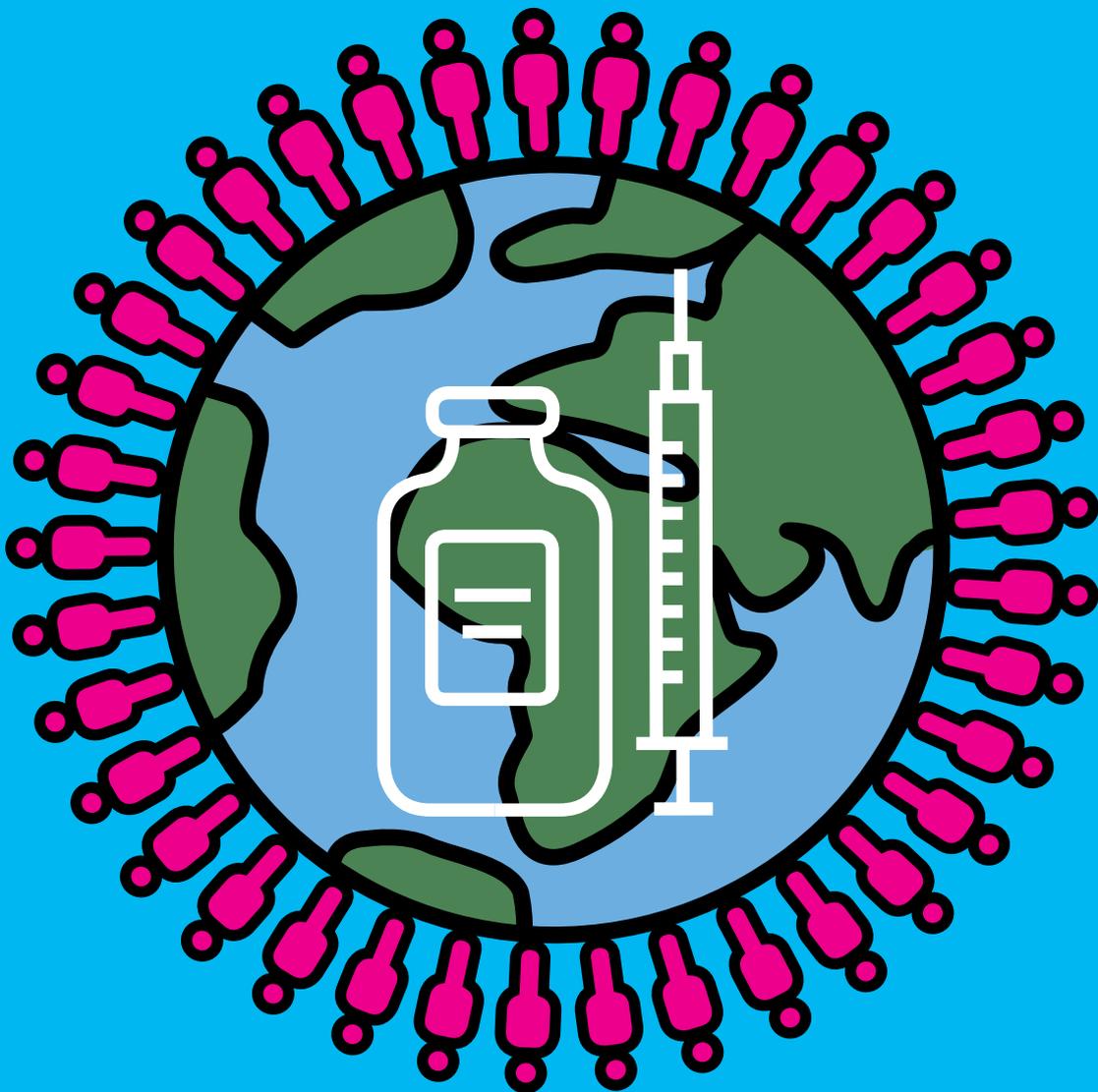


FIGHTING FOR A COVID-19
PEOPLE'S VACCINE

**WHY THE HIV COMMUNITY
CAN MAKE THE DIFFERENCE**



About Frontline AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live. As a result, 1.7 million people were infected with HIV in 2019 and 690,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

About ITPC

The International Treatment Preparedness Coalition is a global network of people living with HIV, community activists, and their supporters working to achieve universal access to HIV treatment and other life-saving medicines.

