

## Winnie Byanyima remarks to Joint Committee on Foreign Affairs and Defence

**Tuesday 9 February 2021**

A stream of it is watchable here – she starts around 20 mins in

[https://www.pscp.tv/w/cvE6ajF6dkVOV25BTVIXUWV8MXpxS1ZYV25tQU1KQj3B7CP2kvomHvwUV7etWA9czup7Btuaw0qig7\\_gagHY?t=20m20s](https://www.pscp.tv/w/cvE6ajF6dkVOV25BTVIXUWV8MXpxS1ZYV25tQU1KQj3B7CP2kvomHvwUV7etWA9czup7Btuaw0qig7_gagHY?t=20m20s)

Thank you Chair.

My name is Winnie Byanyima, I lead the UN's work on AIDS. I am grateful for this opportunity to address the Joint Committee on Foreign Affairs and Defence on this critical issue of vaccine equity.

I am a proud daughter of Irish missionary sisters of St Francis

In the early years of the AIDS response, millions of lives were needlessly lost, because life-saving treatment remained out of reach for people in poor countries. People in rich countries benefitted and were able to lead long and health lives. 9 million people died while waiting for prices to come down. It was a deeply painful lesson, known personally to many, and one it seems that the world is having to learn again.

Ten months ago, world leaders declared that any COVID-19 vaccine would be a global public good, a People's Vaccine. But we now face a situation that the South African government has called "a new global Apartheid".

9 in 10 people in the poorest countries are set to go without a vaccine this year. A small group of rich nations representing just 14% of the global population have bought up most of the supply of available COVID vaccines available until the end of 2021. And I am sure you are as shocked as I am that pharmaceutical companies are charging developing countries more than they are charging rich countries – in my some cases more than double (my country Uganda will pay 7 dollars per dose of the AstraZeneca vaccine, South Africa will pay just over 5 dollars whereas the EU will pay just over 2 dollars per dose).

The problem is not only one of money or unfair allocation.

The problem is that there are not enough vaccines being made.

Even rich countries face challenges over production quantities in 2021.

What the EU is experiencing now is deeply troubling, and we empathise with you. It is a taste of what Africa and Asia and Latin America have been experiencing.

And this is why approaching vaccination as a competitive race between countries and regions means that everyone loses out.

What Europe thought was defending Europe was really defending the profits of the owners of big pharmaceutical companies.

Currently, the vital decisions of production, supply, and price and therefore who gets the vaccine and when, have been left in the hands of big pharmaceutical companies. How is that right?

Our best chance of all staying safe from COVID-19 is to have vaccines, tests and treatments that are available for all.

As Irish President Michael D Higgins noted when he and I spoke on the same platform at the UN last year “unless such medical tools are fully accessible to all on an equitable basis, the world remains at risk”.

But right now, big pharmaceutical companies are protecting their monopolies on technology and intellectual property and thus restricting production.

We know how to solve this problem. It is -oOpen up production.

Maximising global production can happen only if all companies that can produce vaccines have access to the vaccine technology, the know-how and intellectual property. Pharmaceutical companies will not share unless pressed to do so. But governments have that leverage.

And there is a mechanism to enable this sharing. Last April the WHO launched the Covid-19 Technology Access Pool to act as a one stop shop for pooling all data, know-how, biological

material and intellectual property and then license production and technology transfer to other potential producers.

So far, pharmaceutical companies have not joined the WHO COVID-19 Technology Access Pool (C-TAP). And the proposal presented by the Governments of South Africa and India at the World Trade Organization's Trade-Related Aspects of Intellectual Property Rights (TRIPS) Council for a temporary waiver of certain TRIPS obligations has been blocked by rich countries who host pharma vaccine companies.

This is not only about justice for the poor. The longer that the virus is left to ravage developing countries, the longer people in rich countries will remain at risk.

The virus is mutating, which threatens the efficacy of vaccines, as we have seen with the so-called South African variant. Yesterday South Africa postponed its roll out of the AstraZeneca vaccine for this very reason.

The slow pace of vaccination everywhere means that we risk seeing more dangerous variants develop.

As the World Health Organisation's Dr. Mike Ryan, a wonderful Irishman, often remarks: "no-one is safe until everyone is safe."

And the economic cost will be huge. The International Chamber of Commerce's new research predicts that delays to vaccine access in poorer countries will cost the global economy an estimated \$9 trillion, with nearly half of that in wealthy countries. These vaccines were developed with public money. These companies depend on government support. Governments do have leverage over these companies.

Support for COVAX is welcome, but cannot on its own solve the supply problem. COVAX can only complement C-TAP.

In short, we need to ensure that constraints on licensing and know-how no longer obstruct mass production of COVID-19 vaccines.

We need to make companies take part in C-TAP. Your government can make it happen. We need to speed agreement on a waiver at the WTO.

I very much hope that the Irish government will consider joining C-TAP.

COVID-19, like AIDS, is revealing the underlying fissures of inequality, how they hurt all of us and how outdated rules and approaches obstruct us from overcoming them. Fixing them is a policy choice.

It is a moral, public health and economic imperative to ensure that everyone gets vaccinated in 2021, so that no one is left behind.

Thank you Chair for this opportunity.