



Health Justice and Corona Vaccine Companies



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Introduction

The Corona Virus Pandemic (or Covid-19 according to the World Health Organization) that led to the spread of the Coronavirus from Wuhan city in China for the first time in December 2019 is considered the second-largest pandemic that led to the loss of life, preceded in that by the Spanish flu that appeared in 1918 and it is a deadly influenza pandemic that spread in the aftermath of the First World War in Europe and the world and left millions of dead. Reports sent from the health authorities of China to the World Health Organization on December 31, 2019, reported a cluster of pneumonia of unknown etiology in Wuhan, Hubei Province, and the investigation began in early January 2020.

This led to the official announcement by the World Health Organization (WHO) on January 30th that the outbreak of the virus constitutes a public health emergency of international concern, and confirmed the outbreak turned into a pandemic on March 11, 2020, with more than 194 million cases reported in more than 188 countries and regions as of July 27, 2021, 19,170,000 deaths and more than 1 million injured have recovered. The United States is the country most affected by the pandemic, with more than a quarter of the total number of confirmed infections recorded.

With the outbreak of the pandemic, presidents of each state found themselves forced to impose some precautionary measures that may reduce the spread of the virus, including: imposing curfews in different countries, closing shops and working to apply the rules of social distancing and taking care to wear medical masks to reduce the spread of the virus. The spread of coronavirus has led to the imposition of a new different reality that requires everyone to commit to



wearing medical masks and take care of precautionary measures, and the coronavirus has had an impact in different aspects of life.

The emergence of the virus outbreak led scientists to start researching and developing vaccines so that humanity continues under the new phase and the number of human losses that reached thousands of deaths with Coronavirus is reduced in many countries. Vaccines may reduce the symptoms of the virus when infected, but they do not prevent infection, which requires adherence to precautionary measures even in the presence of vaccines. The existence of coronavirus led to many implications to be faced by all humanity.

One of the implications of Corona is that differences have emerged in the fair distribution of CORONA vaccines among developed and developing countries, despite international efforts to address this problem and achieve the WHO goal of vaccinating 40% of the population in low- and lower-middle-income countries by the end of the year, but the leading reason for blocking access to the desired goal is that vaccine-producing companies are concerned only with financial profit. This distinction in vaccine distribution is contrary to the right to life i.e., global human rights.

This report discusses the crisis caused by multinational pharmaceutical companies in the distribution of vaccines and its impact on the right to health, which is considered a human right, through competition for profit without regard to economic conditions between countries.



First: The right to health is an inherent human right

The right to health is closely linked to the right to life, and any infringement of that right leads to inevitable death. Since the basis for eliminating any disease that requires treatment and care is to reach any vaccine associated with any new disease especially if it is widespread - it must be quickly distributed without discrimination. The World Health Organization (WHO) explains that the right to health means that each country must create conditions in which everyone can be as healthy as possible. It does not mean the right to be healthy.

a) The right to health in international conventions

The Universal Declaration of Human Rights recognizes the right to health, as article 25 states: *"Everyone has a right to a standard of living sufficient to ensure health and well-being for him and his family, especially in terms of food, clothing, housing and medical care..."* Article 25 also indicated that the State should take measures to ensure that all citizens enjoyed an appropriate standard of living, with regard to food, clothing, housing, medical care and necessary social services, as essential elements of an appropriate standard of living in terms of health and well-being.

Article (12) of the International Covenant on Economic, Social and Cultural Rights defines the right to health as *"the right of every human being to enjoy the highest level of physical and mental health that can be achieved."* Paragraph (c) stated that it was the responsibility of the State to *provide "prevention, treatment and control of epidemic, endemic and other diseases in the event of illness,"* as well as paragraph (d) *"creating conditions that will provide medical services and medical care for all in the event of illness."*



The International Convention on the Elimination of All Forms of Racial Discrimination 1965 affirmed the right to an appropriate level of health and prohibited denial or association of individual enjoyment with a particular ethnic origin. Article 5 of the Convention stipulates that “... *States parties pledge to ban and eliminate racial discrimination in all its forms ... In particular, in the process of enjoying the following rights: ... (e)... The right to public health, medical care, social security and social services...*”

Some other conventions relating to certain topics outline the right to health in their midst, such as: (Declaration on the Rights of the Mentally Retarded 1971/ Universal Declaration on the Eradication of Hunger and Malnutrition/ Declaration on the Rights of persons with Disabilities/ Convention on the Elimination of All Forms of Discrimination against Women/ Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 1987/ Convention on the Rights of the Child 1989 / Principles for the Protection of Persons with Mental Illness and Improved Mental Health Care (1991).