About GNP+

GNP+ is the global network for and by people living with HIV. We work to improve the quality of life of all people living with HIV. This means we advocate for equal access to treatment, human rights, social justice, and the greater involvement of people living with HIV worldwide.

About UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals.

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For many years the prohibitive prices of HIV medicines meant only the world's wealthiest countries and people could afford them. While in the global north effective treatment was widely available from 1996 onwards, in low- and middle-income countries people continued to die in their millions. This is largely because pharmaceutical companies were unwilling to relinquish the monopolies granted to them under intellectual property rules to allow low-cost production of generic versions of their products.

"People living with HIV and our allies know too well why we need a powerful mobilisation for a vaccine for COVID-19 – without a vaccine too many more lives will be lost. And we also know that this vaccine has to be accessible to every community in every country. This is personal for me – I know what HIV and COVID-19 does to our minds and bodies, and I commit myself to the people's vaccine."

VUYISEKA DUBULA

ACTIVIST, SOUTH AFRICA



Today, faced with a new pandemic, history cannot repeat itself. Although there are positive signs that a COVID-19 vaccine will be available soon, there are serious threats to ensuring equitable access. As the HIV community we are facing numerous compelling reasons to act and have a moral duty to do so.

Equitable access to COVID vaccines should be a critical concern for us. There is increasing evidence that people living with HIV who get COVID-19 face a higher risk of complications. For those with compromised immune systems and/or co-morbidities, an effective COVID-19 vaccine could be the difference between life and death. Similarly, ensuring that frontline health workers – those working in public facilities and within communities – are among the first in line to get a vaccine is vital to ensuring services for HIV and other conditions keep going. It is also the right thing to do.

"In my personal experience, managing my HIV, chronic kidney disease and COVID-19 all at the same time was one of the most difficult phases of my life. There was a huge pill burden (24 pills per day) and I was clueless if I was taking proper treatment or not. Also, the symptoms of COVID-19 made me feel like a war was going on in my body. There is a constant feeling of fear even after fighting COVID-19 for 26 days."

CHINMAY MODI

PROGRAMMES SUPPORT, Y+ GLOBAL, INDIA



The HIV movement has seen first-hand how intellectual property and other barriers can block (and are still blocking) access for all, and we have unparalleled experience in tearing these barriers down. We understand how vital it is for the people most affected to be included in decision-making and in the design and delivery of responses, and we know how to engage in effective advocacy to make this happen.

The COVID 19 pandemic is one of the greatest threats to the goal of ending AIDS. This is a critical moment. We must act now by tapping into our history and lending our expertise and voices to the global movement for a People's Vaccine.

WHAT IS AT STAKE?



Dr. Pasquine Ogunsanya is a medical doctor and executive director of Alive Medical Services, an HIV clinic in one of Kampala's most impoverished neighbourhoods.

"In the early days of this new pandemic, it was impossible not to think about how things went with HIV," Dr. Pasquine says.

"After personally witnessing the immense destruction caused by the combination of poverty, ignorance, fear and lack of access to HIV medicines, I am very worried that, in the absence of effective treatment or a vaccine, a situation like that one might repeat itself."

Dr. Pasquine remembers the early 2000s when lifesaving HIV treatment – widely available in high-income countries from 1997 – was not accessible in Uganda. "In those years people living with HIV who came to the clinic just waited to die, often alone, with no family or friends to support them. With no antiretrovirals available there was very little we could do.

"If there is a vaccine for COVID-19 it should not only first be availed to high income countries. Patients in Uganda must get the vaccine as soon as it is ready for use, just like in the developed world. Healthcare workers who are on the frontline, exposed and with minimal PPE, must also be first in line regardless of where in the world they live."

The race for a vaccine

Given the rapid transmission of coronavirus and the lack of effective treatment, a vaccine is one of the most important tools to generate community immunity and protect the most-at-risk people. After the World Health Organization (WHO) declared COVID-19 a public health emergency of international concern on 30 January 2020, relevant UN agencies, governments that invest in research and development, and pharmaceutical companies began mobilising energy and resources to develop technologies to prevent, diagnose and treat COVID-19.

ACT-A and COVAX

Launched by the WHO in April 2020¹, the Access to COVID-19 Tools' Accelerator (ACT-A) is charged with *"supporting the development and equitable distribution of the tests, treatments and vaccines the world needs"*. ACT-A has three pillars: diagnostics, therapeutics and vaccines, plus a cross-cutting workstream on strengthening health systems.

