, a current member CSO of PHM Korea): Jae-cheon Kim (also work with HIV/AIDS patients group)
- Association of Physicians for Humanism (APH, a current member CSO of PHM Korea): Seok-kyun Woo, Hyung-joon Chung
- People's Solidarity for Social Progress (PSSP, participant CSO for PHA1 & PHA3): Jin-hyun Kim
- Center for Health and Social Change (CHSC): Sang-yoon Lee
- Korean Pharmacists for Democratic Society (KPDS): A-ra Kang, Dong-geun Lee
- Korean Federation Medical Activist Groups for Health Rights (KFHR): Jin-han Jeon (KFHR is an umbrella organization of several progressive professionals' organizations - APH, KPDS and CHSC are members of it.)
- Knowledge Commune: Heesob Nam
- Intellectual Property Left (IPLeft): Mi-ran Kwon (also work with HIV/AIDS patients group)



#### **4. India Team**

Ms. Priyam Lizmary Cherian was the Research Associate with the EACT-India Program. Additionally, Sulakshana Nandi and Sarojini N were part of the team as part of the larger PHM India.

#### **Extended team**

More than 25 national level networks and other organisations are part of PHM India. Additionally, the following resource persons were part of the Program Advisory Committee to broad base the project

#### **Program Advisory Committee**

Mr. Amulya Nidhi – National Joint Convenor, PHM India and Regional Representative PHM Global Steering Council

Dr. Mira Shiva – PHM India national coordination committee, HAI

Dr. Indranil Mukhopadhyay – Professor, Jindal University

Ms. Jyotsna Singh – MSF Access Campaign, India (formerly)

Ms. Chhaya Pachauli – PHM India National Coordination Committee, Rajasthan

Mr. K M Gopakumar – Third World Network, India

Ms. Runjun Dutta – MSF Access Campaign, India

Dr. Subashri Balakrishnan – Program Implementation Committee member of Common Health

#### **B. Monthly Project Management Committee meetings**

The project management committee meetings happened regularly once a month, and sometimes more than that, to take stock of the progress made by the project and to respond to the dynamic situation and issues arising. Each of the pilot countries and the global arm updated the project committee of the progress made and the processes and actions undertaken in the interim since the previous meeting. Any bottlenecks or

challenges faced either at the pilot country level or at the global level were discussed and addressed. This was also a platform where cross-learning and sharing and discussion on common products like study tools and communication material. The meetings also planned the work for the month ahead which would be reviewed in the subsequent meeting.

### **C. Trade and Health thematic circle**

A note was circulated by the co-ordinator to the members of the trade and health circle to inform them of the Program and sought their participation in the program. Their active involvement was sought in both global policy and networking component. The note sought volunteers, from within the Trade and Health Circle, who would like to be actively involved in this Program; perhaps (i) working with the Program team in their own country if theirs was one of the pilot countries; or (ii) focusing on the situation in their own country, and working towards full participation in Stage 2; &/or (iii) working on the global policy and networking component, &/or (iv) working on the coordination functions.

The Trade and Health (T & H) thematic circle members were having their regular meetings once every 2 months on an average. The EACT project updates were given to the circle members and suggestions and inputs sought from them. There was also considerable effort to get the T & H circle to participate in actions and advocacies at the members' levels

### **D. Global Project Advisory Committee**

A Global Project Advisory Committee (GPAC) was constituted with confirmation of many of the partners to be part of the Advisory group. The members were Wim Aldis (ex WHO, Thailand); Anna Marriott (Oxfam); Anand Grover (India, Senior Advocate, Former UN Special Rapporteur on Health); Mohammad Barzgar Health Action International (HAI) AP (Iran); Bev Snell (Australia HAI AP); Christina Cepuch (MSF); Ekbal (PHM, HAI AP); Eugene (SK)- EACT -SK; Thomas Schwarz (G2H2, MMI); Jasper Thys (PHM EU); Jaume Vidal (HAI); Kajal Bharadwaj (PHM, India) Gopa Kumar (TWN); Leena Menghaney (Regional Head South Asia and Global IP Advisor MSF Access Campaign); Luciana Melo N. Lopes (Brazil, UAEM); Mira Shiva (India); Rhiannon (UAEM); Yokeling (TWN); Yuan (Senior Legal and Policy Advisor, MSF)

The GPAC had two meetings on November 13, 2020 and December 11, 2020. It functioned mainly as a platform to share the work EACT group was doing with other organizations and intellectuals working on a similar

theme and seek their counsel and to enhance coordination with these organizations. Updates from the EACT project were provided from the three pilot countries and discussions around the global developments regarding access were discussed. The collaboration between various international campaigns on access issues were discussed. The waiver proposal by India and South Africa was mainly discussed and how the various PAC members could take it forward in their constituencies were discussed.

## V. Pilot Country actions

### A. South Africa

#### 1. Background

In the build-up to this project, PHM South Africa had undertaken activities aimed at promoting equitable access to medicines and health technologies. Some of the work that was pertinent to this project included:

- a. An established relationship around the National Health Insurance (NHI) campaign with some of the civil society groups who joined the EACT project as members of the country project partner group on this project (more details below).
- b. Hosting the Health Working Group of the C19 People's Coalition, a civil society coalition that has been formed to advocate for a just response to Covid-19. Through this, PHM was able to build new relationships and consolidate old ones and engage in health education and mobilisation (e.g. community workshops) on access to healthcare for patients with Covid-19.

PHM South Africa initiated this campaign with a webinar held on June 26, 2020 on "Equity and Justice: Access to Health Technologies for Covid-19." Held in anticipation of the sanction of the Program, this webinar was also meant to reach out to the many organizations that were already active in South Africa. It was also the first national consultation on this theme that PHM South Africa was organizing and it helped to have their own members be exposed to the issues and to think about how they would proceed with the agenda.

The webinar was well attended. Key civil society groups including SECTION27 (S27), were present. There was a lot of interest around equity in access to vaccines and medicines; and the webinar proposed on-the-ground monitoring work and linking up to global activities. A presentation from Prof Yousuf A Vawda from the University of KwaZulu Natal, described the IP Landscape in SA and the Evolution of Policy related to Access in the Time of Covid-19. Another from Gopakumar of TWN provided a political analysis of the gap between calling the Covid-19 vaccine a global public good and how it plays out in practice. Past experiences in HIV campaign was also presented. The discussion also noted issues of government failure to distribute versus the global

constraints on government that make it impossible/difficult to deliver and there is a distinction between the distribution of what we know works versus investment in developing new health technologies

The webinar highlighted the need for the following:

- a. Action to educate the team and communities so that people understand the issues and can campaign for access and justice from an informed base. In the presentations, the experience of the Treatment Access Campaign demonstrated that their victories resulted from all participants understanding the issues and therefore being able to assert their rights claims based on this understanding.
- b. Action to build connections across sectors and involving many partners. The campaign was to be made broad-based and involve multiple sectors, drawing, for example, academic partners, NGOs, other groupings into alliances with mass movements and CBOs, giving voice, particularly, to the marginalized.
- c. Action to monitor: To set up ways to monitor the quality of technologies and whether the technologies are reaching those who need them. This should build on our existing monitoring capacities and opportunities.
- d. Action to leverage policy change: To initiate and take advantage of policy dialogues to ensure that ministers and policy makers understand what civil society wants and those policies prioritize the most vulnerable. Challenge of being able to exert influence on policies so that implementation plans are monitored and there is accountability.
- e. Action at international level: Partnering with other civil society formations to pressure global governance mechanism for more equitable decision-making and rules. This applies at the level of the African Union where South Africa is playing a key role and identifying the key players and influencing them to support a pro-equity position.

There was consensus on two important framing issues of the South Africa campaign:

- a. The demand was to be not just for loosening of patent protection but to extend to the whole gamut of technology transfer and on a global level. This was essential, since it was not guaranteed that indigenous industry would be able to ramp up production capacity quickly enough to manufacture these technologies to scale in time even if IP obstacles were removed. In other words, SA should be able

to import these technologies at cost from other countries with capacity to do the manufacturing. Further, it is also in the distribution of technology that the system fails, and so systems must be put in place to ensure that all along the care deliver pathway, the benefits of new technologies can reach those most in need. The campaign therefore agreed to situate the issue of IP barriers within a broader conversation about the need to strengthen the public health system.

- b. Civil society to forefront the idea of equity as a norm and undo the idea that inequality is inescapable or acceptable. Driving this idea will help to drive the campaign for access.

The research team met with key civil society organisations in South Africa that do work on equitable access to medicines and other health technologies. These organisations – Cancer Alliance, *Médecins Sans Frontières*, Health Justice Initiative, Rural Health Advocacy Project, and SECTION27 – agreed to participate in the project as members of a project partner group. They committed to contributing their expertise, networks, and possibly resources to undertake the tasks set out in the proposal. The project partner group was expanded at the next meeting by inviting representatives from Treatment Action Campaign and the Stop Stockouts Campaign to join the group. The research team also made contact with the Network on Equity in East and Southern Africa (EQUINET) and the Southern and Eastern Africa Trade Information and Negotiations Institute (*SEATINI*) about participating in the project.

## 2. Situational Analysis

A protocol was developed and submitted to the institutional ethics committee of the University of Cape Town before proceeding with the study component of the intervention.

The research team appointed a leading consultant, Catherine Tomlinson, to undertake a rapid Situation Analysis, which were to identify the key issues and their determinants and this would inform the research design and advocacy strategy of the project. Ms. Tomlinson came with extensive experience in researching access to and regulation of medical technologies. The situation analysis was based both on secondary data and key informant interviews.

The [final report](#) of this study was officially launched in a webinar on 10 December 2020, which was attended by about 40 people from South Africa and beyond. During the webinar Catherine Tomlinson provided a summary of her report, and representatives of two partner organisations participating in the EACT South Africa project – Umunyana Rugege from

SECTION27 and Candice Sehoma from MSF-South Africa – provided inputs. The session was chaired by Prof. Leslie London of the EACT team. The report was well received and PHM Global has approached the EACT South Africa team about providing guidance and support to other PHM country circles that would like to undertake similar rapid situational analyses. Locally, the report has been officially endorsed by SECTION27, the Rural Health Advocacy Project, Cancer Alliance and a group of about 80 prominent South African academics.

### 3. Mobilisation around South Africa’s Vaccine Rollout Plan

- Mobilisation for a “people’s vaccine” became the top civil society agenda. PHM South Africa is participating in many of these initiatives, in order to share the research emerging from the EACT project, while also enriching the research through participation in ongoing popular education, advocacy and political mobilisation.
- EACT South Africa team participated in the [C19 Peoples Coalition’s](#) efforts to launch a mass mobilisation campaign aimed at securing popular support and advocacy for universal access to Covid-19 vaccines.
- EACT South Africa team produced a set of 5 “Vaccine Q&A” cards, in collaboration with other members of the Health Working Group of the C19 People’s Coalition. The cards, currently only available in English, though they will be translated into other local languages. They focus on the following questions: (1) What is a vaccine?; (2) Why do we use vaccines?; (3) How do vaccines work?; (4) Is there a vaccine for Covid-19?; and (5) Who will get the Covid-19 vaccine? The vaccine cards were released in December 2020, prior to the announcement of South Africa’s vaccine rollout plan.
- PHM South Africa became an official member of the [Fix the Patent Laws Campaign](#), which was aimed at ensuring that the South African government passes legislation that will give it a legal basis for making full use of TRIPS flexibilities and institutionalise stricter patentability criteria.
- PHM South Africa was invited to join a Covid-19 vaccine rollout expert group, set up by the Provincial Government of the Western Cape Province. The PHM member would serve as a community representative on the group.
- South Africa team contributed case study material to a chapter on the forthcoming issue of Global Health Watch, which focuses on the impact

that Covid-19 has had on efforts to privatise and commercialise health care services in six countries around the world.

- Successfully approached the [Heath Justice Initiative](#) to become one of the partner organisations involved in the EACT South Africa project.
- The financial assistance from Norwegian People's Aid EACT SA group helped in commissioning [Eh!woza](#) to do [an animated video](#) aimed at tackling anti-vaccination sentiments and promoting knowledge of, and willingness to use, Covid-19 vaccines. In order to ensure that the videos reach a larger audience, they were made short enough to be circulated via Whatsapp. Two other videos were made: one on [Understanding the Covid-19 vaccine](#) and one on [Why the TRIPS is a barrier to the Covid-19 vaccine and how to change that](#). Both will be shown on CTV and RootsTV.
- PHM SA secured funding from the Commonwealth Foundation to undertake popular education regarding IP barriers to Covid-19 vaccines and to ensure that the South African government's vaccination plans are fair and equitable.
- PHM SA and its EACT team supported the work of PHM country circles and other health activists on the African continent. This work has mainly focused on supporting national level campaigns aimed at generating continent-wide support for the Covid-19 TRIPS waiver tabled by South Africa, India and others at the WTO, and supporting mobilisation for access to Covid-19 vaccines on the continent.

#### **4. Community Monitoring**

This was one of the major components of the SA arm of the EACT project. As part of this, community monitors gathered data for just over two months. The monitors were coordinated by Lerato Hlatshwayo, who was participating in the EACT project as part of a practicum for her Masters of Public Health degree at the University of Cape Town.

A meeting was held with the community monitors on May 4, 2021. The meeting was aimed at getting monitors' feedback on their experiences in the field, and sharing the preliminary data different monitors had gathered in their locations.

The monitors were in 6 provinces across South Africa and were responsible for monitoring community-level barriers to accessing masks, soap and water, sanitiser, testing services, isolation facilities, admission to hospital for COVID-19 treatment, and awareness of and sentiments



regarding COVID-19 vaccines. The idea was that as vaccine rollout commenced, they would also be well placed to monitor vaccine rollout. The work could be potentially extended by applying for other grants to keep the monitors in place and/or expand the monitoring network if success was demonstrated.

Largely, the monitors reported similar experiences - nothing stood out as an outlier. The general sentiment they observed by mid-2021, prior to the third wave, was that people feel "Covid is over" and that masking and physical distancing are not done consistently. This was the case even in high-density places like social grants pay points, shops, taxis, schools, and churches. One monitor noted that the exception to this would be nurses and people who have lost loved ones due to Covid, as they remained more vigilant about prevention protocols. The monitors also decided to monitor the South African vaccine rollout. Questions were added about this to the existing monitoring protocol. The questions were:

1. Are you aware of who can register for the phase 2 rollout?
2. Do you know anyone who has registered?
3. Are you older than 60? Have you registered? If no why not?

Doubts about vaccinations are common, but by the close of the project, public opinion surveys showed high vaccine acceptance rates. An August 2021 Human Sciences Research Council survey showed that over 72% of people surveyed indicated that they had or wanted to be vaccinated against Covid-19. Amongst the EACT community monitors, by May 2021 one monitor reported that he had been vaccinated, and reported few side effects. Two other monitors were due to be vaccinated but one didn't have transport to take her to the vaccination site, and another had a health issue that led to vaccination being delayed. The monitors themselves all work as CHWs, and though they were pleased about having access to vaccinations, they reported that some nurses at clinics were sceptical of vaccines and hesitant about getting vaccinated. The monitors all belong to a WhatsApp group, and on this group they also expressed that the vaccine-education work they undertake in their capacity as CHWs has become more difficult in the wake of reports that Covid-19 vaccines lead to side-effects like blood clotting disorders.

Community monitors were paid an additional month of salaries to undertake community monitoring during July 2021. Several important changes in the political and public health context made it important to undertake this additional month of monitoring:

- During this month, the pandemic experienced a third wave and lockdown measures were tightened. Gauteng Province was particularly

heavily impacted. It was important to see whether the monitors' noticed any changes in behaviours aimed at prevention of Covid-19, and changes in barriers to accessing vaccines. Some monitors reported that practices like masking and physical distancing remained unevenly implemented, particularly at gatherings (e.g. funerals and church services) where family members and others within a "trusted circle" of friends and family gathered.

- The national vaccination programme opened up to people aged 35 years and over, giving rise to concerns that more vulnerable sections of the population (people aged 50 years and older) would be crowded out of the vaccination process. The monitors were able to report on vaccination acceptance and uptake during this final month. Some monitors reported that older people with mobility problems required additional assistance in getting to vaccination sites, or recommended that they be vaccinated at home. Monitors reported that older people generally sought information and advice about vaccine safety and efficacy from younger people in their household; the latter groups, according to monitors, were likely to be more sceptical of vaccines than their elders and would sometimes discourage them from vaccinating. Some of their scepticism was about the management of side-effects, i.e. they felt their elders would not be able to access proper care if they experienced side effects requiring medical treatment. Some monitors reported that older people were not keen to access vaccinations using walk-in procedures and waited for the government electronic booking system to send them an SMS with their vaccination appointment details. However, difficulties with using the booking system and limited cell phone access amongst older people meant some never received their appointment details, leading to missed vaccination opportunities.
- Two provinces, Gauteng and KwaZulu Natal experienced an intense wave of looting and destruction or disruption of key infrastructure over a five-day period this month. Looting included looting at pharmacies, involving theft, destruction and disturbance of Covid-19 vaccine stock, patient files, and both prescription medicines (especially for chronic conditions) and over-the-counter medications. Disruptions included supply chain disruptions that undermined delivery of oxygen and food to hospitals, resulted in general food insecurity in the affected provinces, temporary fuel shortages, disruption in the national vaccination rollout programme (particularly in KwaZulu Natal) and the burning of a generic medicine production facility owned by CIPLA. Communities, particularly in KwaZulu Natal experienced racial tension, as citizen militias were used to protect neighbourhoods from perceived looters from "other" racial groups; government increased the presence

of military and police forces to quell the unrest, particularly in the two affected provinces. At least one of the community monitors (based in KwaZulu Natal) has reported that she and her co-workers have been verbally threatened while going door-to-door to do their work and feeling unsafe as a result.