What can be understood is that the definition in the International Covenant of Economic, Social and Cultural Rights does not provide a specific definition of the content of the right to health since it is unclear whether “*enjoyment of the highest level*” should be seen in the light of a State's national circumstances or in the light of the global economy. Certainly, on some health issues (e.g. CORONA), the highest level that can be enjoyed in the light of the national conditions of some States is not in line with what is based on what is within the minimum content of the right to health that individuals are entitled to enjoy in any circumstances such as vaccination.



To clarify and activate the texts received, the United Nations Commission on Economic, Social and Cultural Rights in 2000, which monitors compliance with the International Covenant on Economic, Social and Cultural Rights, adopted a public commentary on the right to health. Safe housing, occupational and environmental health conditions and the provision of appropriate health education and information, including in the area of sexual and reproductive health.

b) Discrimination in access to vaccine

People in developing countries suffer from different degrees of diseases that can be avoided or treatable in developed countries, in part because many of their governments cannot guarantee an appropriate level of health care and living conditions suitable for all their citizens.

It should be noted that primary health care, as an item of the right to health, includes the right of the individual to obtain the following rights: good nutrition, health education, clean and healthy water, access to essential medicines, surgical procedures and vaccination. The distribution of the vaccine must therefore take into account a number of basic principles to ensure equitable distribution of vaccines in the world: that the vaccine be freely available to all people of the world, that medical staff and groups most vulnerable to HIV complications (e.g. the elderly, chronic diseases, immune diseases, heart and lung diseases, chronic kidney and liver diseases and other medical conditions) should be absolutely prioritized, with a focus on equity for the most vulnerable groups in each country, and that there should be no distinction between citizens in access for a vaccine based on financial capacity or influence.



The right to treatment and the availability of the vaccine must therefore be guaranteed to all as the survival of people without receiving the vaccine may lead to epidemic hotspots that may return the pandemic to square zero, and spoil the enormous efforts that have been made, and therefore it is wise to prevent monopoly of the vaccine. The monopoly of vaccines is a clear violation of human rights, with the Human Rights Council's decision indicating the right of every human being to enjoy the best level of physical and mental health, in more ways than one, the most important of which is "access to safe, effective, affordable and good quality medicines, particularly essential medicines, vaccines and other medical products, and health-care facilities and services, which remain an elusive goal, particularly in many cases, for those living in poverty.

It points out that access to medicines is one of the key elements for gradually realizing the full right of every human being to enjoy the highest possible level of physical and mental health, and that it is the responsibility of States to ensure that all, without discrimination, have access to affordable, safe, effective and good quality medicines, particularly essential medicines, recognizing the need for States, in cooperation with international organizations and all civil society, including NGOs and the private sector, to seek favorable conditions for National, regional and international levels to ensure the full and effective realization of every human right to the highest possible level of physical and mental health.

According to Amnesty International, of the 5.76 billion doses given worldwide, a small 0.3% went to low-income countries and more than 79% to countries with higher middle- and higher incomes, amnesty international reported. AstraZeneca, BioNTech, Johnson & Johnson, Moderna, Novavax and Pfizer



have also refused to participate in initiatives to increase global vaccine quantities.

“Vaccinating people around the world is our only way out of this crisis,” said Anyas Kalamar, Amnesty International's Secretary-General. “This should have been an occasion to greet these companies, which created vaccines at record speed, to greet the heroes. But instead, the deliberate prevention of the transfer of knowledge, maneuvers and deals they have made for the benefit of wealthy countries — something that is distressing and causing collective grief to us — has resulted in an expected and completely devastating vaccine scarcity for too many other countries and this is causing parts of Latin America, Africa and Asia to come into renewed crises, pushing their exhausted health systems to the brink and causing tens of thousands of preventable weekly deaths. In many low-income countries, not even health workers and people at risk have received the vaccine.”