The vaccine pillar of ACT-A, COVAX, is led by GAVI, CEPI and WHO. Its stated aim is *"to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world"*. It is currently the only mechanism for pooling demands for a vaccine in order to secure equitable distribution. It aims to deliver two billion doses of safe, effective vaccine by the end of 2021, to *"be offered equally to all participating countries, proportional to their populations, initially prioritising health workers and at-risk groups"*.

As of September 2020, COVAX has made agreements for nine experimental vaccines and is exploring nine additional candidates that are in earlier stages of development.²

¹ ACT-A was launched in April 2020 by the WHO, the Government of France, the European Commission, and the Bill & Melinda Gates Foundation. It brings together governments, scientists, businesses, civil society, philanthropists and global health organisations to speed up efforts to end the pandemic, and includes the governments of Austria, Belgium, Canada, France, Germany, Italy, Mexico, Morocco, New Zealand, Norway, Saudi Arabia, South Africa, Spain, and the UK, plus the European Commission. The participating global health organisations are the Bill & Melinda Gates Foundation, CEPI, FIND, Gavi, The Global Fund, Unitaid, Wellcome, the WHO, the World Bank and Global Financing Facility.

² As of 22 September 2020, the WHO registered 29 vaccine candidates in clinical trials phase 1 and 2 as well as 9 in phase 3. Among these, one is developed by companies/universities based in the UK, four in China, two in the US, one in partnership between US and German companies and one in Russia.

The threat of monopolies and vaccine nationalism

While COVAX offers a means to support the development and distribution of vaccines, the WHO's COVID-19 Technology Pool (C-TAP) is a mechanism for sharing information, data, knowledge and intellectual property to accelerate the development of all types of COVID-19 health technologies. Building upon voluntary sharing mechanisms, such as the Medicines Patent Pool, this open-source platform will ideally make COVID-19 tools available globally, enabling their production at the required scale.

However, so far there are few signs that pharmaceutical companies are willing to share intellectual property on a COVID-19 vaccine. Pharmaceutical companies and donors have largely ignored WHO's C-TAP, while COVAX has not been sufficiently transparent about the deals it is making with pharmaceutical companies and remains silent on how it will tackle monopolies.

If history has taught us anything, it is that pharmaceutical corporations create and protect monopolies to maximise profit. Their voluntary access programmes and licences have been very slow and are often only made in reaction to pressure from the HIV community. They are also limited to low-income countries, excluding several middle-income ones regardless of disease burden.

As we know from years of demanding access to HIV medicines, such practices will artificially inflate the price of vaccines, ensuring only the wealthiest countries can afford them and pushing poorer countries to the back of the queue. Given that substantial public funds – taxpayers' money – has been used to subsidise the research and development of these vaccines, governments must impose conditions on funding to remove patents and other intellectual property barriers.

“We, as people living with HIV, are calling for an end of business as usual and strongly demand that new diagnostics, therapeutics and vaccines for COVID-19 should be made available promptly, in sufficient quantities and at affordable price to meet global demand.”

SERGEY DMITRIEV

POLICY AND ADVOCACY DIRECTOR, 100% LIFE (FORMERLY THE ALL-UKRAINIAN NETWORK OF PEOPLE LIVING WITH HIV), ACCESS TO TREATMENT LEAD FOR THE SOS PROJECT³



By September 2020, 158 countries (including 64 high-income countries) had joined COVAX. This represents two-thirds of the world's population. Although the European Union is one of COVAX's donors, it has not yet made clear whether members of the bloc, which includes several of the world's richest countries, will use COVAX to buy their doses or pursue a separate deal with pharmaceutical companies.

The fact that wealthy nations have the option to secure doses of experimental vaccines through bilateral agreements is deeply concerning. This could effectively thwart COVAX's efforts, enabling countries to pursue a vaccine nationalism, led by competitive market rules, to the detriment of low- and middle-income countries.

This is precisely what happened with personal protective equipment (PPE). Countries with greater purchasing power bought huge quantities of these products from the small number of companies producing them, allowing them to hoard PPE while poorer countries had no supplies to protect their people.

This is why we need a different approach to developing a COVID-19 vaccine. We need an approach where people affected by COVID-19 play a critical role in decision-making. We need an approach that guarantees access for people in every country, prioritising those most at risk.

We need a **People's Vaccine**.

³ The full title of the SOS Project is the Sustainability of Services for Key Populations in Eastern Europe and Central Asia.

THE PEOPLE'S VACCINE CAMPAIGN



There is a growing and increasingly vocal demand for COVID-19 vaccines to be treated as a global common good available for all – not auctioned off to the highest bidders.