## **5. Implementation Phase of the Train-the-Trainers Manual on COVID-19 Vaccine Literacy**

Members of the EACT research team participated in a process to produce a [Covid-19 Vaccine Literacy Manual](#). While S27 coordinated the C19 vaccine literacy part, PHM SA developed the advocacy part of the manual including the barriers to equitable access to the C19 technologies. PHM SA also proof-read the C19 vaccine literacy part for medical correctness. In addition, we contributed information on:

- TRIPS and its impact on public health;
- COVAX and its limits with respect to ensuring equitable access to Covid-19 vaccines;
- The need for domestic enabling legislation to ensure full use of TRIPS flexibilities by the South African government;
- Posters for easy use during community trainings; and
- An information note on why the J&J (Janssen) single-dose COVID-19 vaccine remains an efficacious and safe vaccine, despite a decision by the SA Minister of Health, taken in April 2021, to temporarily halt its use in a Phase 3b clinical trial due to concerns about a rare side-effect (blood clotting).

The manual was piloted on 13 and 14 May 2021, with a two-day virtual workshop that an estimated 30 participants attended. This train-the-trainer workshop and all subsequent ones was rolled out under the banner of the Popular Education Task Team of the [South African Peoples Vaccine Campaign](#). Two members of the EACT Team (Anneleen de Keuekelaere and Lauren Paremoer) were directly involved in coordinating the PVC popular education task team.

## **6. TRIPS “Explainer”; TTT Manual on IP and Access to Essential Medicines**

EACT South Africa team produced a short manual or “explainer” that aimed to describe the ways in which the TRIPS regime impedes equitable

access to COVID-19 technologies and other essential medicines. The idea was that it will function as an accessible reference for activists interested in learning more about the public health impact of TRIPS. It was developed by Aleya Banwari, who was participating in the EACT project as part of a practicum for her Masters of Public Health degree at the University of Cape Town. The EACT team used this manual to develop a train-the-trainers workbook on the public health effects of TRIPS that can be used as part of a popular education and advocacy campaign aimed at amending domestic IP legislation to enable full use of TRIPS flexibilities.

## **7. Heinrich Boell Foundation Case Study on Vaccine Distribution in South Africa**

Leslie London and Lauren Paremoer drafted a case study on factors affecting the distribution of Covid-19 vaccines in South Africa. Some of the research produced under the auspices of the EACT project is being used in this case study. The case study was one of six commissioned by the Foundation, which focused on the impact of Covid-19 and the vaccine rollout in the global south. The case studies were assembled in a web-dossier. The case study for South Africa, draws on much of the EACT's work.

## **8. Action at Embassies on 2<sup>nd</sup> February 2021**

On 2<sup>nd</sup> February, 2021 PHM SA together with People's Vaccine Campaign and the Fix the Patent Law Campaign, organised actions at 17 Embassies in Pretoria and Cape Town bringing attention to the TRIPS waiver and asking embassies to push for adoption of the waiver. The action included a flash mob outside the embassies as well delivery of a letter. Simultaneously, each embassy was email bombed with the same letter from various civil society organisations. The pressure on various embassies contributed to the global pressure on northern governments, which we think helped to shift the US position on the waiver.

## **9. Presentations on Vaccines**

PHM-SA as part of EACT contributed to various webinars for Community Health Workers (coordinated by PHM), Women on Farms Project, and other academic institutions in South Africa. We have also participated in giving input to the Nova/OSF report on Opportunities, Constraints and Critical Supports for Achieving Sustainable Local Pharmaceutical Manufacturing in Africa and in the Africa CDC webinar on local production

and global and regional civil society discussions on vaccine equity and the waiver.

## **10. Inputs to the Amicus Curae in a court intervention by Health Justice Initiative**

There were moves by the private sector parties to try and secure the right to procure and distribute vaccines independently. Health Justice Initiative, a partner organisation in South Africa, decided to go to the court as [Amicus Curae](#) and Leslie from the EACT team gave technical inputs to the court intervention and argued how this would be a highly inequitable move.

## **11. Webinars**

### ***i. Equitable Covid-19 vaccine procurement and the private sector***

On the 4<sup>th</sup> March 2021, PHM participated in a Webinar hosted by the Health Justice Initiative to highlight the problems exposed by the private sector court case to open the door to private procurement of vaccines. Speakers from PHM and HJI were joined by Dr Tlaleng Mofokeng, the UN Special Rapporteur on the Right to Health.

### ***ii. Community Monitoring of Barriers to Accessing to Covid-19 Health Technologies***

On 27 July 2021 EACT SA held a webinar to report on the insights generated through the Community Monitoring of Barriers to Accessing to Covid-19 Health Technologies.

Lerato Hlatshwayo, a Masters of Public Health student, was hired under EACT to coordinate the community monitoring process, introduced the workshop. Three monitors reported on their work: Bongelani Nene (Gauteng Province), Noluthando “Ntosh” Ntobeza (Kwazulu Natal Province), and Caroline Mashego (Mpumalanga Province).

Bongani Xezwi, a researcher at the Centre for Social Change at the University of Johannesburg, who has been doing a study on the national vaccine rollout with a team of community monitors, reported on the findings from their study. Many of the insights he shared confirmed those of the monitors, though he did speak to the additional point that vaccine access seemed to have a class bias with better-resourced people and people with private medical insurance accessing vaccines in

disproportionately higher numbers than poorer individuals who often could not afford transport costs to vaccination sites. Bongani has indicated that the UJ team would like to continue working with the EACT Monitors, so that their work can feed into the work the UJ Centre for Social Change is doing on this topic.

Dr. Theresa Mwesigwa, a Covid-19 Vaccine Rollout Facilitator supporting 4 provinces with the planning and implementation of the Covid-19 vaccine rollout also joined the panel as a respondent. She is currently housed in the National Department of Health but has been seconded to this position by the DG Murray Trust.

The webinar was well attended, with more than 40 attendees from South Africa and beyond. Significantly, the webinar had a representative from the National Department of Health (Dr Mwesigwa) who showed interest in listening to the monitors' findings and taking them back to the NDoH vaccine rollout team. She was open and responsive to the questions the EACT team put to her, and the engagement was very positive. Attendees included community health workers and other medical professions, activists, and academics. The webinar was attended by a journalist from an online publication, [GroundUp](https://groundup.org.za/), that focuses on reporting social justice issues. The webinar is being packaged as a podcast for further distribution: <https://iono.fm/e/1079480>.

The lifting of lockdown measures last week means that the community monitors will be able to do report back meetings with their communities (these were deferred during Lockdown Level 4 when gatherings were prohibited).

### ***iii. PHM Global Health Systems Webinar, The Struggles of Community Health Workers at the Covid Frontline: Essential but Unrecognised***

On 20 July 2021 one of the community monitors participating in the EACT SA project, Noluthando Ntobeza, participated in a webinar organized by the Health Systems Thematic Group and reported on the difficulties South African CHWs have faced in the context of the COVID-19 pandemic.

### ***iv. Webinar on ICESCR and the Right to Essential Medicines (August 2021)***

As part of the EACT project PHM South Africa has been strengthening relationships with various health justice organisations and initiatives. One of the activities was a webinar in August 2021, that focused on the health implications that states face under the TRIPS agreement and the

International Covenant of Economic, Social and Cultural Rights. The webinar was run jointly with the ICESCR campaign in South Africa, in which PHM participates as part of the Driver Group, monitoring government performance in relation to its ICESCR commitments. The webinar focused on the South African case, with specific reference to the health-impeding effects of the TRIPS framework. Three speakers spoke to:

- The need for domestic patent law reform and addressing the need for this in the context beyond the vaccine;
- The difficulties African states have in utilising existing TRIPS flexibilities to access COVID-19 technologies; and
- The statement of the Committee on Economic, Social and Cultural rights affirming the status of COVID-19 technologies as global public goods that are essential to realising the right to highest standard of health. We managed to secure the participation of Rodrigo Upriminy, a member of the UN ICESCR Committee, to speak on this item.

## 12. Publications

### *i. Publication Based on Situational Analysis*

In collaboration with colleagues at the University of KwaZulu Natal (UKZN), the Situational Analysis produced during Phase 1 of the EACT project was used to develop a publication for a special issue of the South African Health Review (SAHR) focused on COVID-19 for the 2021 edition. The paper is entitled "Intellectual Property Barriers to Access to COVID-19 Health Products in South Africa", was submitted on May 3, 2021 and has been provisionally accepted for publication. As described in the abstract the paper,

*"undertakes an analysis of the extent to which intellectual property barriers have impeded, and may continue to impede, the availability, affordability and accessibility of the health products, especially vaccines, required to effectively respond to the pandemic. Global, regional and national initiatives to improve access to health technologies, such as the COVAX vaccine facility, the COVID-19 Technology Access Pool (C-TAP), and the waiver of intellectual property rights proposed at the World Trade Organisation by South Africa and India, are also appraised. The methodology includes both a review of a situation analysis of the relevant health product landscape, and a critical analysis of the role intellectual property*



*rights have played in relation to health products generally and during the pandemic. The two-year delay in tabling the Patents Amendment Bill Act, and the limited use of legal flexibilities to circumvent patent and other barriers, are examined. The key findings are that: the country experienced significant shortages of diagnostics, PPEs and other equipment; its vaccine acquisition programme lacked urgency; it has been held hostage by IP holders through their inability to meet demand for vaccines, and their refusal to enable scale up production through technology sharing; and, government has stalled on its commitment to patent law reform.”*

The SAHR is a benchmark annual publication of the state of health and health services in South Africa and is available for free online on the website of the [South African Health Systems Trust](#). It is widely read and cited by academics, activists, managers, and health workers. Catherine Tomlinson (author of the Situational Analysis), Leslie London and Lauren Paremoer contributed to writing this chapter along with Prof. Yousuf Vawda (UKZN Law and lead author) and Andy Gray (UKZN Pharmaceutical Sciences). Both Professors Vawda and Gray are active participants in the medicines access networks and have supported PHM over the years.

## **ii. Article for Amandla Magazine**

Leslie London and Lauren Paremoer co-wrote an article for [Amandla Magazine](#) (Issue 75/March 2021), a progressive publication produced by the Alternative Information and Development Centre in South Africa. Entitled “COVID-19 vaccines – inequality and the politics of health”, the article provided an overview of the shortcomings of COVAX in securing equitable distribution of COVID-19 vaccines globally, and explained the role the TRIPS waiver proposal tabled by South Africa and India at the WTO in October 2020 could play in addressing this injustice. It also set out a case for developing local vaccine manufacturing on the African continent and elsewhere in the global south.

## **13. Other Academic and Policy Outputs**

Moseneke Inquiry into Ensuring Free and Fair Local Government Elections during COVID-19: PHM together with Health Justice Initiative tabled a [submission](#) to the Moseneke Inquiry into the feasibility of running local government elections in the context of the COVID-19 pandemic. The submission highlighted the considerable public health risks of having elections and pre-election campaigning in the midst of the pandemic, and the difficulties in ensuring free and fair elections in a context where



physical voting and campaigning remain the primary mechanism for participation in elections. The final committee report is available [here](#).

Lauren Paremoer was invited to participate in a two-day workshop on [Engineering Global Vaccine Equity](#) hosted by the University College London Anthropocene virtual school on June 13-14, 2021. Her panel focused on “Vaccines, Economy and the Law”, and was chaired by Paige Paitchin (UCL), and featured contributions from Hyo Yoon Kang (Kent); Valbona Muzaka (KCL); Vera Ehrenstein (UCL); Carlo Caduff (KCL), and Sonja van Wichelen (University of Sydney).

Leslie London and Lauren Paremoer were invited to be part of a multi-authored paper of case studies of countries that were either in the best performing or the worst performing categories for COVID-19 responses as a follow up to the [BMJ paper led by Fran Baum](#).

#### **14. Popular Education**

- EACT South Africa team has designed and printed 50 t-shirts to be divided up amongst the EACT Community Monitors. The t-shirts contain a slogan raising awareness about IP as a barrier to accessing COVID-19 vaccines and the aim was to use them as an awareness raising and advocacy tool.
- Together with Health Justice Initiative, a member of the EACT coalition, PHM did a short advocacy video supporting the TRIPS waiver. The video was aimed at civil society and government officials living in countries questioning or opposing the need for a TRIPS waiver at the WTO. Its focus is on activists and community members explaining that in South Africa there is demand for vaccines, as well as capacity for rolling out a mass vaccination campaign but that the prevailing IP regime remains the primary barrier to achieving the government’s target of vaccination 67% of the population by March 2022.
- EACT South Africa team has designed a series of 6 WhatsApp cards that summarises the key ways in which IP acts as a barrier to accessing COVID-19 technologies, as well as steps everyone can take to support the TRIPS waiver request.
- Following a Covid-19 literacy and advocacy workshop with health committees in Khayelitsha, members of the health committees asked how they could contribute more actively to the struggle advocating for the TRIPS waiver. They want to have their voices heard by the decision

makers. Following this request Health Justice Initiative and PHM SA jointly developed the idea to create a video message from the health committees to those countries that have not yet endorsed the TRIPS waiver demanding their support for the TRIPS waiver, demanding justice not charity. The video will be released end of September in preparation for the next WTO TRIPS meeting.

- PHM SA has invited religious leaders to do videos aimed at reassuring members of their faith communities that being vaccinated is safe, efficacious and not a religious abomination. This work is not being funded from the EACT budget but nonetheless emerged from our work with other organisations working on vaccine acceptance. During this process it emerged that many organisations had encountered people objecting to vaccination on religious grounds, but that none of the available popular education materials spoke to this aspect of vaccine hesitancy.
- The EACT project has allowed PHM SA to forge good relationships with other health justice organisations working on barriers to Covid-19 technologies. This has led to collective work, beyond the EACT project. For example:
  - PHM SA team is in the process of building an IP tracker that uses a timeline and case studies to capture key shifts in IP law and regulatory practices that have either impeded or facilitated access to Covid-19 technologies (diagnostics, therapeutics and vaccines) in South Africa. We are doing this work in collaboration with the Fix the Patent Laws Campaign under a grant made possible by the Commonwealth Foundation. The idea to do the grant proposal emerged from the EACT working group, and the members of the EACT group continue to be actively engaged in the IP tracker project.
  - PHM SA has done various videos that “bring to life” key messages from the Peoples Vaccine Campaign Train-the-Trainer manual (a publication we also contributed to). These videos include 4 short videos, suitable for distribution via WhatsApp. Two of the videos contain substantive content (one focusing on how vaccines work, and the other on how IP serves as a barrier to accessing COVID-19 vaccines). Each of these are accompanied by two shorter pedagogy videos aimed at trainers. These draw on the work of Paolo Freire to demonstrate how the content videos can be used to run a “training of trainers” on vaccine awareness via WhatsApp. We decided to do these videos as they are useful for doing virtual “train the trainer” workshops via WhatsApp during periods of lockdown, when physical

gatherings are prohibited. The Peoples Vaccine Campaign and EACT have all agreed to endorse these videos by adding their logos and to use them in their own work. (All of these would be uploaded onto the PHM SA as well as the global PHM website)

## **15. Policy Brief: Developing Local Vaccine Manufacturing Capacity**

Leslie London has initiated a discussion with [Equinet](#), the Regional Network on Equity in Health in East and Southern Africa, on jointly producing a policy brief on expanding the vaccine production capacity in Africa. Two meetings have taken place to date with another scheduled for this week at which first drafts will be circulated. A draft outline of the policy brief has been developed. The brief is aimed at Parliamentarians in East and Southern Africa and Civil Society engaging with parliamentarians. Its goals are to muster domestic political support for the waiver and other strategies for local production of COVID-19 vaccines and other health technologies for COVID-19. While vaccines are foregrounded, it also addressed other health technologies. Ruth Useh is participating in this process as part of her practicum for her Masters of Public Health degree at the University of Cape Town.