Second: Racing to produce the coronavirus vaccine

The emerging spread of Coronavirus has led pharmaceutical companies to race to manufacture the CORONA vaccine, not only to reduce the spread of the virus but also to make financial profits as the vaccine industry later turned into a commercial industry through which companies aim to make the largest possible financial profits. Since the corona pandemic was announced, vaccine manufacturers have found themselves faced with two options, the first is not to enter the race to develop the Covid-19 vaccine because of the huge financial costs required, as well as the reputation that will inevitably be attached to them if their attempts to provide the vaccine fail while the second is to recognize the social responsibility of these companies, to take the huge



financial risks of vaccine production, and to focus on the expected profits if a vaccine is reached. A number of companies have raced to develop the first Covid-19 vaccine with massive government funding, in an effort to demonstrate influence, strength and confidence in their technological progress. As a result, private companies that developed the vaccine made huge profits of billions of dollars.

1) Major vaccine producers

In light of the huge profits made by companies such as Pfizer and Moderna, the debate over whether it is right for these companies to benefit enormously from the "pandemic" has escalated, particularly in light of the commitment of competitors, such as Johnson & Johnson and AstraZeneca, to sell their vaccines on a non-profit basis. There are a few companies that produce vaccines and relatively few vaccine buyers. For example, four companies accounted for 90% of global vaccine revenues in 2019, but this situation differed slightly during the Corona pandemic.

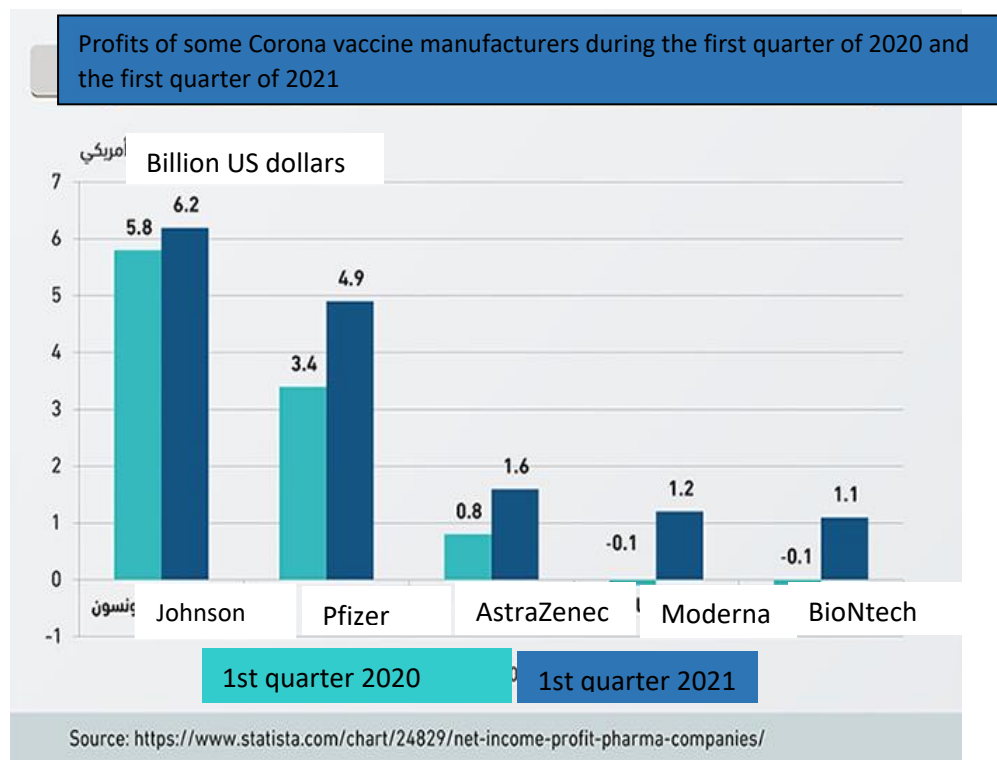




Figure (1) shows the profits of the five major companies producing the vaccine in the first two quarters of 2020 and 2021

1) AstraZeneca

The company is the leading producer of the Coronavirus vaccine, and preliminary results of the Corona vaccine developed by Oxford University with AstraZeneca have revealed that it has helped in developing the ability of more than 1,000 people tested to develop white bodies and blood cells that can fight Coronavirus within the body. Oxford University announced that the second dose of corona vaccine showed an immune reaction in participants, confirming that the Corona vaccine showed acceptable safety levels.