In May 2020 more than 140 world leaders and experts signed an open letter to all governments demanding that all COVID-19 vaccines, treatments and tests be patent-free, mass produced, distributed fairly and made available to all people, in all countries, free of charge: a People's Vaccine. The letter was published ahead of the World Health Assembly and marked the most ambitious position yet by world leaders on a COVID-19 vaccine.

People's organisations are adding their voices to call for a People's Vaccine. A fast-growing coalition of health and humanitarian organisations is forming through the People's Vaccine Alliance. Visit the People's Vaccine website (www.peoplesvaccine.org) for more information.



What is the campaign demanding?

1 Governments must ensure the vaccine is purchased at true cost prices and provided free of charge to people.

3 The international community must ensure the vaccine is sold at affordable prices.

Pricing must be transparent and based on the cost of research, development and manufacturing, and take into account any public funding provided.

5 The international community must create genuine accountability.

It must ensure the full participation of governments in developing countries, as well as civil society from north and south, in making decisions about the vaccines (and other COVID-19 technologies). It must ensure there is transparency and accountability for all decisions.

2 Governments and donors must prevent monopolies on vaccine and treatment production by making public funding for research and development conditional on research institutions and pharmaceutical companies freely sharing all information, data, biological material, know-how and intellectual property for its development and distribution.

4 The international community must prioritise those who are at most risk and in most need.

This means implementing fair allocation of the vaccine, which prioritises health workers and other at-risk groups in all countries. Distribution among countries should be based on population size. In-country vaccination programmes should include marginalised groups, including refugees, prisoners, and people living in slums and other crowded housing conditions. Allocation between and within countries should be based on need, not the ability to pay.

How can HIV activists support a People's Vaccine?

As HIV activists we have the expertise and energy needed to ensure the global movement for a COVID-19 People's Vaccine is a success. We can achieve a People's Vaccine based on solidarity, one that brings everyone together, across communities and geographies, enabling us all to speak with one voice. A People's Vaccine will put the communities most affected by COVID-19 (health workers, older people and people with pre-existing conditions) first and unite civil society through a shared vision: one where we all matter and we can all make a difference.

Timing is essential. Action must take place now to ensure that, when a vaccine emerges, enough doses are distributed to lower- and middle-income countries at the same time as rich countries.

JOIN THE PEOPLE'S VACCINE CAMPAIGN

Visit the campaign website (www.peoplesvaccine.org) to learn how you can become more engaged. Share the campaign's messages by retweeting @peoplesvaccine tweets.

Distribute the Survivor Letter and encourage survivors to sign-on

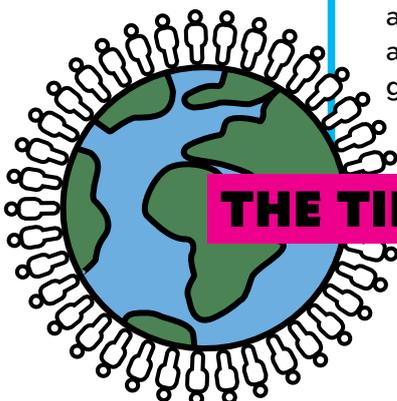
We are encouraging people who have had COVID-19, have lost a friend or relative to it, or belong to a high-risk group to sign a survivors' letter calling on pharmaceutical companies to produce a People's Vaccine not a profit vaccine. It is essential the voices of people living with HIV and HIV organisations are included. Please, sign up [here](#).

Get involved in advocacy in your country

National vaccination plans should protect marginalised and high-risk groups. Talk to your communities about the vaccine. Engage at the national level to find out what your government is planning and whether they are influencing for a People's Vaccine. Get in touch with the People's Vaccine for more information about getting involved.

Join the community of civil society organisations contributing to C-TAP and ACT-A

Part of the People's Vaccine advocacy includes strengthening the WHO's ACT-A framework. Advocates are also calling for governments to back the WHO's C-TAP mechanism. International Civil Society Support, WACI Health and STOPAIDS, together with community and civil society representatives, are coordinating this advocacy. They have created a civil society platform to gather inputs and to consult on key documents. This can be accessed [here](#).



THE TIME TO ACT IS NOW

**THE GLOBAL MOVEMENT FOR A
PEOPLE'S VACCINE NEEDS YOUR VOICE
AND YOUR EXPERTISE**



JOIN US. END IT.

www.frontlineaids.org