## **16. Advocacy Activities**

### ***i. Advocacy for Transparency, Accountability and Evidenced-Based in the SA Vaccine Rollout***

- PHM sent a letter to the South African Health Products Regulatory Authority and the South African Medical Research Council asking both institutions to explain reports that *“elite athletes had been afforded the opportunity to receive COVID-19 vaccinations out of line with national policy on vaccination sequencing and the immediate prioritisation of health workers and the elderly in line with best practice and equity.”* The Health Justice Initiative, another South African civil society organisation working on vaccine access and equity, sent a similar letter to these organisations and the Minister of Health on 27 May 2021.
- The Peoples Vaccine Campaign, with the encouragement of PHM (one of its members) released a statement in solidarity with the Health Justice Initiative, who had come under pressure for asking questions about prioritisation of special groups for vaccination in the letter

mentioned above. PHM has come to play a key role in the PVC, ensuring that equity-oriented positions are foregrounded in the PVC's campaigning, which is particularly important, given many contextual political challenges to equity in the vaccine rollout in South Africa. PHM has also consistently highlighted the need for the PVC South Africa to advocate for more equitable access to Covid-19 vaccines on the continent, as most African countries have extremely limited access to these vaccines.

- On 24 June 2021 PHM SA along with other civil society organisations, academic institutions, and regulatory agencies working in the field of health released a statement in defence of the independence of the South African Health Products Regulatory Authority (SAHPRA), which had come under public attack by a national political party, the Economic Freedom Front (EFF). The EFF had attacked SAHPRA, claiming it was unfairly biased against Russian and Chinese COVID-19 vaccines, and for using their authority to promote Western capitalist interests. The [public statement](#) rejected the accusations and supported SAHPRA's authority to use rigorous scientific evaluation to ensure the safety and efficacy of medical technologies that are made available for use in South Africa.
- On 4 July 2021 the National Department of Health published a circular designating certain special groups that would have priority access to vaccination. These special groups included five categories of people, including Ministers, Deputy Ministers, Premiers, MECs and their staff and invited them to submit applications to the Department of Health for special vaccine administration outside of the country's applicable eligibility criteria (health care workers, those over 50 years old, teachers and some worker cohorts). The circular was withdrawn on 6 July 2021, while PHM SA together with Health Justice Initiative was working on a public statement critiquing the lack of clarity around how these special groups were identified, and the fact that members of these groups did not necessarily qualify for prioritisation on the basis of age, medical status, or occupational status (e.g. health workers). The two organisations released their [joint statement](#) on the circular on 7 July 2021.

## ***ii. Advocacy for Equitable Access to Vaccines***

- Lauren Paremoer participated in a webinar on [Vaccine Justice](#) hosted by OSF South Africa on 17 June 2021. The webinar focused on local and global barriers to accessing COVID-19 vaccines. It was moderated by health journalist Mia Malan. The other panelists were

Dr Tlaleng Mofokeng (UN Special Rapporteur on the right to health); Mr Noko Makgato (Africa Check); Dr Ames Dhai (SA Medical Research Council); Dr Mohga Kamal-Yanni (Co-chair of policy group of Peoples' Vaccine); and Mr Kayum Ahmed (Division Director at the Open Society Foundations (OSF) in New York where he manages the Public Health Program's global work on access to medicines and innovation).

- PHM SA has continuously advocated within the Peoples Vaccine Campaign that it publicly advocate for the need to urgently prioritise vaccination for people aged 50 years and older (and particularly those aged 60 years and older) so that these groups don't get "crowded out" of the vaccination process now that the government has opened vaccination to everyone aged 18 and older (starting 1 September 2021). A recent Daily Maverick [opinion piece by Louis Reynolds](#) from PHM on the impact of boosters on equity, drawing on our EACT experience, has crystallised these arguments.

## B. South Korea

### 1. Introduction

After the outbreak of the pandemic, South Korean (hereafter, Korea) civil society started Access to Medicines (A2M) actions, regarding dimensions of Intellectual Property (IP), R&D, and manufacturing of the COVID-19 technologies, through solidarity with global civil society. In March 2020, Korean civil society joined in the open letter initiated by KEI supporting the proposal by Costa Rica to create a global pool for rights in the data, knowledge and technologies useful in the prevention, detection and treatment of the coronavirus ([link](#)). In April, the South Korean team signed a joint statement of 254 civil society organizations around the world, led by Public Citizen, who were concerned about the monopoly of COVID-19-related medical technology in high-income countries and advocated for innovation, accessibility and solidarity for all ([link](#)).

At the same time, Korean civil society criticized the South Korean Government (SKG)'s position on the global distribution of COVID-19 technologies and called for global accountability. Korean civil society demanded that SKG share the results of publicly funded R&D related to COVID-19. In April 2020, civil society groups issued a joint statement criticizing the Korean Intellectual Property Office's lack of accountability with profiteering from fees for patents during the pandemic and urging the removal of patent barriers ([link](#)). Also, insisted that President Moon Jae-in, who was invited as a keynote speaker at the 73rd World Health Assembly, should support the WHO's proposal for knowledge and technology sharing ([link](#)), ([link](#)). In June, SK Civil society specifically requested that SKG participate in the WHO's knowledge sharing pool (currently C-TAP) ([link](#)).

The report of activities done after July 2020, under the movement of the EACT-Korea is given below.

The following sections give an overview and reflect 11 months of the EACT movement activities in South Korea.

The report includes two sections: These are:

1. Overview of the last 11 months of the movement and analyzes it in accordance with the global A2M situation and movement. It is organized in 3 stages. This section is also about the demand to WTO for waiver of TRIPS conditionalities and all that PHM-EACT South Korea has done in this regard.
2. Interventions on Five Specific Issues, other than the waiver: In each of these areas, there is an element of studying the issue followed by the release of a policy brief or report. The five issues were: Publicly funded R&D, Public Manufacturing Units, Transparency on a drug trial, Diagnostic kits industry and equitable distribution of vaccines. The study component drew on data from press releases, statements, op-eds, columns, articles, interviews, webinars and academic presentations that were initiated by EACT Korea (People's Health Institute and Korean Pharmacists for Democratic Society as main actors).

In the section below, the report shows campaigns and movements conducted by EACT Korea in accordance with global A2M situations and movements.

## **2. Actions and campaigns of PHM- EACT in last 11 months- and actions in support of WTO waiver of TRIPS conditions.**

### ***i. Stage 1: Continuing Intellectual Property & A2M actions in South Korea (July 2020 - October 2020)***

During Stage 1, EACT and Korean civil society continued IP & A2M actions in accordance with global civil society's initiatives. However, as vaccine nationalism rose to the surface in July, discourse and criticism regarding equal distribution began in earnest.

As it was mentioned in the introduction, Korean civil society in the early stages of Covid-19 had hoped for a global cooperation platform such as technology & knowledge sharing initiatives. However, concerns and criticisms began to arise as high-income countries advanced bilateral purchase agreements in July. Civil society criticized vaccine nationalism and published columns ([link](#)), articles ([link](#)), interviews ([link](#)) to spread the discourse about distributive justice of vaccines. Civil society held an academic conference on COVID-19 and human rights ([link](#)). People's Health Institute (PHI) held a webinar ([link](#)) to discuss global vaccine production and supply systems, such as COVAX and C-TAP, and argued



for public control over technology. Also, in this webinar, SKG's possible options such as compulsory licensing of Remdesivir was suggested.

Meanwhile, in mid-August 2020, the second COVID-19 wave started in Korea. Thus, Korean civil society issued a joint statement ([link](#)) and column ([link](#)) arguing for the compulsory licensing of Remdesivir and expansion of production facilities, including the option of utilizing publicly owned Contract Manufacturing Organization (CMO) facilities for biomedicines.

## ***ii. Stage 2: Blooming of the Korean advocacy for India-South Africa TRIPS Waiver (October 2020 - February 2021)***

EACT Korea's core actions in this stage were supporting and defending India-South Africa TRIPS Waiver proposal, and we planned and carried out our actions based on the TRIPS council meeting. Our first action was around the WTO TRIPS council meeting held on October 15 - 16. Korean Civil Society Organizations (CSOs) urged the Korean government and other WTO members to support the TRIPS waiver. On October 15, the EACT-Korea with 387 other CSOs sent a public letter to the SKG. EACT Korea team attached the PHM statement and columns in relation to the TRIPS Waiver to the public letter. The core message that was sought to be conveyed was that unless concrete steps were taken to address IP barriers at the global level, a serious accessibility issue would arise simultaneously as COVID-19 technology was released. We strongly urged the SKG to support the TRIPS waiver at the TRIPS council meeting and to issue compulsory licensing for rapid technology transfer, and prioritize people's health and lives over corporate monopolies.

The South Korean Ministry of Trade, Industry and Energy responded that supporting the TRIPS Waiver could have a negative impact on overcoming Covid-19, as it is still in the early stages of discussion at the WTO and could hinder innovation (or development) of Covid-19 vaccines and treatments. The SKG expressed its position not to support the TRIPS waiver at an informal TRIPS council meeting held on November 20, 2020 (Box 1). After that, EACT SA team in association with other SK civil society organisations continued to advocate and mobilize support for persuading SKG to change its stand and support the TRIPS waiver. Such sustained advocacy was done through various actions such as releasing statements and articles, presenting as well as participating in webinars, and distributing of infographics (in both Korean and English).



**[Box 1] Reply from the South Korean Ministry of Trade, Industry and Energy (November 19, 2020)**

A. Based on the recognition of the importance of the R&D, manufacture and equitable distribution of Covid-19 vaccines and treatments, various international cooperation is being promoted, and the Korean government is also actively participating. Among others, the WHO launched ACT-A to promote equitable access to Covid-19 vaccines, treatments, and test kits, and the Korean government has also committed to contributing. In addition, the Korean government participated in the 'COVAX Facility', a multinational consultative body for the joint development and distribution of vaccines created by the WHO and the GAVI, and the COVAX AMC to distribute inexpensive vaccines for developing countries.

B. Meanwhile, the proposal from India and South Africa about TRIPS waiver is currently in the early stages of discussion. Countries agree that humanitarian aid is needed for developing and the least developed countries, but they are also considering and discussing the fact that it could have a negative impact on overcoming Covid-19 by hindering the incentives to develop new drugs. In addition, in order to apply compulsory licenses more flexibly, it was also indicated that Article 31bis of the TRIPS Agreement revised in 2017 needs to be fully utilized.

C. Recognizing that an effective intellectual property (IP) protection system is an important device for overcoming the health crisis as an incentive for innovation, we will actively contribute to the international cooperation to improve access to medicines to overcome the global health crisis. To this end, we will actively participate in the discussions of the TRIPS council meetings in close communications with relevant ministries and stakeholders, and carefully review the impact of the IP system on public health while closely monitoring related trends.

In view of these points, please understand that it is difficult to actively support the proposal of the India and South Africa TRIPS waiver at the meeting on November 20.

Despite repeated CSOs' petitioning, the SKG has not made any change in its ambiguous stance on TRIPS waiver, neither positive nor negative. The SKG claimed that a waiver of intellectual property rights would prevent innovation in Covid-19 vaccines and treatments.

To understand this, one would have to take into account that there was another political event at the WTO. It was the election of the WTO Director-General. The election of the WTO Director-General, which began in September 2020, reached the final stage after two stages, but it was difficult to reach an agreement. And Yoo Myung-hee, the South Korean Minister of Trade was a candidate who competed with Ngozi Okonjo-Iweala of Nigeria, who is currently the WTO Director-general.

104 members of 164 WTO member states appointed Ngozi Okonjo-Iweala as the next WTO Director-general, but the U.S. voted against it, putting the brakes at the final stage. The final stage of the WTO Director-general was not a vote but a consensus, so the U.S. opinion worked as a significant political factor. At that time, the Trump administration officially supported candidate Yoo Myung-hee and they sent their message to candidate Yoo through informal diplomatic channels, not to resign. For the SKG, becoming the head of an international organization meant strengthening its position in the global society, and the U.S (especially the Trump administration) supported candidate Yoo in order to check China.<sup>1</sup>

After Biden administration took charge, the WTO consensus quickly progressed. On February 5, candidate Yoo announced her official resignation, which was widely interpreted as a foreseen outcome.

Considering the fact that SKG still does not support the TRIPS waiver, it is possible that the SKG delayed taking any position on the TRIPS waiver due to the election of the WTO Director-General. Korean CSOs also did not expect the SKG to make a progressive decision outside a boundary of the current pharmaceutical regime, even if candidate Yoo was elected. The candidate Yoo herself did not express any official opinions on either the TRIPS waiver or IP issues during the election, but on May 26, 2021, the former candidate Yoo said that "The principle is that IP protection should be respected as the basis of innovation." at the WTO Ottawa Group Trade Ministers' Meeting.

### ***iii. Stage 3: Standing with the TRIPS Waiver Proposal (February 2021 - June 2021)***

---

<sup>1</sup> The Chinese government officially announced its support for candidate Ngozi Okonjo-Iweala.

This stage is twofold, as 'a third way' statement by the WTO Director General and the U.S. government's support for the TRIPS Waiver needed to be separately treated as different waves and moves.

#### *a) Wave 1*

On February 13, 2021, Ngozi Okonjo-Iweala, Director-General of the WTO, called for 'a third way' towards scaling up the manufacturing of Covid-19 vaccines. This was also the time that regional institutions such as the EU and African Union sought alternatives for access to COVID-19 vaccines in the region.

At this time, EACT Korea discussed whether the slogan and target of the EACT Korea needs to be revisited or revised in accordance with the global context explained above. But the project team agreed that EACT-Korea will still stick on the support for the TRIPS Waiver instead of rising voice on local manufacturing or scaling-up.

Hence, from February to April 2021, EACT Korea and PHM Korea member organizations continued the campaign activities for the TRIPS Waiver such as holding a press conference in front of the National Assembly and writing newspaper articles about the TRIPS Waiver and vaccine IPs. PHM Korea at this period also participated in criticising xenophobic policies by the government related to access to Covid-19 technologies and disinfection at the local level.

#### *b) Wave 2*

In early May 2021, United States Trade Representative Katherine Tai declared support for a waiver of intellectual property rights for only vaccines under the TRIPS. South Korea's trade and economy overall has been heavily relying on the U.S., so this announcement gave expectation to the EACT Korea campaigners that the SKG might publish a similar statement. But nothing was declared by the Moon administration. In this period PHM Korea kept up its advocacy actions by speaking up and writing into a number of platforms and mobilization activities towards the TRIPS Waiver proposal.

This was also the time that negotiations and deals between global Big Pharma and South Korean pharmas received publicity. EACT Korea now faced a challenge between its global responsibility discourse that PHM kept continuing which called for covid technologies as public goods versus the 'boosting Korean industries for global supply' rhetoric that the SKG had started to actively push and which was calling for Korean pharma to align with international big pharma and become part of the profiteering.

B. Interventions on specific Issues in Korean pharmaceutical systems  
Case studies- followed by PHM- EACT-CSO Action

### **Policy Briefs in Support of the Waiver:**

In a policy brief published in March 2021, EACT Korea summarized the global initiatives and platforms devised after the Covid-19 including the waiver. The brief also summarised the progress in which the waiver was proposed and discussed at first, introducing and refuting issues such as technological innovation through the intellectual property regime, the sufficiency of voluntary licensing and flexibilities, and why the waiver should be supported.

Finally, the brief explained the expected situation in South Korea if the waiver is passed or not. If passed, countries with production capacity for Covid-19 technology would have the basis to produce related technology, and access would be enhanced if governments and pharmaceutical companies actively cooperated. On the other hand, if the waiver is not passed, it was expected that high prices would continue and accessibility would be impaired.

In conclusion, the brief demanded that the SKG should take active action in the global community, such as using compulsory licensing, encouraging technology transfer, and implementing public control from the R&D stage. In addition, companies were required to share research results through C-TAP or MPP, and civil society and academia were required to continue monitoring and advocacy. The brief also attached as an appendix to the press release of a press conference urging the SKG to support the waiver proposal.

### 3. Specific Intervention Theme -1: Public Research and Development (R&D) in South Korea (January 2021)

Since the Covid-19 pandemic, the SKG has pledged full public support for the development of 'Korean' Covid-19 vaccines and treatments. Public funding is one of the core strategies of medical Research and Development (R&D), and the Covid-19 pandemic had provided a huge amount of financial support to the Korean vaccines and treatments research. The SKG supported the commercialization of publicly funded R&D conducted by pharmaceutical companies, and in the process, the R&D output. Patents or technology of public research institutes were exclusively licensed to the relevant companies.

EACT Korea insisted that R&D outcomes and benefits should be enjoyed by all people and society, since Covid-19 vaccines and treatments were developed with the taxpayers' money. And we further emphasized that the global society should enjoy all of these benefits. This is because not only because of the R&D fund, but also the efforts of research participants who contributed their valuable bodies to the clinical trials should be considered. In other words, it is international common sense to fight infectious diseases together, sharing the achievements and enjoying the benefits of R&D.

To provide evidence to support our argument, we searched for relevant official data systematically. Data was mainly extracted from the National Science and Technology Information Service (NTIS), which contains public R&D information including programs, projects, human resources and outcomes. According to the NTIS, the SKG supported a total of 11.6M USD as a public R&D for Covid-19 vaccines in 2020. Four vaccine candidates were supported by the public R&D, all of which were developed by South Korean pharmaceutical companies. The most publicly funded company was Genexin which received 8M USD, and SK Bioscience, Cellid, and Jinwon Life Science also received 2.6M USD, 0.6M USD, 0.1M USD respectively (Table 1).

