



**THE
PEOPLE'S
VACCINE
ASIA**

*Our Journey
2020-2023*

**Public Health
Over Profit**

In response to the debilitating health and social crises brought by the COVID-19 pandemic, the People's Vaccine Alliance-Asia (PVA Asia) instigated a broad and sustained campaign for equitable access to COVID-19 vaccines, diagnostics, and treatments, and more resilient universal healthcare systems in the region. Two years into this campaign, we have promoted the necessary transformations in public opinion, public health policy, and discourse on trade policy, and have built a strong civil society support to address inequality in accessing COVID-19 related services, as well as exposing and challenging corporate greed.



As the world steadily emerged from the COVID-19 pandemic, many populations particularly in low-income countries in Asia still did not have easy access to vaccines. Health programmes in many countries had been hobbled by the pandemic and had yet to adapt their health systems to the challenges, while at the same time dealing with low vaccine supplies, disinformation and discrimination that prevented many of the public from being vaccinated. Inequalities in vaccine access arose, with the UN reporting in September 2021 that only 3.07 per cent of people in low-income countries had been vaccinated with at least one dose, compared to 60.18 per cent in high-income countries.¹

In many Asian countries, vulnerable communities continued to fear death, loss of livelihood, and social exclusion while waves of COVID-19 variants swept through populations. At the same time, pharmaceutical companies in high-income countries aided by trade agreements guarded the intellectual property rights to vaccine production, even when developing countries built capacity to produce vaccines and ensure their affordability.

These multiple crises demanded an urgent response. The People's Vaccine Alliance grew organically out of the open letter calling for a People's Vaccine, organised in May 2020. As PVA Asia, we formed a regional coalition of 60 civil society organisations to mobilise and campaign in 17 countries: South Asia: Afghanistan, Bangladesh, India, Nepal, Pakistan, Sri Lanka; South-East and East Asia: Cambodia, Indonesia, Japan, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam; Middle East: Palestine.

Our calls are clear: we demand that governments must prioritise public health investment and provide free and safe vaccines for all. We call on countries to remove barriers on technology transfer of vaccine science and for a waiver on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) regulation covering vaccine technology. We demand that governments should ensure a fair and equitable distribution of vaccines while also prioritising vulnerable and discriminated communities. We denounce the pharmaceutical companies' greed in profiteering from the the production of vaccines. We also call on the WHO and UN agencies to provide technical support to ASIAN countries for a quick and safe rollout of vaccine programmes.²

Spotlight on the realities on the ground



We compiled many stories that highlighted the vaccine inequalities among vulnerable communities, each story reflecting the ways in which people have been left out in public health policies and disadvantaged by lack of information and medicines.



In Pakistan, a pregnant Dalit woman was advised by a doctor not to take COVID vaccines with the ill-advised consequences on her and her fetus.

In Myanmar, a worker living as an internal migrant could not get vaccinated because of being away from her hometown and having to face political instability, economic crisis and the rising prices of medicine. "There were some vaccination activities but as a migrant worker, I needed a lot of paperwork such as approval letters and census documents, which I did not have."

In Indonesia, a transgendered sex worker had to enlist the help of an NGO to gain the national identity papers that would help them access health care and vaccination.

In Cambodia, a young person living with HIV was told by a healthcare worker that the vaccine would not be effective together with his HIV medication, and so he did not receive any dose.

In Gaza, doctors treating Palestinians faced shortages of PCR tests, medicines, equipment and vaccines as part of the wider restrictions imposed by the state of Israel on entry of supplies and goods into the area.

Building up evidence



We compiled research on vulnerable communities and position papers that also highlighted the need for vaccine equity and access. These papers have brought forward the wider issues of discrimination that affect access of marginalised communities to health care in Afghanistan, Bangladesh, Cambodia, India, Laos, Myanmar, Nepal, Pakistan, Palestine, Philippines, Sri Lanka, Vietnam.

For example, one participatory research conducted by the NGO Federation of Nepal³ looked into the precarious access to COVID-19 vaccines as well as the overall accessibility of health services in marginalized communities in the mountainous areas of Nepal. The research found that gender-based discrimination as well as poverty, geographical isolation and social marginalisation to be significant barriers to accessing vaccination and health services and that rural health care workers were the crucial link to ensuring access to vaccines.