2) Pfizer

The second company is Pfizer of the United States, which is working with Bio & Tech to produce the Corona vaccine. Pfizer has declared the vaccine safe and leads to an immune response in patients.

3) Moderna

The third company is Moderna, which recently said that the experimental vaccine for covid-19, produced by the company, showed that it was safe and triggered immune responses in the body in all 45 healthy volunteers at an early stage of the study that is still going on.

No study volunteers suffered serious side effects, but more than half complained of mild or moderate effects such as fatigue, headaches, chills, muscle pain or pain at the injection site, and the team stated in the New England Journal of Medicine that such symptoms were likely after the second dose and with people with the highest dose.

4) Johnson & Johnson



The fourth company, Johnson & Johnson, where Emergent Company announced that it had signed a five-year contract to produce the drug used in Johnson & Johnson's vaccine candidate, for coronavirus to add to a series of potential deals, to put it at the heart of future global vaccine production.

Johnson & Johnson has partnered with the U.S. government on a \$1 billion investment to produce more than 1 billion doses of its vaccine, which is scheduled to take human tests in the second half of July 2020.

Reuters revealed that the Chinese military has received the green light and approval to use the COVID-19 vaccine candidate, developed by its research unit, Can Sino Biologics, after clinical trials proved to be fairly safe and effective.

The Ad5-nCoV vaccine is one of eight vaccine candidates developed by Chinese companies, and researchers have agreed to transfer them to human trials of respiratory diseases caused by the new coronary virus, and the company has also obtained approval for human tests in Canada, the agency said.

The presence of these companies, which may be for-profit behind the manufacture of COV vaccines, has led to a kind of monopoly on vaccine manufacturing, leading to the unfair distribution of vaccine between developed and developing countries.

c) Monopoly/dominance of companies in vaccine manufacturing:

“Vaccines should not be the preserve of the rich. It may not be transformed into a profitable trade. All medicines must be accessible to all humanity and free of charge to all people. Medicine should not be a business, as it is anti-human. Medical knowledge must be regulated along the lines of a library, not a business.” Movement of slum dwellers.



The spread of the coronavirus and its transformation into a global pandemic led to a monopoly on the distribution of vaccine within the system of vaccine manufacturers, especially the Countries of the European Union, where there have been calls and even resolutions calling for preventing the exit of vaccines outside the EU before internal sufficiency, and the completion of vaccination within the Union, in exchange for the emergence of few voices and limited initiatives calling for the suspension of intellectual property agreements related to the production of vaccine, and demanding the exchange of technology related to the manufacture of the vaccine against coronavirus, which has not been stopped by any human borders and It spread all over the world, and it caused harm to many different people.

The Doha Ministerial Declaration on the Agreement on Aspects of Intellectual Property Rights Related to Trade and Public Health indicates that the Agreement does not and should not prevent WTO members from taking measures to protect public health, and that while the Declaration reiterates its commitment to the Agreement, it emphasizes that the agreement can and should be interpreted and implemented in a way that supports the rights of WTO members to protect public health, particularly in promoting universal access to medicines; WTO members to fully use the provisions of the above-mentioned agreement that allow flexibility for this purpose.

In that context, the World Trade Organization (WTO) tried to find a solution to the equitable expansion of COVID-19 vaccines, including what it called the "third way", particularly after the statements of Tedros Adhanom Ghebreyesus, Director-General of WHO, in which he renewed the call for vaccine manufacturers to share knowledge through the exchange of technology related to C-TAP, a mechanism for sharing knowledge and data on the vaccine. So the crisis over the monopoly on the manufacture of corona



vaccine comes because vaccine manufacturers and manufacturers hold property rights, patented invention and do not want to share that information with other countries or give them the right to manufacture the vaccine. In order to resolve the vaccine manufacturing monopoly crisis, India and South Africa proposed in October 2020 to lift the obstacle, so that *"intellectual property does not act as a barrier to timely access to medical products that can contribute to the fight against the epidemic."*

More than 115 countries officially support the proposal to raise intellectual property, along with leading public health advocates and NGOs such as Médecins Sans Frontières (MSF) who are campaigning to treat Covid-19 vaccines as global public goods not controlled by any particular company or country. The corona vaccine crisis is exacerbated by the arbitrariness of vaccination manufacturers against other competing countries working to manufacture a different vaccine. For example, China has issued strict decisions that it will only allow visas for those who have received Chinese vaccine, which is not recognized in the European Union, as well as the Russian vaccine, although it has been clearly effective, making it just political differences that have interfered with scientific programs.