**[Table 1] Public R&D for COVID-19 vaccines in South Korea**

Company	Vaccine Candidate	R&D Management	Subject of R&D Project (project	Amount of
---------	-------------------	----------------	---------------------------------	-----------

	te	Sector	code)	Public R&D (USD)
SK Bioscience	NBP2001	Ministry of Health and Welfare	Discovery of new coronavirus treatment and vaccine candidates (1465031161)	87,912
		Ministry of Trade, Industry and Energy	Derivation of Bioindustry (1415169516)	1,063,736
		Ministry of Health and Welfare	Support for clinical trials of COVID-19 vaccine candidate (1465032196)	1,406,593
Cellid	AdCLD-CoV19	Ministry of Science and ICT	Development of technology for new-emerging/mutant virus (1711120263)	615,384
Jinwon Life Science	GLS-5310	Ministry of Health and Welfare	Discovery of new coronavirus treatment and vaccine candidates (1465031356)	127,473
Genxin	GX-19N	Ministry of Food and Drug Safety	Safety management of prevention of biological product and infectious disease (1475012149)	105,494
		Ministry of Health and Welfare	Support for clinical trials of COVID-19 vaccine candidate	8,149,450

			(1465031888)	
--	--	--	--------------	--

Source: National Science & Technology Information Service (n.d.).<sup>2</sup>

The PHM-EACT Intervention on this issue took the form of issue of policy briefs and their dissemination. The first EACT Korea brief ([link](#)) contains the contents described above.

The first issue brief was uploaded to PHM Korea Facebook and PHM Korea blog, and we also issued a press release ([link](#)), titled 'Who has the right to use public R&D outcomes?' so as to share our actions with the public. Korean daily newspapers, *Hankyoreh* ([link](#)) and the *Kookmin Ibo* ([link](#)), also covered the issue brief as an op-ed on February 3, 2021.

#### **4. Specific Intervention Theme -2: Intervention on dubious medical product: Celltrion's Regkirona (From November 2020 to February 2021)**

In December 2020, Celltrion, a Korean biotech company, announced that it had completed phase 2 of clinical trials of Regkirona, an antibody treatment for Covid-19, and submitted an application for approval to the Ministry of Food and Drug Safety. Since then, the Korean Pharmacists for Democratic Society (KPDS) has issued a statement calling for the transparency of the result of the clinical trials of this treatment. ([link](#)) The statement said that as public funds were invested in this treatment, and the Korean National Institute of Health was a co-researcher, the SKG and the Ministry of Food and Drug Safety should must transparently disclose the results of the clinical trials. In January 2021, the Korean civil society issued another statement demanding transparent and accurate information on this treatment. ([link](#)) The statement criticized the treatment's insignificant impact on the prevention of the spread of the Covid-19 and that information was not transparently disclosed, and pointed out that nationalism and the stock market put this treatment as the key breakthrough to defeat the Covid-19. After that, in February, after the treatment was approved, KPDS published an op-ed claiming to transparently disclose the research process and results and to transfer the technology around the world based on the fact that the treatment received numerous financial and institutional public support from the

<sup>2</sup> National Science & Technology Information Service. (n.d.). Public R&D organizations. <https://www.ntis.go.kr/orginfo/index.jsp> (in Korean)



initial stage of development. ([link](#)) This series of criticism and advocacy activities faced numerous criticisms and counterattacks from the nationalists and shareholders of the company.

### **5. Specific Intervention Theme - 3: The COVID-19 diagnostic kits industry in South Korea (June 2021)**

The SKG made emergency approval on several Covid-19 diagnostic kits at the early stage of the pandemic in 2020. Since then, many exemptions and deregulations were further made, but the public responsibility and accountability that the SKG and the testing kit firms should show were inadequate. Based on the team's study of the issues, a policy brief of the diagnostic kits industry under the Covid-19 in South Korea, was issued by CSOs/PHM. This policy brief traced what kinds of exemptions and deregulations were offered from the government to the Korean testing kit companies including exclusive licensing of the public R&D outcomes to private firms, the government's funding R&D processes and costs to the firms, and supporting manufacturing and exports of these Korean testing kits. In conclusion, this policy brief called for the monitoring by and accountability of the SKG towards more public returns about the profits of the testing kit companies supported and funded by the wider public.

### **6. Specific Intervention Theme- 4: Public manufacturing in South Korea (July 2021)**

After the 'ROK-US Vaccine Partnership' was agreed on during the high-level summit at Washington DC held on 21 May 2021, the SKG has been quickly pushing for a project, so-called 'South Korea as global vaccine hub'. The SKG announced that they prepared various policies to support making South Korea a global vaccine hub. The Korean Intellectual Property Office announced on 22 June 2021 that they would enact the accelerated examination for the Covid-19 vaccines over the next year. This was the SKG's official stance to support IP monopolies, and Korean CSOs immediately opposed this drive. Pharmaceutical companies' IP monopoly is a fundamental cause of the Covid-19 vaccine shortage that the global society has faced. Many manufacturing facilities that possess vaccine production capacities are not being utilized due to the IP monopolies, and all countries have been competing with each other for vaccine purchases. The EACT-Korea criticized the intellectual monopoly of pharmaceutical companies along with the SKG's current policy promoting



IP monopoly, and insisted that SKG utilize public production facilities for public health for all, and not for industrial promotion alone.

Within CSOs, we shared an understanding that Covid-19 vaccines should function as global public goods rather than as products for pharmaceutical companies' profit-seeking purposes, since Covid-19 vaccines were developed by a significant amount of public R&D support. But , although an enormous amount of public funds has been allocated to build public manufacturing facilities, the very existence of public manufacturing capacity was relatively less well known, even as compared to publicly financed R&D. There are four public manufacturing facilities in South Korea: the public CMO for Animal Cell-based Vaccines in Andong; the public CMO for Microbial-based Vaccines in Hwasun; the Biopharmaceutical Research Center in Hwasun; and the Korea Biotechnology Commercialization Center in Songdo. All four facilities have mass production capacities for vaccines. However, these public facilities currently served as a Contract Manufacturing Organisation (CMO) for vaccines being developed by pharmaceutical companies rather than performing a public function itself. In short, public manufacturing facilities, which were established with 100% public funds, were producing Covid-19 vaccines being developed by pharmaceutical companies, without public control, under vague aims such as fostering bio-industry and revitalizing the economy.

In order to promote public scrutiny and control over the public vaccine manufacturing capacity, the EACT-Korea brief ([link](#)), titled 'Who has the right to use Covid-19 vaccine produced by public manufacturing facilities?', investigated the capacity of public vaccine manufacturing facilities in detail, and the current contract status of COVID-19 vaccine CMO (Table 2). We used the information available online and also criticized the SKG for failing to disclose full relevant information despite our constant request.

**[Table 2] Manufacturing capacity and contract status of public manufacturing facilities in South Korea**

Region	Andong	Hwasun		Songdo
		The public CMO Microbial-based	The Biopharmaceutical Research	

			<b>Vaccines</b>		<b>Center</b>			
<b>Manufacturing Step</b>	Drug Substance + Fill & finish		Drug Substance + Fill & finish		Drug Substance + Fill & finish		Drug Substance + Fill & finish	
<b>Manufacturing Capacity</b>	Drug Substance	1,600L (200L ×3, 1,000L ×1)	Drug Substance	1,450L (50L×1, 200L×2, 1,000L ×1)	Drug Substance	Animal and microbial cell	Drug Substance	Animal cell: 4,500L (1,000L×4, 500L×1); Microbial cell: 500L (500L×1)
	Fill & finish	Isolator (12,000 vial/hr); Prefilled Syringe Filling (10,000 dose/hr)	Fill & finish	Isolator	Fill & finish	Isolator (2,200 vial/hr); Prefilled Syringe Filling (4,500 syringe/hr)	Fill & finish	Isolator (7,200 vial/hr); Prefilled Syringe Filling (22,000 dose/hr)
<b>COVID-19 Vaccine manufacturing contract</b>	Jul. 2020: Cellid and Sumagen & LG Chemicals; Feb. 2021: Sputnik V (drug		Sep 2020: Genexin		Nov 2020: Cellid		May 2020: Genexin (clinical trial vaccine); Feb. 2021: Sputnik V (drug substance)	

<b>act</b>	substance)			
------------	------------	--	--	--

Source: People’s Health Movement Korea (2021).<sup>3</sup>

Like other briefs, we also issued a press release for this ([link](#)) and one of the Korean daily newspapers, *Healthtapa*, reported on the issue ([link](#)).

## **7. Specific Intervention Theme – 5: Equitable vaccine distributions for the marginalized population in Korea**

**(From January 2021 to April 2021)**

One of the major issues that affected the poorer and more marginalized sections of the population was inequity in access to vaccines. To respond to this problem, EACT-Korea began an effort at monitoring the distribution of vaccines and publicly sharing its concerns with the public using testimonies from the field. To this end from January to March 2021, around the start of the national vaccination program, the ‘Consecutive colloquium of human rights and civil society organizations on COVID-19 Vaccination’ was held six times. Each colloquium was held to hear the voices of the citizens under the principle of ‘people-centered perspective’ and ‘dignity and equality’.

EACT-Korea team met with the disabled, homeless, migrant workers, essential workers, people living with HIV/AIDS and care workers every other week and emphasized the role of civil society and of the public healthcare system, going beyond distributive justice.

In addition, a report summarizing the contents of this colloquium was published in April 2021.

---

<sup>3</sup> People’s Health Movement Korea. (July 5, 2021). ‘Who has the right to use COVID-19 vaccines produced in public manufacturing facilities?’ Retrieved from <http://health.re.kr/?p=8211> (in Korean)

## C. India

### 1. Background

The initiating group of EACT program in India, were the India representatives on the PHM steering council, Sulakshana Nandi and Amulya Nidhi, and the Global Coordinator. This was followed by detailed consultations with PHM country circle (Jan Swasthya Abhiyan, JSA, PHM India) during its National Coordination Committee (NCC) meeting on 27<sup>th</sup> August, 2020. This meeting also enabled the creation of the program advisory committee (PAC), which would guide the program and which would ensure better coordination with JSA as well as a number of other partners active in this area.

The Program Advisory Committee (PAC) suggested a broad based national consultation so that voices from the ground could also be factored in and prioritisation of the issues that the program in India could take up for research and advocacy. It was decided that a preliminary questionnaire be circulated among state networks to understand the basic issues of access to health services and care not only for COVID related requirements but also the impact of COVID related restrictions on response to other health needs.

One of the first activities that were taken up were to draft two inter-related background documents- one on evolution of policy with respect to Covid-19 and the other is [on the actions taken by civil society organizations](#). The latter notes that even before the program was in place, civil society organizations were very active on many of the issues related to technologies- and even after the Program is in place, the activities and interventions of other partners would be the major share of CSO interventions that are taking place. These two notes would help the Program chart how it would add value. An important decision was to develop an understanding of the development of policy and CSO action in the states as well.

The report of the activities of people's health movements during the last one year with linkage or relevance to EACT Program are presented in this report under the following categories:

- a) National Level consultations & Webinars (by JSA and partner and organisations)
- b) An Over-All Situation Analysis Paper

- c) Follow-up actions subsequent to situation analysis
- d) Issue of Other Position Papers and Statements
- e) Intervention before Courts
- f) Campaign on India-SA proposal for TRIPS waiver before TRIPS council
- g) Response to the second wave of Covid
- h) Advocacy and Campaigns and Public Information through Media/social media/Events
- i) Publications

## **2. National Level consultations, seminars and meetings (by JSA and partner organizations)**

- a) A National Consultation on Equitable Access to COVID-19 Technologies and Treatment, 14 November 2020:

This consultation was held online with over 11 speakers, about 60 members participated in the consultation spanning more than three hours. Given the plurality of participants, the webinar was concurrently translated from English to Hindi. The sessions were held on five themes: PPE; diagnostics; treatment and intensive care (including therapeutics); vaccines; and impact on non-Covid health services. Various aspects of inequity in access to healthcare were revealed during the consultation including:

- i. Lack of sufficient Personal Protective Equipment and inequity in distribution of the PPE across healthcare hierarchies;
- ii. Lack of transparency on information regarding demand and supply of diagnostics;
- iii. Unequal access to diagnostics in rural-urban areas;
- iv. Lack of civil society representation in ACT-A;
- v. Increased out-of-pocket expenditure for healthcare;
- vi. Severe impact on regular healthcare services such as maternal healthcare, malaria, TB and HIV programs and possible shift toward privatised healthcare;
- vii. Absence of monitoring of safety amongst vaccine trial participants.

- b) "Ethical and Legal Challenges in Research on Preventive Vaccines and in Making Approved Vaccines Accessible" a five seminar series: 07 November -21 November 2020: Organized by SAMA Resource Group for Women and Health, an affiliated member organisation of PHM. EACT Project Advisory Committee member Sarojini N and Sundararaman T were amongst the speakers at the sessions in the seminar series.
- c) A [Panel Discussion](#) on TRIPS Waiver Proposal: The State of Play and the Way Forward. 18 December 2020: Member of the EACT-India PAC- K M Gopakumar, spoke at the panel discussion on aspects of the proposal for waiver before the council and the impact it would have in the context of COVID-19.
- d) Pandemic & Public Health: Learnings from the Past and Present- [Webinar 1](#) on 30<sup>th</sup>March 2021, and a Webinar 2 on 16 April 2021, organised by SAMA Resource Group for Women and Health

### 3. Situational Analysis

One of the important activities under the Program was to understand the current situation with access to Covid-19 care and the different barriers as this could throw light on policy and implementation gaps. Once such gaps are identified action could be taken to close these gaps- either through advocacy or by raising peoples voice or by community level facilitation. Initially a scoping exercise was carried out along with the state networks to identify the priorities. A template was developed and the state networks were given an orientation on how to undertake the exercise. The state networks that undertook the exercise successfully and expressed interest in taking this work forward, were engaged subsequently for the more detailed situational analysis.

The situation analysis was done at national and state level, mainly based on secondary data and media reports. At the state level in addition to secondary data, using health movements networks, field studies, mainly in the form of qualitative data was also carried out. Four state level networks were identified to undertake situational analysis of access to Covid-19 care as well as impact on other healthcare services. These networks were based in the states of Chhattisgarh, Karnataka, Bihar and Tamil Nadu. The tools for data gathering for the situational analysis were drafted, finalized with the program advisory committee's sub-group and then shared with the state networks. A training session was conducted for state teams. The tools which were largely interview schedule and aids for qualitative in-depth interviews as well as case studies, included such topics as to understand the status of cost of testing in the state, types of diagnostics available, cost of hospitalisation/Covid treatment packages, access to information on Covid-19 related guidelines and price control, status of isolation centres, counselling at these centres and referral pathways to clinics, availability of PPE to different categories of healthcare workers, impact of Covid on access to treatment for non-COVID conditions such as TB, cancer, HIV, malaria, diabetes, immunisation, and maternal and child health. Ethical approval for the situational analysis was obtained from Public Health Resource Society India.

Data collection took place from mid-January to mid-March 2021. The states submitted the data collected by them. It was analysed and developed into a report for further advocacy. Karnataka collected 24 case studies, including people affected by HIV, families where members have succumbed to Covid-19, families plunging into financial burden, as well as state of working conditions of healthcare workers. Tamil Nadu collected 18 case studies, including group work with

community health care workers, nurses and sanitary workers. Bihar collected 20 case studies including on aspects of maternal health, those affected by non-communicable diseases and increased debts due to lack of services at public hospitals. Chhattisgarh undertook interviews with persons affected by Covid, those who needed care for other diseases. These cases included participants from both urban and rural areas. They also undertook group discussions with vulnerable groups including transgender community, and those working with tribal communities in the area. One special feature of the JSA-Chhattisgarh study was its highlighting the unfair working conditions of community health workers (ASHAs/Mitanins). This was also documented in the situational analysis. The issue was [covered](#) in national media.

At the national level an online survey was conducted about the availability of the Personal Protective Equipment (PPE) for health care and other frontline workers.

Furthermore, a study was undertaken on the evolution of Covid-control policy built around the development of the policy on Covid diagnostics.

#### **4. Actions subsequent to the Situational Analysis**

##### **Bihar**

- a. Undertake media advocacy in print and electronic media on the key findings of the situational analysis with the focus on vernacular media in Bihar.
- b. Also undertake media advocacy with web-based media organisations at the national level.



- c. Sharing of key messages of the situational analysis with the member organisations of Jan Swasthya Abhiyan, Bihar and also with like-minded groups and networks.
- d. Printing pamphlets based on key messages of situational analysis and its distribution among section of communities where JSA members have presence.
- e. Sharing the key findings of the situational analysis with government officials at government and state level.