These position papers and participatory research have been shared with policy-makers and with wider public, contributing to the discourse on public health policy that was much needed in the wake of the pandemic.

"The persistent stigma and discrimination for specific populations such as people living with HIV or tuberculosis, and LGBTI have limited ability to promptly approach for the vaccines in the health facilities. In the communities there was a lack of specific targeted interventions for the left behind populations – who have been socially, culturally, economically, politically and geographically marginalised for years." -- Action Aid Nepal policy brief





Shifting the tide for vaccine equity at the WTO



Our main campaign focused on the trade rules that allowed pharmaceutical companies based in the Global North to impose monopolies on live-saving technologies, and turning public opinion to put pressure on governments to revise these rules.

Led by South Africa and India, 115 countries within the World Trade organisation demanded a removal of patent protections on pharmaceutical products specifically for vaccines, tests and treatments for COVID-19 to ensure widespread vaccination and global immunity. The call was amplified in various messages across the region, and we took these demands to the streets and policy spaces, wherever we could be heard.

"Don't waver on the waiver" – Coalition for People's Right to Health (Philippines)

"No one is safe until everyone is safe" – Action Aid Nepal

"End Covid Monopolies" "Share vaccine technology" – online Twitter storm
PVA Asia

Between February and March 2022, we held local and regional actions and social media campaigns and amplified global calls for the waiver. Country actions were held in Nepal, The Philippines, Palestine and Australia, with the messages multiplied and amplified by members in each country.

On the other hand, the call for a TRIPS waiver was opposed by the high income countries, including the European Union, Japan and the United Kingdom, Austria, France, Germany and Switzerland.⁴ Ahead of the WTO's 12th ministerial meeting. PVA Asia released opinion posts in news publications, laying out the necessity of the TRIPS waiver. They also sent letters to the ambassadors of Switzerland, the EU, UK, Germany to change their positions regarding the TRIPS waiver.

All through this campaign, PVA Asia found solidarity and multiplied forces by joining the Vaccine Access and Health Working Group (VAHWG) in March 2022. The VAHWG is a working group within the Civil 20 (C20) mechanism of the G20⁵, another critical policy space where governments were debating

June 12-17 2022 PVA Asia mobilising at the WTO 12th Ministerial Meeting

July 7 2022 PVA Asia mobilising at the UN High Level Political Forum on Sustainable Development



the necessary actions on how to address the pandemic. The VAHWG campaigned for removing intellectual property barriers to COVID-19 technologies and decentralised production of Covid-19 tools. For civil society, this was also a space to lobby the governments to support the TRIPS waiver.

Joining the VAHWG was also a strategic step for us as it strengthened and broadened the regional campaign coalition to build a strong civil society support for equity in access to Covid-19 vaccine and treatment and challenge corporate-dominated spaces where otherwise people's health have not been prioritised.

In the days leading up to the WTO 12th Ministerial meeting, PVA Asia together with VAHWG released statements and stepped up the pressure on government delegations.

"The European Union and United States are reaching a compromise at the WTO accepting a waiver that only covers vaccines although the original proposal included not only intellectual property protections on patents, but also therapeutics, copyrights, diagnostics and industrial designs for COVID-19 treatments and tests as well as vaccines. This is unacceptable for LMICs⁶ which continue to face an ongoing pandemic that is enlarging the gap of inequalities and barriers among and within countries. The access to the intellectual property needed to manufacture COVID-19 tools is a matter of equality and in fulfilling the fundamental right to health."⁷

The public demands and sustained campaigning gained some positive results. During the WTO Ministerial Meeting on 12 to 17 June 2022 at WTO headquarters in Geneva, the governments of Australia, France,

Greece, Italy, and Norway, who previously opposed the TRIPS waiver, shifted their position, joining 115 countries publicly supporting key messages we had advocated for. Japan shifted their position from being an opposer to neutral in their position on TRIPS waiver.

