

Vaccines: Europe will regret privileging profits over people*

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For a while this spring, it seemed – at least to European residents – that the vaccine nationalism that had led European governments to procure vaccines that had been rapidly produced with government support and fast-tracked official approval, had paid off. Growing numbers of people were vaccinated against the Covid-19 infections and countries began to open and ease the restrictions in place over the past year. However: the virus can only be stopped when everybody is safe – not only Europeans.

But that optimism has been short-lived as new delta and kappa variants of the coronavirus spread across the continent with the rise of new infections and force rethinking on opening up. New travel restrictions are being imposed, local lockdowns are being considered once again, and there are real fears of even newer mutant variants of the virus that could even prove to be impervious to the vaccines. All this unfortunately confirms what public health activists have been saying repeatedly for more than a year now: no one anywhere in the world is safe from this virus until everyone is safe, and public health cannot be secured through exclusion of some.

Despite this being a really obvious truth, it seems that world leaders didn't really get it. How else can we explain the extraordinarily obtuse (from a public health standpoint) approach of most governments to dealing with this pandemic? While vaccine development (the basic form of control) has been rapid, largely because of active public support and intervention, the subsequent distribution and supply shortages have been shocking in the extreme. Historians of the future (if there is to be a future for humans in this world) will surely be struck by the combination of small-mindedness and short-sightedness, the real absence of forward-thinking global leadership, that allowed this to happen.

European leaders had provided the usual lip service to international solidarity, but done precious little to encourage it; mostly, they had done exactly the opposite. They provided private companies using publicly funded research with the patent rights that made them monopoly producers of the approved vaccines, able to choose if and which other producers would get licenses to produce. They put no conditions on these companies that would make them share their technology for rapid upscaling of production to meet global needs, or even on their pricing. They allowed these companies to maximise profits well beyond most reasonable estimates, on the basis of effectively limiting supply.

As a result, the skewed nature of vaccine distribution is shocking even to those inured to global inequality. 75 per cent of vaccines have gone to just ten countries. Rich countries that ordered and grabbed vaccines (sometimes many multiples of what is required by their populations) are now sitting on large stockpiles of vaccines, some of which may soon be unusable. By mid-June, only 25 million vaccine doses had been administered in Africa with a population of 1.36 billion – and some doses delivered as 'charity' to African countries were found to be close to expiration dates, so had to be destroyed.

With such extensive lack of protection, this particular coronavirus will continue to mutate into new variants and spread, and could even render the temporary protection

afforded by vaccination much less effective. We now know that it is almost impossible to prevent the spread across national borders. So the need is to increase supply of effective vaccines dramatically and ensure that 75 per cent of the global population is vaccinated as soon as possible—not by late 2024, which is what the current rate of inoculation would imply. As a first step, it is important to redistribute available vaccine doses from countries that have vaccinated more than 20 per cent of their population, allocating a significant proportion of doses to COVAX, the global facility set up for this purpose.

An even bigger issue is vaccine supply, which is limited primarily because of intellectual property rights like patents that give pharma companies the monopoly on production. This limits supply to their own capacities and the few production licenses they choose to issue to others. Patents are supposed to reward innovation for private players, but in the current pandemic, this innovation was publicly driven. Big pharma got massive government subsidies to develop these vaccines; the US government alone gave 12 billion dollars to just six companies. Consider the major European companies in the game right now. The research by BioNTech which underlies the Pfizer vaccine was significantly supported by the German government. The Astra Zeneca vaccine was produced in an Oxford University lab that was 97 per cent publicly funded. In any case, we know that Big Pharma does not really use profits for R&D: for example, Pfizer spent 139 billion dollars on buybacks and dividends between 2007 and 2016, compared to only 82 billion dollars on R&D.

These patents provide a legal barrier that prevents other companies from producing these vaccines. That is why in October 2020, India and South Africa requested the WTO to allow all countries to choose to neither grant nor enforce patents and other intellectual property rights (IPR) on COVID-19 drugs, vaccines, diagnostics, etc during pandemic, until global herd immunity achieved. This is very limited request: it only prevents governments from facing cases in WTO for giving other producers compulsory licenses. The TRIPS (Trade-Related Aspects of Intellectual Property Rights) waiver is still important because of the number of patents involved in production (for mRNA vaccines, around 60-64 different approvals are required in process), which makes issuing individual company-to-company compulsory licenses very problematic and time-consuming.

The US has just indicated its support for such a waiver, but several European governments continue to oppose this. This is surprising: this would also benefit their own populations by making available more vaccines quickly, and larger supply would reduce costs of additional vaccines, making them cheaper for governments and taxpayers across the world.

But this is only the first necessary condition. The transfer of technology to manufacturers to other countries, especially low- and middle- income countries, is urgently necessary. There are existing producers in many countries that have state-of-art facilities, and are willing and some have even applied for licenses but been denied. This is where governments of rich countries, including in Europe, can push companies that have received significant public funding to share their technology. This can be done: the Biden administration has already made Johnson & Johnson share its technology with Merck, and there is no reason why this cannot be done for other companies.

It is time for people in Europe to realise that their own governments are operating against their interests to suit Big Pharma. This pandemic will not go away until mass vaccination is completed across the world. So even without an international solidarity, it is in the self-interest of Europeans to demand that their governments put people above profits.

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