## **Chhattisgarh**

- a. The Chhattisgarh team has continued to highlight the issue of lack of decent work for community health workers (ASHAs/Mitanins) throughout the pandemic. They have [documented the issues faced by the Mitans](#) and other CHWs and undertaken policy and media advocacy based on the situational analysis. The documentation has also been used in [global publications by PHM](#) on the impact of health workers during Covid-19.
- b. The situational analysis was used by JSA Chhattisgarh to develop statements and letters to the state government on the Covid-19 situation in the state along with demands. Letters on the need to take urgent measures for food and social security in view of lockdown in Chhattisgarh and suggestions regarding handling the second wave of Covid-19 Pandemic in the state were sent to the state government by the network.
- c. During the second wave team members supported citizen groups providing information to people affected with Covid-19 in need of hospitalisation or oxygen.
- d. A [webinar](#) was organised on 22<sup>nd</sup> May 2021 by JSA Chhattisgarh, All India People's Science Network (AIPSN) and Bharat Gyan Vigyan Samiti (BGVS) with grassroots activists on the issues and questions around vaccination. More than 90 activists participated.

Additionally, the video has more than [100 views on Facebook](#). The discussion was subsequently developed into a [podcast](#).

- e. An online discussion was organised on 26<sup>th</sup> April 2021 with women's and workers' organisations to orient them on prevention and management of Covid-19 in their communities and colonies.

## **Karnataka**

- a. The situational analysis report is being translated into local language and is being shared with others in the state.
- b. Virtual meetings were held where other were encouraged to share the testimonials with details of the denials.
- c. A plan was charted to have virtual meetings on a regular basis as a follow-up of the EACT report.
- d. Discussions are also being held with state level trade unions and other organisations.
- e. Karnataka JSA along with other states is also planning to take up the issue of opposing the NITI Aayog (a think tank) about its recommendation to privatise the government district hospitals.

## **Tamil Nadu**

- a. District level Consultation was organised at Dharmapuri during the EACT study with more than 35 observations across Dharmapuri and Tirupattur Districts in which few cases were presented in the presence of Local members of Legislative Assembly, Department officers and MNI/JSA members. Few of the observations were recorded as case study later for the study.
- b. During the 2nd wave, newly elected Tamil Nadu government set up a war room and appointed an IAS who coordinated and had special focus on Private sector queries and complaints. We took this opportunity and filled him with these findings for action.

- c. The Tamil Nadu team had set up an Online Helpline with a team of psychologist, doctors and Caller Volunteers to help and direct needy on the side of consultation, treatment, counselling and other specific requirements from the ground along with more than 150 field volunteers.
- d. Six online orientation meetings were organised for MNI/JSA members and volunteers across TN on COVID-19 Therapeutics and Vaccination where more than hundred people participated and got oriented.
- e. Health System Observatory was an initiative piloted before COVID period for strengthening the Public Health System by observing CEA. During COVID phase 1 and 2 observation theme and activity was focused on these issues and responded in many ways at the field level. Post Study, HSO is extended to two more places and started observing the preparedness of the health system towards expected 3rd wave at ground level including status of children and women in the context of health aftermaths.

## **5. Statements and Position Papers by associated people's health movements**

- a. All India People's Science Network (AIPSN), a network of PHM India, issued a [statement](#) on "*Vaccines and IPR waiver India-South Africa Proposal for TRIPS Waiver – Putting People before Profit*".  
The statement iterated that, "*The need of the hour is to dismantle, or at least limit the IPR regime, which promotes profits for a few at the cost of lives of the people. With the world facing such unprecedented public health crisis, it is important that the TRIPS obligations are waived off, at least until the situation comes under control, as mentioned in the India-South Africa proposal.*"

- b. 08 December 2020: The All India Drug Action Network [wrote](#) to the Minister of Health and the Drugs Controller General of India raising concern over the emergency approval application submitted by Serum Institute of India for its vaccine candidate- COVISHIELD. The letter also raised concerns over lack of transparency on protocol for approval for emergency purposes and protocols for investigating serious adverse effects from the vaccines that were being [reported](#). The letter demanded details and clarification on the protocols that would be followed in examining the application by Serum Institute of India, and transparency on protocol for investigating serious adverse effects being reported.
- c. 10 December 2020: AIDAN issued a [statement](#) on Serum Institute of India's application for emergency approval for COVISHIELD. The statement recommended that with respect to emergency approval for COVISHIELD of all clinical trial protocol for the Phase 2/3 bridging trial for COVISHIELD along with all amendments made to the protocol, and information about which interim data from each of the clinical trials will be considered and reviewed, should be disclosed. It sought clarification on whether Serum Institute's application would be considered prior to the grant of an EUA in the UK to AstraZeneca/Oxford's vaccine candidate. It also sought disclosure of the licensing and technology transfer agreement between AstraZeneca and Serum Institute of India (SII) and the agreements between SII and the Gates Foundation, GAVI and COVAX and other international agencies. The statement also sought clarification on the parameters on the basis of which emergency use approval is granted.
- d. 12 December 2020: The AIPSN issued a [statement](#) on "*On Scientific, Independent and Transparent Process for Emergency Use Authorization (EUA) of anti-Covid Vaccines in India*". The statement

called on the Subject Expert Committee and the Drug Controller General of India conduct a thorough scientific assessment of available early data from Phase-3 trials in India or abroad in an independent manner. The statement also called for releasing the data based on which any recommendation related to the vaccine candidates are made.

- e. 16 December 2020: AIPSN published a position paper on the “**Fog over Covid-19 Vaccines in India**”. The [position paper](#) called for a science-based, equitable and rigorously conceived nation-wide policy in India for development, manufacture and deployment of vaccines in a free, universal vaccination strategy against Covid-19.
  
- f. 29 December 2020: AIPSN published a [statement](#) urging to “Stop Monopoly Publishers Efforts To Deny Public Access to Scientific Publications”. The statement came following the lawsuit filed by three major academic publishers—Elsevier Ltd., Wiley India Pvt. Ltd., American Chemical Society— before the Delhi High Court asking for blocking of Sci-Hub and Libgen in India. SciHub is a site to allow mass and public access to research publications that are behind paywall. LibGen is a website that gives free access to scholarly journal articles, academic and general-interest books, images, comics, and magazines. SciHub and LibGen has given allowed free access to several articles and books that are paywalled, resulting in access to vistas of knowledge that could not have been available to scholars and researchers due to inability to pay huge sums for science journals and other magazines. Such a lawsuit not only threatens access to knowledge to students and researchers, but also jeopardises the efforts of open access especially during the time of COVID-19. The statement demanded “*that the monopolistic model of access to knowledge be given up and the process of free access to knowledge by the public accepted.*” And acknowledged

joining hands, *“in support of those legally fighting these monopoly publishing industries against SciHub and Libgen.”*

g. 02 January 2021: AIDAN issued an Immediate Response to Subject Expert Committee (SEC) of the Central Drugs Standard Control Organisation’s recommendations to grant restricted emergency use (REU) approval to vaccine candidates of Serum Institute and Bharat Biotech. The response sought information on the efficacy estimates for the dosing regimen and dosing schedule that was proposed to be followed in India, the specific data and analysis of the foreign trials of the AstraZeneca/Oxford vaccine that was the basis of the SEC’s decision, the extent of the data for safety and immunogenicity from the Phase 2/3 bridging study in India that was submitted and reviewed by the SEC. The response also sought detailed rationale for the decision along with disclosure of the data, evidence and information that was reviewed. The response also expressed shock over REU approval to Bharat Biotech’s COVAXIN in “clinical trial mode” and “specially in the context of infection by mutant strains”. It noted that no efficacy data for the CVOAXIN were submitted from the Phase 3 trials and the only data for humans, available through publication pre-prints, are for safety and immunogenicity from Phase 1 and Phase 2 trials, across a total of 755 participants. The response urged the DCGI to reconsider the recommendations of the SEC in granting the REU approval to COVAXIN.

h. 03 January 2021: The All-India Drug Action Network (AIDAN) issued a statement in response to the statement of Drug Controller General of India (DCGI) informing that the Central Drugs Standard Control Organisation has granted approval to both Bharat Biotech and Serum Institute’s vaccines for restricted emergency use. The statement noted that there was no clarity on scientific basis to claim that COVAXIN will be effective in the “context of infection by mutant

strains". Further, in context of Serum's vaccine, it noted that the data for all participants in the Indian trial were not submitted and that it was not clear whether the data and analysis from the Astrazeneca/Oxford trials were taken into consideration. The statement also pointed out the lack of efficacy estimates for the dosing regimen and dosing schedule to be followed in India. The statement demanded that the regulator make publicly available all the data & analyses that were the basis of these decisions, before roll-out of the vaccines.

- i. 06 January 2021: The AIPSN issued a [statement](#) on the, "*Hasty Regulatory Approvals in India for Covid-19 Vaccines*". The statement was issued post the approval issued by the Central Drug Standard Control Organisation to the vaccine candidates of Serum Institute (of the name COVISHIELD) and that of Bharat Biotech (of the name COVAXIN) for "restricted use in emergency situation". The statement called for re-consideration of approval for COVAXIN till efficacy data is available or, and not allow no roll-out of COVAXIN for mass vaccination, publish data related to the Phase-III efficacy trials for both vaccines at the earliest, and not release Covid-19 for commercial use without regular approval as per protocols (as distinct from emergency use authorization).
  
- j. 10 January 2021: Group of survivors of the Union Carbide disaster in India- Bhopal Gas Peedit Mahila Stationery Karamchari Sangh, Bhopal Gas Peedit Mahila Purush Sangharsh Morcha, Bhopal Group for Information and Action, and Children Against Dow Carbide wrote a [joint letter](#) to Prime Minister and the Union Health Minister of India raising concerns over irregularities and ethical violations in the conduct of the clinical trial for Bharat Biotech's COVAXIN. Several people from the communities affected by the Union Carbide gas disaster in Bhopal were recruited for the randomised, double-blind

phase 3 trial of Bharat Biotech International Limited's COVAXIN. The letter brought to light that many of these people who are poor and illiterate were not informed that they were being recruited for a trial and were under the belief that they were getting vaccinated for COVID-19 to protect themselves from infection. The letter also indicated that the trials did not follow the state guidelines advising that trial participants should not be given rewards/incentives, and also violated norms of informed consent required provided under the law related to clinical trials. It also raised the issue of not providing information to the participants about liability of the sponsor and lack of monitoring and follow-up after vaccination, and particularly death of a participant after 9 days of being after vaccination. The letter sought stopping the trial of COVAXIN at People's College of Medical Sciences & Research, Bhopal, form an independent body to conduct impartial investigation on the clinical trial, principal investigator and co-investigator be suspended, registration of the ethics committee at the People's College institution be suspended, vaccine trial data from the identified hospital be separated and not be used in the trial outcome analysis, and free medical care to the vulnerable section enrolled in the trial.

- k. 14 January 2021: Civil Society members issued a statement in support of demands for stopping Bharat Biotech's COVAXIN trial at People's Hospital, Bhopal. The statement demanded initiation of an investigation into legal and ethical violations related to the clinical trial of COVAXIN. It also demanded that the clinical trials at People's Hospital, Bhopal be terminated with immediate effect given the gross violation, and that compensation be provided to trial participants.
- l. 15 January 2021: All India Drug Action Network (AIDAN), partner network of PHM India, wrote to the Drug Controller General of India



(DGCI) seeking clarification on the exact nature of the clinical trial through which COVAXIN is to be rolled out to the public including whether informed consent is mandatory, whether there will be Ethics Committee oversight, whether there is a provision of compensation in case of trial related injury or death and sought that Bharat Biotech's 'protocol for rollout' is shared in the public domain. The letter also demanded that the DGCI ensures that Bharat Biotech complies with the condition of approval that requires the company to publish the prescribing information/package insert, factsheets, instructions and educational materials for the vaccine on its website. It also pointed out that the approval given to COVAXIN does not differentiate between regular approval and restricted use in emergency situation. In light of this, the letter demanded that the scientific rationale, data and analyses on the basis of which recommendations for use of CVOISHIELD and COVAXIN should be made public. Letter also sought details on the criteria on the basis on which the restricted emergency use approvals may get converted into full approvals or failing to meet which the REU approvals may be revoked.

m. 15 January 2021: The All-India People's Science Network (AIPSN), a network of PHM India, issued a [statement](#) on the vaccine roll-out in India. The statement called on the government to issue special protocol detailing the *clinical trial mode* under which the Covaxin is to be rolled out. The statement also called on the government to hold back the stock of Covaxin till further efficacy data is made available regarding the vaccine.

n. 14 April 2021: All India Peoples Science Network published its [statement on the second wave of COVID-19](#). The paper reiterates the need to understand the role of variants and expanding gene sequencing, the need to increase testing, tracing and surveillance,

the need to address vaccine shortage and inequity in access, need to scale up vaccine production

- o. 21 April 2021: All India Peoples Science Network issues a [statement](#) on government's Phase-3 vaccine strategy. The new vaccine strategy that has now left it up to the state governments to procure vaccines directly from private players by negotiation prices, instead of being allocated by the central government. The statement highlights that the strategy will undoubtedly exacerbate inequities in vaccination, in favour of urban, rich and well-connected sections of society. The statement demanded for rolling back of the new strategy and for recalibrated fully funded and universal vaccination programme backed by adequate government support for vaccine manufacturers including PSUs. These statements received wide coverage in the media
  
- p. April 23, 2021: Public Health activists Sarojini Nadimpally (EACT-India advisory committee member), Sundararaman T. (PHM Global Co-ordinator), Sulakshana Nandi (Co-Chair PHM Global), Deepa Venkatachalam (PHM India member), Neelanjana Das (PHM India member), and Priyam Cherian (EACT-India) [wrote](#) to the Health Minister to ensure that any patient who reaches a government hospital must not be turned away.

## 6. Interventions before Courts

1. The Supreme Court of India has taken *suo moto* cognisance of the COVID-19 crisis looking at various issues, from number of COVID health centres to vaccine roll-out policy. Several intervention applications were filed by different groups on this matter. Prof. T. Sundararaman (PHM Global Co-ordinator) filed an intervention

application challenging the new vaccine policy on grounds of inequity. The intervention application challenged the vaccine policy which now allows private entities to purchase vaccines and offer them to the public at unregulated charges. JSA Mumbai also filed an intervention policy. The Intervention of the Supreme Court led to substantial pro-equity changes in government policy and now free and universal access to Covid-19 vaccine is assured. 25% of vaccines are to be delivered through private hospitals and these can be charged, but 75% is through government providers and anyone get it free there. As it stands today the private sector lags behind expected outputs.

2. JSA Mumbai (Mumbai unit of PHM) also filed two intervention applications before the Supreme Court of India. One of the intervention applications challenged the vaccine policy allowing private sector procurement of vaccines. The second intervention application sought direction to the government to issue compulsory license on the COVID-19 therapeutics namely Remdesivir, Tocilizumab and Favipiravir. JSA Mumbai was represented by Mr. Anand Grover, Senior Advocate who is also a member of the Advisory Committee of EACT. The Court issued directions to the government to provide information related to revising vaccine policy, possibility to issue compulsory license to COVID-19 related treatment, allocation of treatment and oxygen to different states, and actions related to timely medical intervention.

## **7. Campaign on India-SA proposal before the TRIPS Council:**

- People's Health Movement India (Jan Swasthya Abhiyan, JSA) participated in the [Twitter Storm](#) on 8 December 2020

- March 2021: PHM India supported two training sessions for members of UAEM on intellectual property barriers to access and role of the TRIPS waiver proposal.
- March 2, 2021: PHM India supported twitter campaign focusing on US, Canada, Japan, EU and Australia.

## **8. Response to second wave of Covid**

- Given that the second wave of the pandemic spread to the rural areas as well, Bharat Gyan Vigyan Samiti (BGVS), a constituent of the JSA decided to undertake a training programme of 100,000 volunteers across 14 states and have over 7 days trained 1500 plus master trainers for this. Many of these state units are co-terminus with the state JSA units. Tamil Nadu Science Forum (TNSF) is also training 500 volunteers. The training is largely around access to medicines issues, promotion of Covid appropriate behaviour and campaign on access to vaccines/vaccine equity.
- A policy brief document is prepared on the evolution of the diagnostics policy during the course of the pandemic.
- EACT team is also working with local community groups to develop advocacy material to address vaccine hesitancy post the second wave in the country.

## **9. Media Articles/ Publications:**

1. [Delhi's COVID-19 Threat: Why the National Super Model's Predictions Diverge from Reality](#), Richa Chintan (JSA member), 12 November 2020, NewsClick
2. EACT members- Prasanna S and Priyam Lizmary Cherian wrote a commentary in national magazine on the South Africa- India

proposal at the TRIPS Council titled, "[COVID-19: The world needs to back India and South Africa's call to remove TRIPS hurdles](#)". The commentary was published on 16 November, 2020.