However, the WTO meeting concluded by adopting a limited version of the TRIPS waiver, covering only COVID-19 vaccines⁸ and effective for only five years after this decision. This outcome fell short of what was expected, and PVA Asia together with other civil society organisations called to all WTO Trade Ministers to reject the current draft of the Ministerial Decision on the TRIPS Agreement and to demand a real Waiver.

"We ... call on you to not accept the current proposed COVID-19 decision on the TRIPS Agreement as it does not deliver a meaningful global response to the pandemic and fails to uphold many of the key founding principles of the WTO, including non-discriminatory treatment by and among members, and transparency."⁹

After this outcome, the focus of the PVA Global campaign thus shifted to influencing the United States International Trade Commission (US ITC) investigation on the inclusion of tests and treatments in the WTO MC12 decision. For the Asia region, this meant rechanneling the focus from the WTO process to calling on national governments to implement the MC12 agreement and maximise existing TRIPS flexibilities, however limited the flexibilities may be.

Ultimately, the campaigns in 2022 created space for civil society and the public to reflect on the significance of non-western vaccines-related issues and urgency of decentralising global manufacturing to low-middle income countries for future pandemic preparedness and response.



Evolving priorities

Building on the actions from 2022 and considering the shifts in advocacy context following the disappointing outcomes at the WTO MC-12, we contributed to the re-strategizing process of the PVA Global campaign. These key priorities became the focus of the PVA Global: “Never Again”- pandemic preparedness, prevention, and response (PPPR); “Fix the Rules” - challenging trade and intellectual property barriers and pharmaceutical industry behaviour that continue to restrict access to lifesaving medical technologies; “Public Health Before Profit” - promoting public policy to build equitable access to medical technologies for all.

“Never Again”

PVA Asia campaigned to ensure the response to the next pandemic does not repeat the terrible failures in public health policy that characterised the response to COVID-19.

Within this priority area, we worked to bring up the necessary conversations and lay out public policy groundwork for PPPR. This was achieved by engaging in three separate but interrelated policy spaces: the UN General Assembly High-Level Meeting (HLM) on the pandemic prevention, preparedness, and response (PPPR); the drafting of a World Health Organisation (WHO) convention, agreement or other international instrument on pandemic prevention, preparedness and response (“WHO CA+”)¹⁰; and the negotiations to amend the International Health Regulations (IHR) at the WHO.

From March 5-11, 2023 PVA Asia coordinated seven regional and national events in Asia and participated in one global action in the lead up to the 3rd Year Commemoration of the Global COVID-19 pandemic joining actions globally in Africa, Latin America and the Caribbean, US and Europe. Actions highlighted the calls for pandemic preparedness and for health care systems to enhance their responsiveness, even as most of the region’s stakeholders were already shifting their interest away from pandemic related concerns.

**"End the failed, careless and oppressive response to the pandemic.
Advance free and comprehensive public health systems"**

Some of the actions were also timed to coincide with International Women's Day, highlighting how gender inequalities are marked by further marginalisation and oppression, including access to healthcare.¹¹

"A gender equal world requires an equitable and inclusive health care for all"

To consolidate these emerging voices and relevant issues around the upcoming HLM on PPPR, we co-organised an Asia-Pacific Regional Dialogue on 3 HLMs on PPPR, UHC, TB' consultation meeting in Bali, Indonesia in April 2023 to enable Asia-Pacific communities and civil societies to prepare for the UN General Assembly High Level Meeting for PPPR. From this meeting, civil society were able to elicit from Thailand and Indonesia stronger commitments to people-centred, equitable and rights-affirmative Universal Health Care, and pandemic responses, and to lead the region in championing PPPR. These calls were carried through at civil society engagements at the UNGA in New York, USA in September 2023.

We met with parliamentarians in Bangladesh, Nepal, Pakistan, Philippines to urge their governments to support the call for a Pandemic Treaty as well as push for universal health care. We also submitted petitions demanding universal health coverage (UHC) and an equitable pandemic instrument and met with legislators from Japan and Singapore at a meeting of the Global Health Programme of Africa Japan Forum in May 2023.