The monopoly on the manufacture of corona vaccine affects the vaccine's access to middle- and poor-income developing countries. Many African countries have been unable to vaccinate at least 10% of their population because they do not have enough doses because the manufacturers of vaccinations have refrained from exporting it unless the vaccination of their citizens is completely done.



COVAX initiative:

Since the announcement of vaccine availability, rich countries have acquired large quantities (more than their basic needs), leaving poor and developing countries to cope with the extreme scarcity and high cost of access to vaccines, known as the phenomenon of "vaccine nationalism". That at least 22.6% of the world's population received at least one dose of covid-19 vaccine, while about 0.9% of the population of low-income countries received at least one dose. This is in addition to the challenges faced by poor and developing countries if the vaccine is available, the most important of which are: the lack of adequate standards for storage and transportation, the inefficiency of the medical service as poor countries suffer from a shortage of trained vaccination providers, as well as careful follow-up of vaccination doses for vaccines requiring more than one dose.

In order to ensure equitable access to vaccines and to assist developing and poor countries in obtaining them, some 190 countries have joined the Kovacs initiative, a leading global cooperation framework aimed at accelerating the development, treatment, production and equitable availability of Covid-19 tests, treatments and vaccines to all countries of the world. The Kovacs initiative is co-led by the Global Alliance for Vaccines and Immunization (Jaffe), the Epidemic Preparedness Innovation Coalition and the World Health Organization.

The refusal of major pharmaceutical companies, located in European countries, to share vaccine manufacturing rights in third world countries or the so-called global Southern countries, which are also called poor and middle-income countries, delayed the arrival of adequate doses of vaccine to those countries and their inability to meet the goal set by the Kovacs initiative, which is to vaccinate 10% of the population in each country, as the Kovacs initiative was



forced to postpone the deadline to achieve this goal until the beginning of 2022 due to the failure of most poor African countries in achieving it.

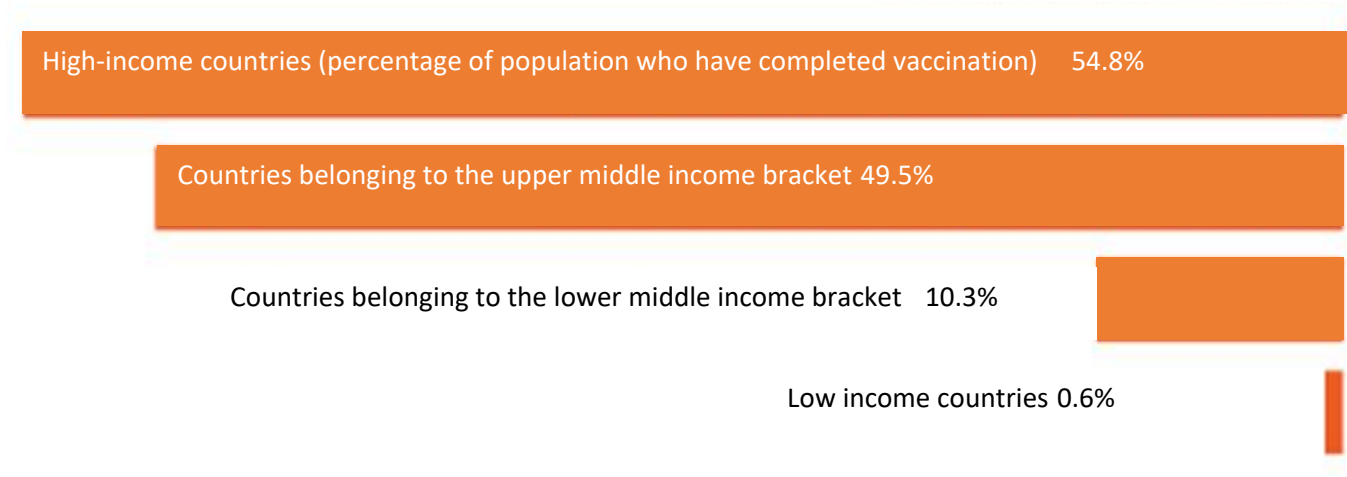
The fact that pharmaceutical companies hold on to their monopoly on the vaccine and their unwillingness to share property rights is due to their belief that this may weaken and affect the quality of production, and the time it takes for new companies to cooperate with them to reach the required production speed. Pharmaceutical companies believe that the solution to this crisis lies in increasing their production volume and have called on rich countries to increase their vaccine donations to poor countries. But some believe that the real reason why these companies hold the monopoly of vaccine manufacturing is because they do not want to give up control over patents and technologies, even at the expense of the lives of millions.