3. [COVID vaccination poses both a challenge and an opportunity](#), T. Sundararaman, December 2020, The Frontline.
4. [Covid-19 pandemic shows how India's thrust to privatise healthcare puts the burden on the poor](#), T Sundararaman, Daksha Parmar & S. Krithi, 11 Jan. 2021, Scroll.in
5. [Nine health workers have died in vaccine rollout. India must disclose status of probe into each case](#), Sandhya Srinivasan, Amar Jesani & Veena Johari (PHM India members), Scroll.in, 28 January 2021
6. [COVID-19 Vaccination Drive: No One Will Be Left Behind – but at What Cost?](#), Sarojini Nadimpally, Veena Johari, Sandhya Srinivasan and Indranil (PHM India members), The Wire, 28 January 2021
7. [Approval for Bharat Biotech's COVID-19 vaccine Covaxin lacks scientific basis](#), S. Srinivasan, The Frontline, 29 January 2021
8. [Who will foot the bill for Coronavirus vaccines?](#), Sarojini Nadimpally, Veena Johari, Sandhya Srinivasan and Indranil, The Wire, 29 January 2021
9. [WTO dithers on TRIPS waiver even as global gaps in COVID-19 vaccine access grow](#), KM Gopakumar (EACT-India advisory Council member) and Chaithali Rao, The Caravan, 6 February 2021
10. [Five steps the Indian government must take to ensure an effective rollout of Covid-19 vaccines](#), Priyam Cherian, Nitin Jadhav & Sulakshana Nandi, Scroll.in, 21 February, 2021
11. [Govt must ensure sufficient monitoring as private entities are drawn into vaccination drive](#), Malini Aisola , Siddhartha Das, The Indian Express, 2 March 2021
12. ['In principle almost 100% will require vaccination ... It should mean that everyone has an entitlement'](#), Interview with Sundararaman T.,

- Global Health Co-ordinator, PHM, The Times of India, 24 March 2021
13. [Second wave is likely to be larger than first, surveillance failure and COVID denial to blame](#), 5 April 2021, The Telegraph, Interview of Sundararaman T.
  14. [Compulsory Covid-19 vaccination won't help - coercion will increase hesitancy, not reduce it](#), Sandhya Srinivasan, Scroll.in, 07 April 2021
  15. [Why do we have a second wave of COVID-19](#), AIPSN, Commentary by Sundararaman T., 9 April 2021
  16. [The Public Sector Is Crucial for Self-Reliance in Vaccines and Public Health](#), 29 April 2021, The Wire Science, April 2021
  17. [Chhattisgarh took the right step towards vaccine equity - but the High Court blocked it with quotas](#), Sulakshana Nandi, Scroll.in, 09 May 2021
  18. COVID-19 Vaccine rollout: India needs to go back to tried and tested strategy of the National Immunization Program and control prices, Anand Grover (EACT-Advisory Committee member). Bar and Bench, 09 May 2021
  19. [Times Face-off: Was govt decision to split vaccine purchase between public and private sector-wise?](#) Revised policy allows vaccine makers to profit while increasing burden on the states, 15 May 2021, Sundararaman T., Global Co-ordinator
  20. [Rajasthan High Court directs government to give details on policy for vaccinating people without Identity proof](#), 29 May 2021, Priyam Lizmary Cherian
  21. [COVID-19 in India: A tale of crumbling health systems and political one-upmanship](#), 31 May 2021, People's Dispatch, Jyotsna Singh & Priyam Lizmary Cherian
  22. [Supreme Court directs centre to submit details on COVID-19 vaccine procurement and distribution](#), Priyam Lizmary Cherian (EACT-India RA), 2 June 2021

23. [Why is WHO's Tech-sharing platform C-TAP a Non-Starter?](#), Richa Chintan (PHM India member), NewsClick, 2 June 2021

## **10. Media (podcasts, media briefings, media coverage and quotes)**

1. [A stark class divide is emerging in India's Covid-19 vaccination drive](#), Vijayta Lalwani, 12 March 2021, Scroll.in, JSA member Sulakshana Nandi quoted
2. [Show COVID19 vaccination certificate, get ration under PDS, says IMA. Health experts protest](#), 6 April 2021, JSA member Sulakshana Nandi quoted
3. [Why India's vaccination drive faces many hurdles](#), Kalyan Ray, 04 April 2021, Deccan Herald, Sundararaman T., Global Co-ordinator PHM quoted
4. [Show COVID19 vaccination certificate, get ration under PDS, says IMA. Health experts protest](#), 6 April 2021, JSA member Sulakshana Nandi quoted
5. [Should India open up the Covid-19 vaccines for all age groups?](#) Vijayta lalwani and Arunbah Saikia, 08 April 2021, Quartz India, Sundararaman T., Global Co-ordinator PHM quoted
6. [BBC-Hindi Digital news update](#), Sundararaman T called for comments, 8 April 2021
7. [Interview](#) of Sundararaman T., on how the government has failed at multiple levels in containing COVID-19, NewsClick, 16 April, 2021
8. [On second wave of COVID-19 Infections in India](#), Chhyakada Chats-A Podcast with Dr. T. Sundararaman, 17 April 2021
9. [India is running out of oxygen, Covid-19 patients are dying – because the government wasted time](#), Vijayta lalwani and Arunbah Saikia, 18 April 2021, Scroll.in, Sundararaman T., Global Co-ordinator PHM quoted

10. [Chaotic messaging from govts and politicians has harmed India's COVID-19 fight](#), Anna Isaac, 22 April 2021, The NewsMinute, Sundararaman T., Global Co-ordinator PHM quoted
11. [Experts criticise India's complacency over COVID-19](#), Anoo Bhuyan, 01 May 2021, The Lancet, Sundararaman T., Global Co-ordinator PHM quoted
12. [What are the global implications of India's second COVID wave?](#), Furqan Ameen, 04 May 2021, Al Jazeera, Sundararaman T., Global Co-ordinator PHM quoted
13. [Indian opposition leader warns 'explosive' COVID-19 wave threatens India, world](#) - Prasanna Saligram, Coordinator (Global) of EACT project, quoted
14. [At Rs 700-Rs 1,500, price of Covid vaccine in India's private sector among costliest](#), Rema Nagarajan, 10 May 2021, The Times of India, Sundararaman T., Global Co-ordinator PHM quoted
15. [Why India is facing a severe shortage of nurses to fight the Covid-19 crisis](#), Aarefa Johari, 11 May 2021, Quartz India, Sundararaman T., Global Co-ordinator PHM and PHM Sulakshana Nandi Joint-Convener JSA, quoted
16. [Explained: How Indian states misreport their Covid-19 death toll](#), Anuprova Ghose & Isha Bajpai, 12 May 2021, Sundararaman T., Global Co-ordinator PHM quoted
17. [Bagged but not counted: the under-reporting of COVID-19 deaths in TN, P.V. Srividya](#), 13 May 2021, The Hindu, Sundararaman T., Global Co-ordinator PHM quoted
18. [Centre's claim that less than 2% Indians have been affected by Covid-19 isn't supported by ICMR data](#), Anuprova Ghose, Scroll.in, Sundararaman T., Global Co-ordinator PHM quoted, 21 May 2021.
19. [Why India's digital divide is hampering vaccine access](#), Sulakshana Nandi (Joint-Convener JSA) quoted, 21 May 2021, Devex
20. [Fighting Covid: Rural realities missing](#), Deccan Herald, 23 May 2021, Sundararaman T., Global Co-ordinator PHM quoted



21. [Vaccine Policy: India's Covid-19 vaccine policy threatens to exclude its most vulnerable](#), A Podcast with Sulakshana Nandi (Joint-Convener JSA), Suno India, 31 May 2021
22. [India's Women are getting left behind in its vaccination drive](#), LiveMint, 2 June 2021, Sundararaman T., Global Co-ordinator PHM quoted
23. [How Tamil Nadu is preparing for a possible COVID-19 third wave](#), 8 June 2021, The NewsMinute, Sundararaman T., Global Co-ordinator PHM quoted
24. [Vaccine Policy: India's Covid-19 vaccine policy threatens to exclude its most vulnerable](#), a podcast, The Suno India Show, July 2021

## 11. Peer-Reviewed Publications:

1. T. Sundararaman, Daksha Parmar, S. Krithi Public Health and Health Services as Global Public Goods: book chapter in India Exclusion Report(IXR) 2019-20
2. T. Sundararaman , V R Muraleedharan , Alok Ranjan : [Pandemic resilience and Health Systems Preparedness: Lessons from COVID 19 in the 21st century](#), Journal of Social and Economic Development 6th January 2021
3. *Good Public Health Logistics for resilient health systems during the pandemic: Lessons from Tamil Nadu*, Adithyan GS & Sundararaman T., Indian Journal of Medical Ethics, 6 April 2021
4. [COVID-19 has exposed deep cracks in the Indian Healthcare System](#), Sarojini Nadimpalli (PHM India member), The BMJ Opinion, 21 May 2021.
5. A chapter based on the Chhattisgarh situational analysis is being included in a book titled 'Covid-19 – A view from the margins', edited by Dr. Yogesh Jain.
6. [Pregnancy and Covid vaccine trials: Gender justice compromised](#), Sarojini Nadimpalli (PHM India member), Indian Journal of Medical Ethics, ndian Journal of Medical Ethics, [S.I.], v. VI, n. 3, p. 189, jul. 2021. ISSN 0975-5691.

## VI. Global Arm

### A. Introduction

One of the early activities under the program was to define the responsibilities of the Global Team (vis a vis the country teams) and the activities and outputs expected at the global level.

These responsibilities could be stated as follows:

#### 1. Organization and personnel:

The project was based with the PHM Global Secretariat in India, in consultation with the PHM Trade and Health Thematic Circle and coordinated by one full time project coordinator. The project was led by a program committee approved by the coordination commission and chaired by David Legge as T&H coordinator and chairperson of the program committee and convened by Prasanna Saligram. The Program committee met regularly and provided direction for the initiative. The list of Program committee members is provided in the Annexure – A. Sundararaman as PHM global coordinator also gave time to this work- as did a few activists at the global level. Its administrative work included:

- a. Managing the grant including accounting and report writing
- b. Managing project communications platforms (website, newsletter, social media, etc)
- c. Coordinating the project generally including meetings, communications etc
- d. Coordinating the meetings and activities of the EACT Global Team (including representatives from each of the country teams)
- e. Consultation regarding the broad directions and priorities for this program, within the team and with partners and allies.

#### 2. Project Implementation:

- a. Capacity building
- b. Monitoring the development, production, procurement and accessibility of health technologies globally, from the equitable access perspective, and communicating across the network
- c. Develop EACT resources page in website as part of PHM website with appropriate links from the front page

- d. Coordinating resource development ('backgrounders' and 'policy briefs') for the project; collating existing resources, developing new resources, 'commissioning' (suggesting) new resources through other organizations;
- e. Working with country teams to pool, analyse and document the methods, experience and findings of all the arms of the project.

### **3. Networking, liaison, collaboration across PHM and beyond - with or through the Trade and Health Thematic Circle:**

This included:

- a. Developing and sustaining the wider network (including non-pilot PHM country circles and non-PHM participating CSOs)
- b. Liaising with WHO officials, in Geneva and regional offices, who are involved in health technology access in relation to Covid
- c. Leading PHM's participation in international advocacy
- d. Developing and delivering advocacy materials through WHO Watch
- e. Encouraging and supporting PHM country circles to participate in global advocacy at the national level (eg influencing national government positions in global fora)

## **B. Major Policy Interventions:**

### **1. Campaign supporting Waiver by WTO TRIPS Council of TRIPS conditions**

On 2<sup>nd</sup> October 2020, India and South Africa wrote a joint letter to the WTO TRIPS Council seeking waiver from the TRIPS provisions on Covid technologies till the Covid pandemic had been successfully overcome. This became a rallying point of mobilisation across PHM country and regional circles and also partner networks and many activities during the current quarter were oriented towards mobilisation. It was also used strategically by the project team to reach out to the other likeminded partners and networks. In order to mobilise the PHM country/regional circles and to inform the public the following activities were organized:

### **2. PHM Web Briefing on TRIPS waiver**

Held on November 6<sup>th</sup> 2020, PHM, collaborated with Third World Network (TWN), Medicines Sans Frontiers (MSF) and Section 27

organisations, to organise this briefing around the waiver proposal and other issues relevant to a scaling of local production and the necessary technology sharing. It was given wide publicity through the PHM regional and country circles.

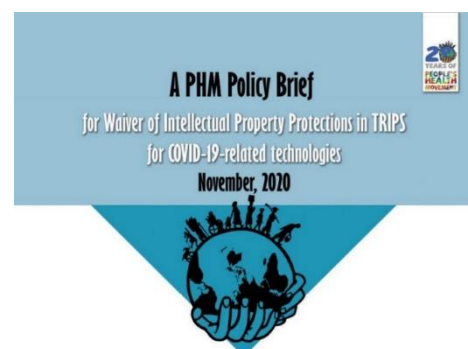
The online briefing was well attended with around 60 people participating. More importantly it had participants from the various PHM regions including francophone African region. Many partner networks like Health Action International (HAI), Medicus Mundi, Medico International, Third World Network, Geneva Global Health Hub (G2H2), Universities allied for Essential Medicines (UAEM) participated.

#### 4. PHM Action around the 19th Anniversary of Doha declaration:

14<sup>th</sup> November 2001 was the date when WTO adopted the Doha declaration on TRIPS flexibilities. The idea of utilising this to mobilise and advocate for the waiver proposal came out of one of the PHM Trade and Health thematic circle meetings. EACT project team initiated the statement which was released by the PHM Global secretariat globally. The statement can be accessed at the [link](#). This statement received very wide endorsements and also resulted in organisations and networks reaching out to the Project team (examples like that of Chase Perfect and Avaaz are listed below) for developing understanding around access to Covid technologies, the waiver proposal as well as for collaboration.

#### 5. Development and wide dissemination of Policy Brief on access to Covid technologies in general and TRIPS Waiver proposal in particular

There was an increasing demand from country circles, partner networks and even from the pilot countries to bring out 'popular' material in a demystified manner on the issue of access to covid technologies in general and the waiver proposal in particular to help develop the understanding among laypersons and thereby mobilising laypersons for advocacy purposes. The project team put together an explainer through a **Policy Brief**. The Policy Brief not only tried to answer some of the queries that some of the countries



had raised at the first meeting of the TRIPS council but also put in details around what a mechanism like Covax could do or not do. This was widely circulated through PHM and other partner networks. The policy brief can be accessed online at the [link](#)

Drawing from the Policy Brief, the PHM colleagues in Brazil prepared a Q & A document in Spanish for the Latin American region. The title translates to 'Access to Vaccines is a right'. This was used during a meeting of the Latin American region colleagues for mobilising the support to the waiver from the region. It can be accessed at the [link](#)

PHM South Korean brought out a Korean translated version of the Policy Brief which is available at the [link](#)

PHM Mozambique colleagues translated the Policy Brief to Portuguese and circulated it to various Civil Society organisation in Mozambique. They also presented the Policy Brief to the Minister of Health and also to a group of donors represented by the Health Partners Group who in turn did advocacy with the Mozambican government to support the waiver proposal. The Portuguese version of the Policy Brief can be accessed at the [link](#)

## 6. People's Health Movement US's explainer video on TRIPS Waiver:

PHM US friends contacted PHM EACT group for bringing out an [explainer video](#) on TRIPS waiver to be sent to Biden administration. Indian and South African project colleagues participated in the video and was sent to the Biden Administration.

## 7. Policy Brief on COVAX

Given the problems with COVAX mechanism at concept, design and implementation levels, the global arm brought out a policy brief ['Unpacking the COVAX Blackbox: A PHM Policy brief'](#) explaining as to why COVAX was designed and destined to fail.



The policy brief was also then translated and is now available in 4 different languages – Arabic, English, French and Spanish.