"COVID-19 has taught us how important prevention is. It is not only necessary to increase the number of general beds, ICU beds, and oxygen cylinders in hospitals; emphasis should also be placed on prevention...Preventive measures must be enhanced and sustained. We need to increase our preventive capacity. If there is no disease, there will be no need for treatment." – Dr Abu Jamil Faisal on behalf of PVA Asia



"Fix the Rules"

Continuing the advocacy for intellectual property rights, PVA Asia worked to challenge the limitations set by the WTO, and called for initiatives to "Fix the Rules."

Asian countries have demonstrated their capacity to manufacture and develop vaccines, therapeutics and diagnostics (VTDs) for COVID-19 and other diseases. However, trade and intellectual property barriers and pharmaceutical industry business tactics continue to restrict access to lifesaving medical technologies. Indonesia is one country that is exercising its leadership regionally and globally to create an enabling policy environment for decentralised global manufacturing of vaccines, therapeutics and diagnostics. During the Asia-Pacific Regional Dialogue on 3 HLMs on PPPR, UHC, and TB, a representative of the Indonesian government announced that Indonesia is leading an initiative for the establishment of an ASEAN research centre on vaccines, therapeutics, and diagnostics. This initiative follows the political commitment expressed by Indonesia as chair of the G20 2022 to support decentralising global manufacturing in the Global South.

PVA Asia members in Indonesia have initiated advocacy on patents and compulsory licensing for medical technologies and have produced advocacy tools such as analysis briefs and campaign materials which they have used in interactions with the Indonesian Health Ministry and shared with the public. We also filed a patent opposition case for TB and HIV drugs and these can set precedents for similar patent opposition on other widely needed pharmaceutical products, opening up the production of generic and low-cost treatments for all.



"Public health before profit"

Prioritising public health for PVA Asia means countering the way corporations have dominated the distribution and access to medical technologies, and promoting public policy that ensures equitable access to medical technologies for all. We played a lead role in the region in pushing the issue of equity of access to medical technologies. In various platforms and global, regional and national policy spaces, we raised the need for more public funding for research and development, as well as a policy environment for sharing technology and intellectual property. We have also called for investing in diversified manufacturing in the Global South, through initiatives such as the mRNA technology transfer hub.

The major undertaking for PVA Asia was engaging the influential policy space that was the G20. PVA Asia, through the VAHWG and the C20,

stepped up our advocacy calling on governments to decentralise global manufacturing of COVID-19 technologies. Within this space, PVA Asia continued being recognised as a key partner and made significant contributions to the positioning of C20 regarding the global issues of inequalities of vaccine access, which the coalition have characterised as a situation of vaccine apartheid¹².

The theme for the G20 meeting in 2022 was "Recover Together, Recover Stronger." This theme set the tone for how governments in the region were discussing the impact of the COVID-19 pandemic on their populations, their economies and their governance. In the months prior to the G20, preparations for this engagement enabled PVA Asia to seek out and maximise the solidarity and synergy of civil society to raise issues in this space.

During the C20 preparatory meeting in October 2022, PVA Asia set up one innovative way to reach out to stakeholders, a virtual reality booth to increase the awareness of the regional hubs, and also screened a virtual reality film by PVA Global titled "Never Again".¹³ PVA Asia's key contribution to the C20 mechanism was the inclusion of several policy recommendations and strategising for G20 engagement: understanding the advocacy context of the Financial Intermediary Fund (FIF), development of policy packs¹⁴, and planning for the G20 event itself.

PVA Asia members intensified actions, engagements and mobilisations as the G20 went underway in November 2022. This included press events, online and in-person mobilisations, social media, posts, many of which gained media attention that helped amplify the messages.

"Every dollar spent on medical products can have a ripple effect on the local economy. If we decentralise manufacturing capacities, we can recover together and recover stronger after this pandemic!"