Inequity in the distribution of vaccines will cause significant economic damage that would jeopardize decades of economic progress for all countries of the developed and developing world. In contrast, the equitable distribution of Covid-19 vaccines will bring economic benefits of at least US\$153 billion in 2020-2021 and about \$466 billion by 2025 in 10 of the world's major economies.



Gap in pandemic immunization rates

So far, 55% of the population of high-income countries have been vaccinated with vaccines against "Covid-19", while the proportion of those who have completed their vaccination in low-income countries is less than 1%.



Data from September 8 2021

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Figure (2) shows the gap in immunization rates against the pandemic between the peoples of rich, medium and poor countries.

Third: The impact of the monopoly on the manufacture of CORONA vaccines on vaccination rates around the world:

The monopoly of companies to manufacture vaccination and their desire not to disclose how it is manufactured or the information associated with that process, which requires more effort and financial and human resources, has turned the vaccine into a commercial commodity whose prices depend on the possibility of supply and demand as companies and manufacturers seek vaccination to benefit from the global pandemic and achieve various economic gains at the expense of the health of millions of people in different countries of the world. We may find that there is a political aspect associated with the



distribution of the vaccine where there are differences between some vaccine manufacturers and some international organizations such as the dispute between the British-Swedish company AstraZeneca and the European Union, which accused the company of failing to meet its obligation to deliver the required doses on time. The difference between the parties escalated, as Pascal Soriot, CEO of AstraZeneca, did not wish to make any specific commitments.

As the EU continues to insist on supplying agreed quantities of vaccine, even if it exports less vaccine to Britain or other customers, the EU urged the company to provide it with more vaccine doses, after AstraZeneca angered the EU by saying it could only provide a fraction of the doses promised in the first quarter of this year. It blames European factories for production problems, but the EU says doses made elsewhere should make up for the shortfall. The EU Commission is now indirectly threatening to establish controls for the export of vaccines through the so-called "*transparency register*", where pharmaceutical companies must register exports of vaccines produced in the EU, which could lead to political tensions with other clients such as Britain or the United States of America. With the slow delivery of vaccine in EU countries, African countries are faltering to achieve even the lowest rates required by the end of 2021.

More than 50 countries have failed to meet the WHO target of vaccinating 10% of their population completely against COVID-19 by the end of September and most countries that have failed to reach the target. Africa has only 15 of the 54 countries that have achieved the desired target, and half of the continent has vaccinated less than 2% of its population, with only 4.4% of those receiving the full vaccine on the African continent, according to the World Health



Organization. The vast majority of countries are classified as poor countries and have difficulties in obtaining vaccine and their health sector structure is fragile, some of them suffer from conflicts or disturbances such as Yemen, Syria, Iraq, Afghanistan and Myanmar, while some have been extensively devastated by natural disasters such as Haiti, making the task of implementing vaccination programs extremely difficult.

Conclusion

The monopoly of pharmaceutical companies to manufacture anti-COVID-19 vaccines affects the access rate of these vaccines to middle- and low-income countries, such as most African countries, which have not been able to meet the country.

The monopoly on vaccine manufacturing and adherence to intellectual property rights to manufacture it also affects vaccination rates around the world, particularly in poor and middle-income countries, and their decision-making in global organizations. Health is a right, not a commodity, where we must work to end the monopoly of these companies to manufacture the vaccine, where these companies influence the decision-making process because of the lack of role of government bodies and also because of economic diplomacy that requires leaving space for those companies and making profits until companies become part of the global pandemic and a cause of it.