The policy brief has seen widespread dissemination on the social media

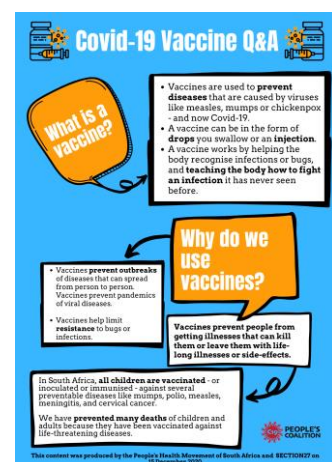
## 8. Vaccine Equity

A third major focus of the global arm was on vaccine equity: The initial major step in this regard was the development and release of a well research document on this theme in October 2020, authored by David Legge and Sun Kim. This essay was a working paper prepared for the 75th Anniversary of Nagasaki Nuclear-Pandemic Nexus Scenario Project, October 31-November 1, and November 14-15, 2020, The dialectics and tensions around the policy initiatives vis-à-vis access to vaccines and other technologies were explained in detail. Though the focus was on vaccines, the political economy around all other medical technologies were also brought to light including the role of global institutions like WHO and WTO during the pandemic times. The article can be accessed [here](#)

The global arm supported the development of a number of popular material on the issue of vaccines access. This included:

### i. Vaccine posters by EACT South Africa team

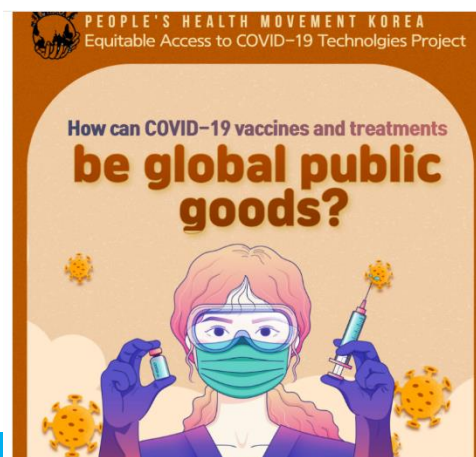
Vaccine denialism is a significant threat globally. To counter the vaccine denialism, South African project colleagues came up with infographics in the form of posters to explain about vaccines in demystified manner. A set of 5 posters were prepared explaining the various aspects around Vaccines. The posters have been put up at [EACT resources page](#). These posters are also being used for community level monitoring.



a

### ii. Infographics by EACT South Korea team

The project team in South Korea came up with an interesting set of infographics aimed at promoting the campaign of **Vaccines as Global public goods**. The infographics are available



인, 세계적 수준의 지역세입을 확보할 수  
기 위한 전 세계적 연대를 촉구하다  
[PHM Korea 이슈브리프] 공공 연구개발  
비용 통해 개발된 코로나19 치료제와  
백신, 이용할 권리는 누가 가져야 할  
까?  
[공동선명] 한국 정부는 코로나19 백  
신과 치료제를 전 세계 시민이 차별없이  
이용할 수 있도록 TRIPS 유예  
안을 지지해야 한다. (2021.02.03)  
PHM 정책 브리핑: 코로나19 기술에  
관한 TRIPS 협정의 지적재산 보호 유  
예  
For Waiver of IP protections in TRIPS  
for COVID-19 technologies

RECENT COMMENTS  
Harris Clark on [PHM Korea  
statement on COVID-19 outbreak  
and responses in South Korea](#)

SUBSCRIBE TO BLOG VIA EMAIL  
Enter your email address to



both in Korean and English languages at the following [links](#)

### ***iii. Domestic Manufacture***

This is work in progress. Material has been developed on the need for encouraging domestic manufacture and how developing countries can go about it.

This also covers changes required in global policies and global institutions to facilitate this.

## **9. Advocacy and Networking:**

### ***i. Articles and engagement with mainstream media***

On each of the above areas colleagues of the global arm engaged with the mainstream media. Given below are a few illustrative examples.

1. Project Colleagues Prasanna Saligram and Priyam Lizmary Cherian wrote a detailed commentary on the proposed India-South Africa waiver and why it was important for the world to back it. This was written to explain all the nuances of the policies and efforts happening around the globe with regard to access to medical technologies that could be understood by a layperson. The link to the article is [here](#)
2. Subsequent to PHM statement and mobilisation around the 19<sup>th</sup> anniversary of Doha declaration, one of PHM Italy's colleagues Dr. Nicoletta Dentico got in touch with the project team to get to know the various aspects regarding access to Covid technologies. The team shared the resource materials with her and on 17<sup>th</sup> November an article in Italian language that she co-authored with Silvio Garattine got published on the [www.Avvenire.it](http://www.Avvenire.it) website. The rough translation of the title of her article is "The Knot of Patents. Vaccines and drugs for common good". The link to the article is [here](#)
3. Ms. Guilia Riedo, a journalist of Italian origin, based in South Africa got in touch with the project team to develop her understanding on the barriers to access. This was one more offshoot of the global mobilisation and advocacy through policy briefs, statements etc. Prasanna from the global team, Priyam from India team and Leslie from South Africa team (as she was based in South Africa)



participated in an online discussion with her and also shared the resource materials with her subsequently. This also helped Guilia to make the local connection with the South African team.

## ***ii. Strengthening PHM thematic circle on Trade and health***

PHM thematic circle draws on larger constituency of people who are engaged with the issue of trade and health even consisting of members from other networks and campaigns beyond the immediate circle of PHM. One of the main offshoots of the EACT project has been the activation of the Trade and health thematic circle of PHM. There have been regular interactions of the Trade and Health circle which is also giving some sort of direction to the project and also drawing from some of the activities of the project. This has also been a vehicle for the project to reach out to larger constituencies beyond the immediate pilot countries and also to learn from the actions happening in the other countries and regions. For example, the idea of a statement to be brought out on the occasion of Doha declaration anniversary came out of the discussions of the Trade and Health circle. The meetings have been held regularly with a periodicity of around a month

## ***iii. Sign On Statement (s):***

PHM signed on to a Civil society letter to members of the World Trade Organization (WTO) concerning a further extension of the transition period for least developed countries (LDCs) under article 66.1 of the TRIPS agreement. As part of the larger solidarity with other networks and organisations, People's Health Movement formally signed up to the statement initiated by Third World Network to urge WTO to extend the transition period for least developed countries. The letter can be found at the [link](#).

## ***iv. Engagement with Avaaz for their advocacy on Waiver:***

The policy briefs, the Doha declaration statements and such other efforts have had ripple effects beyond the project. One of them was a feeler sent by Avaaz organisation to the global PHM secretariat requesting for more information about the issues surrounding the access to medicines and technologies. Risalat Khan of Avaaz got in touch with Gargeya of PHM Global Secretariat wanting to have a discussion with the PHM team on the waiver and other allied topics. On 26th November 2020, Prasanna Saligram and Gargeya had a 1 hour long discussion answering the queries and providing clarifications to

Risalat and provided inputs. Avaaz ran a campaign 'universally accessible and affordable COVID-19 vaccines' including on support for the waiver and collected 900,000 signatures which was presented to WTO. Bernard Kuiten, the WTO's Head of External Relations, received the petition on behalf of WTO. More details can be read [here](#). A disclaimer is that this is not to claim in any way attribution to the project efforts but to demonstrate the sorts of networking happening with various other constituencies.

#### ***v. Engagement with other global campaigns:***

PHM South Africa is part of the C19 people's coalition, which has launched a domestic Peoples' Vaccine Campaign. Part of this campaign is engaging with global solidarity initiatives such as the People's Vaccine Campaign, but nothing concrete has been decided yet. The local campaign only finalised its statement and call for endorsements during the first week of January 2021. PHM South Africa has also started exchanging with Equinet about how they can support regional solidarity on access to vaccines. There is a plan to have a workshop with the SA C19 coalition that focuses specifically on regional challenges to accessing vaccines and how SA CSOs can contribute to addressing these.

#### ***vi. European Citizens' Initiative (ECI)***

PHM Europe friends some of whom are active members of the Trade and Health thematic circle and of the Global Project Advisory Committee (PAC) of EACT project are campaign coordinators of the **European citizens' initiative on Right to Cure (ECI)**. ECI which originated independently from the People's Vaccine Alliance (PVA), has evolved into a collaboration in the meantime. The European coordinators participate in the strategic discussions of PVA and the PVA coordinator encourages European members to also support ECI and hence there is a mutually reinforcing engagement happening at the European level. Anna Marriot from Oxfam is part of the Global PAC of the EACT project and hence there is an organic exchange of ideas and collaboration occur between PHM and PVA.

#### ***vii. Free the vaccine campaign***

Another campaign with which organic connection has happened is '**Free the Vaccine**' campaign led by the Universities Allied for Essential Medicines (UAEM). The Latin American coordinator of UAEM is part of the PAC.



### ***viii. Advocacy with the Vatican on waiver***

Dr. Nicoletta Dentico from PHM Italy got in touch with the project team for more material pertaining to the access to medicines and technologies. She was in touch with several channels of the Holy See, on the Waiver issue, both through the Rome HQs and the Geneva mission. This was to build on the very constructive position the Vatican had held in mid-October. The idea was to advocate with Vatican to put pressure on countries through their apostolic nunzios (i.e. the ambassadors) and also to explore whether the Pope would speak out in support of the waiver.

### ***ix. Reaching out to PHM by other potential partners/networks on access issues***

Many organisations and networks reached out to PHM and enlisting PHM to support some of the issues around Access to medicines/technologies/diagnostics. For instance, there was a request by Coalition PLUS which wanted to have PHM enlisted as a co-partner along with Health Action International (HAI) on a campaign promoting access to diagnostics. Ms. Chase Perfect reached out to the global secretariat of PHM whether there could be a possibility of collaboration.

### ***x. Supporting the European Civil Society Initiative***

The European Civil Society Initiative (ECI) which is running a [campaign](#) 'Everyone deserves protection from Covid-19 – No profit from Pandemic' to collect one Million signatures to influence the European union. ECI friends requested PHM EACT group to do an orientation session to the members of ECI on the TRIPS waiver. Prasanna and Priyam did an orientation session on 18<sup>th</sup> January 2021. This session led to many other subsequent events.

### ***xi. South Civil Society Organisations Network***

This is a collaboration network initiated by Third World Network. Many of the EACT members participate in the periodic meetings. One of the outputs was a sign-on to debunk the 'third way' on voluntary license proposed by WTO as an alternative to which EACT team mobilised the global PHM to sign on

### ***xii. Orientation to members of European chapter of Universities Allied to Essential Medicines (UAEM)***

Universities Allied to Essential Medicines ([www.uaem.org](http://www.uaem.org)) is a network of Universities which have signed up to the 'open source' model of molecular and technology discoveries as an alternative to the IPR model. This session was an offshoot of the ECI orientation we did in which some members from UAEM Europe participated and approached the EACT project team for this orientation. The participants were largely medical graduates and hence a two-part series was done. First session, held on 09.03.2021 was to explain in detail about what IPR and TRIPS was about and the second session, held on 16.03.2021 pertained to Covid Technologies and TRIPS waiver

## **10. Supporting other country/region circles**

One of the objectives of the project was to go beyond the pilot countries and for action to happen in other countries drawing from the project.

### ***i. People's Health Movement Japan's actions***

At the beginning of December 2020, core members of PHM-Japan Circle formed a network together with other like-minded NGOs to take forward collective actions on COVID-19 IP Waiver issue called as Equal Health and Medical Access on COVID-19 for All, Japan Network comprising of Africa Japan Forum (AJF); Asian Health Institute (AHI); Japan Overseas Christian Medical Cooperative Service (JOCS); Medecins Sans Frontiers (MSF), Japan; Pacific Asia Resource Center (PARC); People's Health Movement (PHM) -Japan Circle; Services for the Health in Asian & African Regions (SHARE).

Some of the tasks they identified were to raise awareness among civil society in Japan and advocate for changing the Japanese government

which is opposing the IP waiver proposal. A paper was prepared for joint action and a webinar was conducted on December 16th in which nearly 130 people participated. The network has also started some informal dialogue with some officials.

On 8<sup>th</sup> May 2021, Prasanna Saligram, the coordinator (Global) of EACT project participated in a [media briefing](#) organised by PHM Japan to explain to Japanese media on the issues of TRIPS waiver and other barriers for equitable access to Covid-19 vaccines and technologies. The event was titled Urgent Webinar and Press Briefing "People's Power Made a Difference: Biden-Harris Administration of the US decided to support Intellectual Property Waiver Proposal to WTO!- What 's Next?". This was hosted by "Equal Health and Medical Access on COVID 19 for All" Japan Network. Nearly 60 people participated in the media briefing comprising of academicians, media people, Japanese civil society. A [Video message](#) from Steve Letsike from South Africa was also delivered in the webinar.

## **ii. Supporting PHM France's advocacy with French government for TRIPS waiver**

PHM France approached the global team for supporting them in their advocacy with the French government to support their efforts in advocacy with the French government to support the TRIPS waiver. They had organised a mobilisation meeting on 7<sup>th</sup> June 2021. Both Prasanna Saligram, coordinator (Global) of EACT project and Lauren Paramoer from EACT South Africa teams sent video recording messages explaining the need for France to support the TRIPS waiver proposal.

**Obligions MACRON et la Commission Européenne à voter la levée des brevets sur les vaccins anti-covid à l'OMC**

**Meeting International**  
**Vendredi 4 juin**  
**18h LILLE**  
**Bourse du travail, Bd de l'USINE**  
**en présentiel et sur les réseaux sociaux avec :**

**En présentiel :**  
**Frank PROUHET,**  
Appel « stop aux brevets, réquisition ! »  
**Adèle GODRIE,**  
La santé en lutte! Belgique  
**Jawad MOUSTAKBAL,**  
ATTAC Maroc, Comité pour l'Abolition des Dettes Illégitimes  
**Vladimir NIEDDU,**  
People's Health Movement France, collectif ICE «No Profit on Pandemic!»

**En visio-conférence :**  
**Prasanna S Saligram,**  
People's Health Movement India,  
**Lauren Paremoer,**  
«People's Vaccine Campaign», People's Health Movement South Africa

**Mobilisation à LILLE :**  
**Lundi 7 juin, 18 h,**  
**Place de la République**

## **VII. A 'Toolbox' of the various strategies and actions for the other PHM Country/regional/thematic circles**

One of the objectives from the phase 1 of the program, the EACT project phase, was to learn from the experiences of the three pilot countries and the global actions to other country circles and regional networks a 'toolbox' of strategies/actions are envisaged. During the life course of phase 1 of the project, there have been many innovative and effective 'tools' deployed for addressing the campaign and accordingly this section outlines a potential toolbox drawing from the various innovations that have happened.

### **1. Laying the groundwork**

One of the basic building blocks that have been consistently deployed at the global and the pilot countries has been laying the groundwork in terms of defining the intervention and our expectations from it. This is essential for mobilising and building momentum within the respective local PHM constituencies for undertaking an intensive phase of work on the issue of equitable access or developing of broader coalitions and to get a 'buy-in' from friendly networks and organisations for action. The global arm as well as the pilot country teams also went about putting in project governance structures like, for instance, a project advisory committee (PAC), drawn from the wider constituencies beyond PHM. These PACs while acting as sounding board, were also platforms which were providing technical inputs and oversight drawing on the expertise present in these PACs (for instance, PAC members supporting the development of study tools). The key components of this ground work are described in page 9 and included the Theory of Change envisaged, the background note on access to essential technologies, a mapping of the policy gaps and [the webpage](#) for gathering and providing easy access to relevant resources

### **2. National/Regional Consultations**

The country teams organised national/regional consultations to get all the stakeholders engaged in the project and the issue. The consultations were also used to get a 'ground-up' perspective on various issues pertaining to equitable access in addition to providing the value addition of generating

the 'buzz' around the initiative. Since travelling was largely hindered due to the pandemic, the consultations were held online which also increased the participation of many constituencies (the nurses' network, the community health workers' network and so on) who would have been otherwise difficult to be physically brought to a consultation given that it was both time and resources-intensive.

### **3. Conduct Situational Analysis**

All of the pilot countries did some sort of a situational analysis to inform the way forward. Mixed methods, of both quantitative and qualitative, were deployed. There were online survey instruments used to elicit responses on such aspects as PPEs. The other methods were a combination of desk review including both peer-reviewed and grey literature, policy document reviews, and case studies collection and their thematic analysis.. Ethical clearance was an important component stressed upon and it was obtained prior to undertaking the situational analysis in each of the contexts where it was relevant.

### **4. Community Monitoring**

Community monitoring was one of the tools deployed for monitoring community-level barriers to accessing such "technologies" as masks, soap and water, sanitiser, testing services, isolation facilities, essential medicines, admission to hospital for Covid-19 treatment, intensive care with ventilation, and awareness of and sentiments regarding COVID-19 vaccines, PPE, The idea was that as vaccine rollout would commence, many elements of community monitoring would become less important, and the focus would shift to monitoring the vaccine rollout. The work could be potentially extended by applying for other grants to keep the monitors in place and expand the monitoring network to more countries if success was demonstrated. In South Africa, community monitors were deployed in all the six provinces to undertake the monitoring activities.

### **5. Testimonies**

Testimonies from the people affected particularly from the stateless persons on the issues of access to Covid technologies have been another tool deployed to bring to the fore the voices of the marginalised groups vis-à-vis access. The EACT-Korea team did bring out such testimonies by holding what was termed as 'colloquium'



## **6. Tracking the evolution of policies**

India team undertook the tracking of policies and the way it evolved and panned out during the course of the pandemic. As an example, evolution of the policies pertaining to the diagnostics vis-à-vis technologies, availability, pricing and such parameters were tracked over the period of the pandemic to inform mobilisation of communities. The evolution and content of response by people's movements was also documented.

## **7. 'Explainers'**

Many 'explainers' were developed on various issues pertaining to access to covid technologies. For instance, PHM-US involved the EACT country teams to bring out an [explainer video](#) for their advocacy with the US government to support TRIPS waiver. Similarly, South Africa team brought out an explainer on TRIPS. These explainers were basically about simplifying messages and issues and also about conveying the Movement's position around the issues.

## **8. Networking with other Civil Society organisations and networks to make common cause**

The EACT team was engaging with other networks both locally and globally to make common cause and have multiplier effect. The networking platforms were also used to strategically give direction for the various campaigns and to fine tune the various strategies. While at the global level PHM networked with such networks as MSF or TWN, the South Africa team would work with such networks as Section 27 or 'Fix the patents campaign' and South Korea team would network with such associations as Korean Pharmacists for Democratic Society.