The advocacy paid off as the G20's political declaration upheld civil society's calls, with the inclusion of these three significant paragraphs:

“[G20 leaders] We recognise that the extensive COVID-19 immunisation is a global public good and we will advance our effort to ensure timely, equitable and universal access to safe, affordable, quality and effective vaccines, therapeutics and diagnostics (VTDs)”

“[G20 leaders] We recognize the need for strengthening local and regional health product manufacturing capacities and cooperation as well as sustainable global and regional research and development networks to facilitate better access to VTDs globally, especially in developing countries, and underscore the importance of public-private partnership, and technology transfer and knowledge sharing on voluntary and mutually agreed terms.”

“We support the WHO mRNA Vaccine Technology Transfer hub as well as all as the spokes in all regions of the world with the objective of sharing technology and technical know-how on voluntary and mutually agreed terms. We welcome joint research and joint production of vaccines, including enhanced cooperation among developing countries.”

This statement encouraged countries in the region to counter global monopolies and boost their medical technology capacities by setting up technology hubs, operating on the principles of cross-country collaboration, scientific partnership and knowledge sharing. More importantly, it was accompanied by the Indonesian government's commitment to support decentralising global manufacturing in the Global South.

While the outcome was a welcome development, PVA Asia pointed out the gaps between rhetoric and action¹⁵, specifically: the inadequate financing for pandemic prevention, preparedness, and response (PPPR); the intellectual property barriers that remain preventing developing countries from manufacturing vaccines and treatments; and the lack of commitment to make vaccines and medicines to be available and affordable to everyone, everywhere at the same time.



Learnings and innovative good practices



PVA Asia members have had to keep up with the constantly evolving environment of public opinion and public policy as the world slowly transitioned out of the worst impacts of the COVID-19 pandemic. As activists, we have had to innovate our advocacies and actions, working in synergy and learning from diverse disciplines, optimising global and local spaces and amplifying fellow members' statements and ideas.

- We learned that **intellectual property rights issues** such as drug patents, their impacts on access to medicine, and feasible legal steps such as patent opposition, compulsory licensing, is **not an easy topic to discuss**. We have strived to produce and deliver materials in easy to understand language, and to bring in expertise when presenting information especially to stakeholders.
- We learned that the **discourse at the national and regional level has changed towards the need for improved social protection** including universal health coverage and access to essential technology. At the community level, awareness-building has helped these communities become more engaged in demanding a better health system.
- We learned the **importance of CSO advocacy in the negotiations towards a Pandemic Treaty**. Without civil society efforts to interface with the governments and 'educating' them about various elements of the Pandemic Treaty, the governments of the Global South are hardly interested in that subject, leaving the negotiations to be dominated by wealthy nations. We organised at the national and sub national



level and brought those voices and concerns to the regional and global spaces, with voices further amplified at the UN SDG Summit in September 2023.

- We learned that **civil society organisations should build up capacity for research** and establish strong partnerships with academic and research institutions to be able to produce credible and substantive reports and analysis.
- We learned that **a coalition benefits from collective approaches** and would depend on coordination and communication facilitated by a campaign secretariat. We facilitated the participation of working-class individuals from least developed countries in online and especially physical mobilisations, ensuring an inclusive approach and exerting an impact by being able to voice out their concerns and experiences. Additionally, we are engaging a wide pool of stakeholders on PPPR that includes health professionals, community health workers, informal workers, and disadvantaged groups contributes to a more grounded approach to PPPR.
- We learned the importance of **taking an intersectoral approach in addressing global health issues and to break the silo of vaccine advocacy** and campaigning to be more relevant to and align with the work on other health-related advocacy such as TB and UHC. We actively engaged with patient groups who represent various diseases, such as HIV-AIDS, TB, Hepatitis C, chronic kidney failure, and mental health and they became dynamic partners in the advocacy for patents and new health technologies.
- We learned the **importance of funding support** to fuel the secretariat that coordinates the Steering Committee (SC) and the general membership. We see the need to secure more funding for its operations, which in turn would support the continued coordination of its members to achieve its 2024-2026 Regional Strategy and beyond.

Next steps



Our long-term goal :

To achieve a resilient, accessible, publicly financed universal healthcare systems through equitable and just access to technologies and services for the most marginalized communities in the prevention, preparedness, and response to pandemics.

