Statement following latest session of the European Parliament's COVI Committee

The European Parliament's Special Committee on COVID-19 (COVI) was established to look at how European Union (EU) institutions responded to the pandemic, including procurement and supply of vaccines and other health goods, contributions to global efforts and discussions, as well as steps taken to ensure equitable access to health technologies. For almost a year, the 38 members of the COVI committee interviewed European Commission officials, experts, academics and representatives from pharmaceutical companies. Even though only one session was dedicated to civil society's perspective, Health Action International and other public interest-driven groups have continued to advise Members of the European Parliament (MEPs) on the topics at hand.

The purpose and goals of the COVI Committee were well within the purview of the European Parliament and justified in view of the challenge posed by the pandemic. Yet, the Committee was not given enough powers. In short, they had the mandate but not the means. Such shortcomings were made acutely evident by the inability to oblige the main actors in the negotiation of the vaccine contracts, including Pfizer CEO Albert Bourla and European Commission President Ursula von der Leyen, to appear before the Committee. Meanwhile, the contracts themselves remain largely redacted, even to the few MEPs authorised to access them. The work of the committee was further undermined by its use as a platform by certain MEPs to voice anti-vaccine tropes and the spread of conspiracy theories.

With the presentation of the draft conclusions report by MEP Montserrat, we wish to express our concern about attempts to rewrite/revisit certain chapters of the response to the pandemic, especially those regarding the role of European Commission officials and the impact of intellectual property protection measures on access conditions to health technologies, including vaccines. It is our belief that past failures to ensure transparency and accountability in the procurement of life-saving health goods and the unwillingness to address artificial scarcity of vaccines must be acknowledged and corrected ahead of future health emergencies. Furthermore, the responsibility of the European Commission in filibustering the negotiations to agree a TRIPS waiver on COVID-19 related health technologies, despite the explicit calls from the European Parliament to engage constructively in fruitful negotiations, should be noted.

It is paramount that the report holds EU institutions accountable for their public statements and commitments. While we commend the commitment expressed by the European Commission to support technology transfer and engage in global pandemic preparedness, more can—and must— be done to ensure equitable access to vaccines, therapeutics and diagnostics. For example, the Commission should support the extension of the TRIPS decision adopted at the 12th World Trade Organisation Ministerial Conference. They should support clauses in any future pandemic preparedness accord that could be used to speed up the sharing of knowledge and accelerate the production of health technologies through non-

exclusive voluntary licenses or, if need be, compulsory licenses. Finally, EU authorities should harness the scientific capabilities, technical knowledge and financial assistance of the European Health Emergency Preparedness and Response Authority (HERA). By doing so, they would confront not only the challenges identified in the EU Global Health Strategy, but also other initiatives aimed at a more effective transfer of technology that fosters national pharmaceutical production capabilities in the Global South that cater to domestic demand in a sustainable, affordable and adequate way.

We remain open to continue working with interested political groups and share specific wording and insights and hope that new possibilities will be afforded to discuss and exchange about the importance of priming the protection and promotion of public health, with special emphasis on universal equitable access to health technologies, above economic or trade concerns.

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