## **9. Civil Society Sign-on Statements**

Many statements were developed by PHM on various issues and then globally sign-ons were solicited for endorsement from other like-minded organisations/networks. For eg. The sign-on statement of PHM on the occasion of the 19<sup>th</sup> anniversary of Doha declaration. Similarly, there were many statements which PHM also signed on to. The EACT team would do an analysis of such statements whether the position aligned with the movement's and then would recommend to the Steering council of PHM for broader endorsement before signing-on to statements.

## **10. Capacity building of the partner organisations and networks**

An important strategy deployed was to do orientation and capacity building of some of the partner organisations and networks regarding the issues on hand. If a request for orientation or capacity/perspective building came, the project committee would make a decision as to who would be best suited to address the particular request and put across the Movement's/campaign's perspective to the partners and their constituencies. An example would be the orientation given to the European Civil Society Initiative by the Project team (combination of global and pilot country arms) which also had its spin-offs in similar requests from other networks (for eg. UAEM network) who participated in such sessions. Another example was extensive capacity building sessions held online to train ten and thousands of volunteers of organizations that were part of PHM in India. These were three-hour sessions where the importance of vaccination and other control measures would be explained followed by a long Q& A session, so that all the doubts that the volunteers had from their household visits could be convincingly replied to.

## **11. Position papers and Policy briefs**

This was a very important tool utilised by the project team to drive home the messages. Position papers and policy briefs were also used for mobilisation of PHM constituencies globally. There was an increasing demand from country circles, partner networks and even from the pilot countries to bring out 'popular' material in a demystified manner on the issue of access to Covid technologies to help develop the understanding among laypersons and thereby mobilising laypersons for advocacy purposes. These policy briefs were also translated into various languages.

## **12. Podcasts and Webinars**

Subsequent to a policy brief released or a situational analysis conducted, podcasts and webinars have been used for dissemination. The podcasts and webinars are also conducted with concurrent interpretations or specifically for a particular language audience.

## **13. Infographic material to raise awareness including T-Shirts**

When a position paper or a policy brief has been developed with the movement's perspective, the messages are disseminated in other ways

like using infographic materials like posters, videos, printing on T-shirts. These are also developed in such a manner as to be sent over popular social media like Whatsapp. Some of the examples have been the South African team coming up with posters addressing vaccine hesitancy or printing T-Shirts for the community monitors to wear so that the message gets across to communities or South Korean team coming up with infographic material to popularise vaccines as public goods.

#### **14. Engaging international and national human rights organisations like ICESCR**

The movement considers access issues as human rights issues and accordingly engages with the international human rights organisations such as special rapporteur for Human rights or the International covenants on Economic, Social, Cultural rights (ICESCR) body. One eg has been a recent webinar that was held in conjunction with the ICESCR body to highlight the connection between TRIPS waiver and Human rights. Another was the intervention with the National Human Rights Commission in India, leading to an advisory by the commission where it mandated many measures necessary for equity in access to essential technologies.

#### **15. Writing of articles in both peer-reviewed publications and mainstream media including academic and policy outputs**

The project team has been very active in bringing out articles in both peer-reviewed publications as well as newspapers. This has been a very important medium to communicate the perspectives of the movement, with adequate evidence, with the larger audience including academia and policy makers.

#### **16. Media statements, briefings and media coverage**

One of the most visible tools during the life course of the phase 1 was engagement with the media. As PHM has some unique political economy take on issues pertaining to equity and access in addition to having a ground level understanding, media would reach out to EACT team members for analysis and 'bytes'. EACT team members would also release media statements, conduct media briefings to put out the position of the movement to the larger audience. Both visual and print media were extensively reached out by the global arm as well as the pilot country teams.

## **17. Social Media campaigns**

Social media tools like Facebook and Twitter were used for mobilising and driving home the key messages. Many 'Twitter storms' were coordinated on various aspects to mobilise people around the world on key aspects, for instance, support for the TRIPS waiver. Social media was also used to popularise some of the material brought out by the Movement (for eg. Policy briefs or infographics)

## **18. Interventions in Judicial Courts**

As courts are the arbiters and interpreters of the constitutional rights and guarantees, the project team effectively used court interventions for ensuring access to Covid technologies such as vaccines. For instance, EACT South Africa team member was called in as Amicus Curae to intervene in a case involving private players for vaccination. Similarly a member of EACT India team as well as a chapter of PHM India filed intervention applications in a case before the Supreme Court of India against inequities in the vaccination policies of the Indian government. This case had been taken up *Suo moto* by the Court and the interventions were forms of assistance to the Amicus Curae appointed by the Court and also directly to the Supreme Court.

## VIII. Way Forward

*(This was presented and endorsed by the Coordination Committee and then the Steering Council of the Global People's Health Movement. )*

### 1. Outcomes from EACT Phase I

It is difficult to attribute real world changes to the work of the project. However, we believe that the country teams have contributed significantly to community engagement and policy development and that the project as a whole has contributed to wider mobilisation around the pandemic response generally.

It is useful to return to the short note on 'theories of change' developed in the early stages of project planning. The note identified as key drivers of change:

- (a) Movement building that amplifies the demand for equitable access;
- (b) New alliances that strengthen demand for change and increase our reach/capacity;
- (c) New information contributing to changes in attitudes;
- (d) Engagement in public policy discussion linked to community mobilisation; contesting the prevailing discourse and challenging the manufacture of consent for anti-peoples policies;
- (e) Policy change and implementation (better policies and effective implementation achieves change); and
- (f) Institutional development (systems work better).

It seems probable that the project has impacted on all of these drivers of change but most obviously in relation to movement building and organisational development.

### 2. Next steps

The impact of the pandemic in many LMICs is more severe now than it was during the last year, and the responses of many governments remain inadequate. Big pharma remains determined to exploit to the full the market opportunities the pandemic has presented; supported by transnational corporate and political elites. The blatant parochialism of rich world governments has been obscenely on show in their vaccine nationalism, and continues to discount the needs of poor and marginalised people everywhere.

However, the pathology goes much deeper. Extreme IPRs (in TRIPS and TRIPS Plus provisions) play a critical role in maintaining exorbitant prices of essential medical products and in maintaining the economic hegemony of transnational capital more generally. The liberalisation of trade and finance creates huge barriers to L&MICs establishing broadly based production capacity. In fact, the global reach of transnational corporations depends on restricting the economic role of most L&MICs to supplier of raw materials, reserve army for assembly work, and market for surplus agricultural products and consumer goods.

In the longer term the EACT project, extended, could serve as a platform to build upon and deepen PHM's advocacy and mobilisation around the links between widespread denial of the right to health and the structures and forces of transnational capitalism and imperialism.

We therefore propose that a new phase of the EACT project be approved with a view to: (i) following up existing commitments arising from the first phase of EACT; (ii) scaling up the existing project from 3 to 30 countries; (iii) extending the reach and depth of PHM's advocacy and mobilisation in relation to the broader questions of access to health care products; promoting access by addressing the structural barriers; and (iv) movement building for PHM and the wider Health for All movement.

### **3. Ongoing activities initiated as part of EACT**

**Immediate.** The [Covax Policy Brief](#) has been posted in three languages. The next step is a media campaign to draw attention to the analysis therein presented in both global and national discussions.

We propose to organise three webinars (EN, FR, ESP) on Covax which will be advertised widely so journo's and others can participate. We are presently developing a framework for these webinars and are consulting with appropriate comrades regarding best talent for each of the three webinars.

**Intermediate.** We need to continue producing policy briefs and perhaps offering webinars around them. We need to set aside some time and space to discuss priority topics.

The following are *illustrative* of potential topics for popular material (policy briefs, infographics, videos, etc):

1. 'Domestic (public) manufacture';
2. 'Alternatives to IP protected, profit incentivised innovation and critiques of current IP regimes';
3. 'Vaccines: prices and profits' - inequity in vaccine access;
4. 'The oxygen economy' and 'Intensive care access in LMIC settings'; and
5. 'Covid debt: debt servicing challenges in coming out of Covid'.

This is a very preliminary list- this list has to evolve through careful assessment of needs and further discussions.

#### **4. A tool-box for PHM circles to draw from in considering how they might build on the work so far of the EACT Project**

To make the best out of the experiences of the three pilot countries and the global actions to other country circles and regional networks a 'tool-box' of strategies/actions are envisaged. It will probably involve a large component of learning by doing.

As a starting place we propose a three step process:

1. Itemise in a single taxonomy the activities which were undertaken by the three pilot countries;
2. For each of these items prepare a description of how they were implemented in each country including first person descriptions from key activists.
3. Survey a sample of country circles who were not involved showing them the raw material so far collected and asking them what kind of resource materials and sharing opportunities would most productive in terms of developing EACT work in country; and
4. Prepare such resource materials and organise such sharing opportunities.

(A probable toolbox is presented in section VII)

#### **5. High level objectives for EACT project in the next phase**

We propose that the objectives and scope of the EACT project be somewhat broadened in the next phase. We sketch what this might mean with a reflection on high level objectives and speculation on key directions of activities.

##### ***i. Access to medical technologies (vaccines, diagnostics, therapeutics, oxygen, PPE, etc)***

We propose broadening from pandemic Covid to a commitment to achieving access to medical technologies for routine health needs as well

as pandemics. These range from primary health care to hospital care as well as good quality preventive and promotive health services based on the principles of comprehensive primary health care principles. It will also involve reforming the supply chains, currently shaped around the interests of the transnational corporations. This objective has implications for IPRs and for trade and investment rules as well as the need to promote local public sector production capacity, capacity building (space for working with unions), and actions around local (public) R&D capacity as critical to national health security.

We would highlight the links between the A2M and more structural social-economic inequalities. Equal world would lead to equal A2M, partly via equal capability of technology as well as of production, and vice versa. Likewise, we would highlight the human rights dimensions of this work including social justice and sustainable development.

We would highlight the links between A2M and PHC; access to essential medicines including vaccines is an essential component of primary health care. Note that the cost of medicines for L&MICs is a very high proportion of total health expenditure; affordable medicines would release funds for health workers.

## ***ii. Intellectual property***

We propose a continuing challenge to the current intellectual property regime- and the winding back the trade agreements (of all kinds) which put in place such extreme IP protections. These objectives point to the need to educate various publics about trade agreements, IP, access and prices and to build alliances with other networks with similar concerns in this space.

## ***iii. Exposing the consequences of the liberalisation of trade and finance***

We propose a focus on the liberalisation of trade and finance, including supply industries, through attention to health systems reform as well as local R&D and local production.

The focus of such advocacy would be on building resilient health systems and social security mechanisms so that countries can ensure that they promote inclusion and equity in routine health care and cope better with the social and economic consequences of pandemics.



#### ***iv. Recognising the continuity of colonial exploitation, including internal colonialities***

Many former colonies have been severely affected by Covid. Viewing contemporary issues, such as Covid, in relation to the disabling legacies of colonisation and the continuing dynamics of colonial relationships deepens our analysis and extends our strategies.

The continuities of colonial exploitation are also reflected in the ongoing internal colonisation in sometime settler colonies, exemplified by African Americans in the US and indigenous peoples in North and South America and Australia.

#### ***v. Respecting diverse experiences and perspectives and building solidarity***

Campaigning around the waiver in our pilot countries has provided new opportunities for networking and building solidarity with activists in other sectors, eg trade unions, and across diverse communities and identities. We need to continue to reach across such boundaries, building solidarity in activism together.

The Gender Justice in Health thematic group is planning to come up with resources based on viewing inequities in vaccination through a gender lens.

#### ***vi. Democracy and human rights***

We propose a focus on national and subnational governance as expressed in pandemic response, as expressed in national health system stewardship; and as expressed in international diplomacy.

#### ***vii. Delegitimising neoliberal globalisation and neoliberal global governance***

We propose highlighting the power of delegitimization: delegitimizing neoliberal globalisation and neoliberal global governance. This could involve highlighting the cynical disregard for people in developing countries shown by the G7 cabal and its lackeys while mouthing platitudes about solidarity. Our focus here should include influencing and

empowering L&MIC governments to challenge the neoliberal order and move towards better global health governance mechanisms.

Regarding global (health) governance and COVAX critics, we would like to highlight more (even as a utopian form) alternatives. We may need to advocate for a combination of an equitable contribution and equal access (“From each according to his ability, to each according to his needs”).

### ***viii. Possible campaign themes (illustrative)***

In moving to the next phase, we will continue to attend to the challenges of the Covid pandemic including disseminating the lessons from the first phase. However, we will also broaden the range of possible campaigns:

#### *a) Incorporating deep capacity building in all our campaigning*

Advocacy around the waiver has provided opportunities to include capacity building (eg about economics, trade, history) into our campaigning. The suggested ‘toolbox’ would come in handy for undertaking such capacity building activities

#### *b) Prices of medicines and vaccines in developing countries*

Often much higher than prices being paid by social security schemes in HICs. Need to push for greater transparency (nationally and globally) as well as mobilising people around prices in their own countries. Highlight obscene profits and instant billionaires. Highlight extreme IP in sustaining high prices. Draw upon the UHC rhetoric demonstrating the barriers to the UHC promises arising from high prices. Might include regional procurement cooperation.

#### *c) Building on the South-South solidarity in relation to vaccines and beyond*

Cuban vaccines have shown good results and they are open licensed. Mexico should have its vaccine ready by the end of this year, again open licensed. These efforts have potential for expansion of local production capacities. All of this is happening in parallel to TRIPS Waiver. We may want to have a foot there.

#### *d) Local production*

To look at the barriers, pathways, constituencies and politics for promoting local production

#### *e) Regional activities*

There should be a strong focus on regional activities in our ongoing campaigning, encouraging country circles in the same regions to meet together to check in with each other on ways they can collaborate, share information, strategies, etc. There is a need for PHM activists to make sure that regional hegemony (sub-imperial politics) are held to account in relation to technical transfer agreements, vaccines production, etc.

#### *f) Encourage grassroots activities like community monitoring*

Community monitoring has provided excellent opportunities for PHM activists to work with and learn from grassroots networks and to build solidarity in collaborative activism.

#### *g) Prices of medicines and vaccines in rich countries*

In those countries which have publicly supported medicines procurement and/or medicines subsidies the growing cost burden (especially associated with biologicals) is a rising fiscal / political concern for HIC governments. There are opportunities here to build on such concerns including for example, pushing for pricing transparency.

#### *h) The Waiver Campaign*

Campaigning around the Waiver should continue but should not be the dominant focus. There are some heavy hitters putting a lot of energy into this campaign. Our role would be to provide information about what is happening, through network channels, mobilising country/regional circles and public information.

#### *i) Pandemic treaty*

There are any number of bad eggs getting onto the pandemic treaty bandwagon. PHM would be keen to advance the concept of an automatic

mandatory C-TAP or TRIPS Waiver to be linked to the declaration of a Public Health Emergency of International Concern. Unlikely to be successful in the short term but would provide a novel way of keeping the pressure on extreme IP. We recognise that the Pandemic Treaty proposal is not exactly grass roots mobilisation fodder so we should not see this as a dominant theme. However, it should remain on the menu.

Engaging in the debates around Covax or the proposed pandemic treaty provides opportunities to build on PHM's existing work in relation to global (health) governance. We may advocate around equitable contribution and equitable access ("From each according to his ability, to each according to his needs").

## **6. Organization**

EACT project was 'auspiced' in the first instance by the Trade and Health Thematic Circle. However, the problems of access are no longer dominated by issues of trade and manufacture and intellectually property rights. Increasingly the capacity of health systems to procure and deliver the vaccine equitably has become the main bottle-neck and these are issues that both the Health Systems Circle and the Gender Justice Circle have already been very active with, in relation to Covid response.

In the next phase the project might be better 'co-auspiced' by Trade and Health, Health Systems and Gender Justice thematic circles. Auspice here has implications for membership of the project management committee as well as for promoting a sense of ownership and engagement at the local and national levels within those thematic circles.

The funding to support country level activities and global coordination has been critical in the success of phase 1 of this program. The location of a central coordinator, will need to be addressed and situated within the discussions regarding the transition of the global secretariat to Latin America. One of the suggestions has been that the location of the global coordinator for this program could shift to South Africa considering the understanding and the readiness and capacity that PHM SA has developed as also the fact that inequity in access is maximal in the sub-Saharan African region.

## ANNEXURE A

<b>Members of EACT Program Committee</b>
Amulya Nidhi
Anneleen De Keukelaere
Belinda Townsend
Bridget Lloyd
Deepika Joshi
David Legge
Donodo
Eugene
Fran Baum
Gargeya Telakapalli
Haja
Ji-eun Park
Jyotsna Singh
Kajal Bhardwaj
Leslie London
Lauren Paremoer
Luciana Melo N. Lopez
S Krishnaswamy
Prasanna Saligram
Priyam Liz Cherian
Richa Chintan
Sarojini Nadimpally
Sulakshana Nandy
T Sundararaman
Sun Kim
Wim De Ceukelaire