How we will achieve it:

AWARENESS AND CAPACITY-BUILDING

- Community engagement in pandemic governance Cambodia, Indonesia, Philippines on PPPR in community health workers training
- Social media, physical actions, webinars, peoples assemblies
- Support national campaign lead organisations to mobilise and sensitize their member constituents
- Capacity-building workshops/trainings online/offline
- Develop popular campaign materials in local language based on positions
- Media sensitization on campaign and demands
- Develop event-focused campaigns
- Partners' capacity development in local level to be prepared for disaster responses
- Strengthening of local health systems
- Media and communications support

POLICY AND ADVOCACY

- Post 3 HLM debriefing and planning in 10-12 countries
- Monitoring and sharing information on Pandemic Treaty, IHR
- Regular meetings with legislators and health ministries
- Press conferences
- Advocacy through ICPD, SDGs, HRC
- Self-care advocacy and related discussion

- Policy statements
- Continuing engagement with UNHRC, special procedures, CSOs on HR
- Campaigning for Comprehensive national public health system
- Advocacy to include health emergency preparedness as part of disaster preparedness
- Policy gap analysis on Universal Health Care
- Multistakeholder policy dialogues
- Popularising publications on PPPR, vaccine, health equity, public spending
- Civil society consultations and participation and intervention on regional and global intergovernmental forums, IP, PPPR, CL

ALLIANCE AND MOVEMENT –BUILDING

- Increase membership
- Joint events and campaigns with civil society in other spaces
- Collaborate with existing campaigns/movements
- Reactivate networks platforms at local and national level
- Formation of regional health rights groups for coordinated action

RESEARCH AND ANALYSIS

- Position papers on UHC, PPPR
- Surveys, case studies and videos
- Compile evidence on issues around Pandemic Accord and health financing
- Mapping of opportunities in ongoing emergencies, and services work
- Status papers on healthcare local and national-regional comparison
- Production of fact sheets
- Recommendations to governments and regional-global and intergovernmental for a based on CS consultations – analysis
- Bring narratives from the ground
- Engaging civil society in countries with mRNA hubs in Southeast Asia
- Technical assistance to analyse possible patents to oppose

Endnotes

- 1 COVID vaccines: Widening inequality and millions vulnerable <https://news.un.org/en/story/2021/09/1100192> Accessed 1 December 2023
- 2 PVA Asia Regional Strategic Framework 2022-2023
- 3 Participatory research and analysis to highlight the situation of marginalized and vulnerable communities to access COVID-19 vaccines https://drive.google.com/file/d/1_F0GQzKnhNSXvnMJWUc1LptffY5EoVaZ/view
- 4 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9790937/>
- 5 The G20 is the policy space for 19 countries (Argentina, Australia, Brazil, Canada, China, France, Germany, India, Indonesia, Italy, Japan, Republic of Korea, Mexico, Russia, Saudi Arabia, South Africa, Türkiye, United Kingdom and United States) and the European Union to set agendas on international economic cooperation <https://www.g20.org/en/about-g20/#overview>
- 6 low and middle income countries
- 7 https://ourworldisnotforsale.net/2022/C20-VAHWG_TRIPS_waiver.pdf
- 8 https://www.wto.org/english/news_e/news22_e/trip_08jul22_e.htm
- 9 <https://msfaccess.org/open-cso-letter-wto-trade-ministers-do-not-accept-current-draft-demand-real-waiver>
- 10 WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (“WHO CA+”) https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf
- 11 <https://gcap.global/wp-content/uploads/2023/03/GCAP-Statement-on-IWD-2023-EN-ES-FR.pdf>
- 12 <https://www.openglobalrights.org/vaccine-apartheid-global-inequities-in-covid-vaccine-production-and-distribution/>
- 13 https://www.dropbox.com/s/93t9okiovj8qz2u/Never_Again_PVA_3602D_v26_6KAmbi_YT.mp4?dl=0
- 14 <https://drive.google.com/file/d/1n1XvpoY1-B-iBP3SXSyc10uhng1JiS8s/view>
- 15 <https://peoplesvaccine.org/resources/media-releases/g20-communicue-reaction-talk-is-cheap-on-global-covid-19-response/>

