

# The fight against COVID-19: let's make public investments count for people

Letter | 25 March 2020 | [Download PDF](#)

On 11 March 2020, the World Health Organization (WHO) declared the COVID-19 outbreak—the disease caused by the novel coronavirus—a [global pandemic](#). Since January, the European Commission has allocated millions of Euros to promote research on COVID-19, including through the Horizon 2020 programme, the Innovative Medicine Initiative (IMI) and [European Investment Bank \(EIB\) loans](#). Several national governments have also mobilised substantial resources to support the development of diagnostics, treatments and vaccines.

This pandemic requires a robust and all-encompassing public health response from the European Union (EU) and national governments that, first and foremost, focuses on the implementation of effective epidemic control measures to slow down or halt the further spread of the virus in Europe and elsewhere. Simultaneously, there is a need for public financial and scientific support for the development of highly needed diagnostics, therapeutics and vaccines. An effective response requires that all these necessary medical tools are free of charge at the point of delivery, particularly for vulnerable populations.

[The fast-track 45 million call by IMI](#) for “proposals on the development of therapeutics and diagnostics” to respond to the COVID-19 crisis is an example of the shortcomings and contradictions affecting most EU-funded grants, initiatives and missions in the [realm of health](#).

Compared to other initiatives, such as the [Coalition for Epidemic Preparedness Innovations \(CEPI\)](#), the IMI call mentions no guarantee that affordability clauses will be in place to facilitate access to the eventual end product. In addition, EC funding does not bar the issuing of exclusive exploitation licences, despite the risk they pose to supply in the face of high demand during this pandemic. In the current situation, rapid and widespread access to diagnostics and treatments is critical. With public health system resources already overstretched, economic sustainability should not be further imperiled by excessive prices of medicines and vaccines.

Given the high global demand, these healthcare technologies will need to be made available to patients and healthcare workers on an unprecedented scale. As delays will cost lives, this requires a thorough rethinking of how production of effective products can rapidly be upscaled to meet demand after market authorisation, and how potential financial barriers to accessing the tools in Europe and elsewhere can

be removed. Given the public health urgency, we cannot allow a 'business as usual' approach in which market dynamics dictate price setting at the expense of rapid access, and where financial considerations—rather than public health—guide where and when products will be available.

We strongly recommend that the EU institutions and national governments incorporate collective, pro-public safeguards, such as transparency regarding public contributions, accessibility and affordability clauses and non-exclusive licences for exploitation of end-result products, in current and future funding calls and investments. Such steps would increase public accountability and limit the shortcomings of market exclusivity associated with a single exclusive licence—such as excessively high prices or over-reliance on a single source, which can increase the possibility of shortages. These measures will eventually ensure the vaccines and treatments for the coronavirus reach those who need them and save numerous lives.

We also ask the European Commission and national governments to uphold their commitment to transparency and good governance, which is even more important during this crisis. We expect the European Parliament to closely follow the results of the EU financial support to R&D and the eventual delivery of results. We count on national governments to promote and support the work of public research institutions in the fight against the pandemic.

Not only are these measures vital for tackling the challenges of dealing with this global pandemic, but they will set the precedent that it is high time for health needs to take priority over profit. The mistakes in responding to previous epidemics cannot be repeated. The COVID-19 pandemic is a wake-up call for us all. By adopting these measures national governments and the EU will be better prepared for future epidemics and pandemics. It is not a matter of if, but when.

The organisations supporting this letter believe that while the EU and national governments ramp up their response to this public health crisis, neither the undeniable urgency of the situation nor the daunting seriousness of the current threat can be a reason to circumvent accountability and jeopardise transparency in the spending of public resources in the protection and promotion of public health.

We hope you will take our concerns into account and are ready to discuss further how our recommendations can be incorporated into current and future research calls and public investments.

*This letter is supported by 61 organisations and it was coordinated by Health Action International (HAI) and the European Alliance for Responsible R&D and Affordable Medicines.*

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## Supporting organisations

1. Access to Medicines Ireland
2. Action against AIDS Germany
3. AIDES, France
4. AIDS Action Europe
5. Aidsfonds
6. Alliance for Cancer Prevention UK
7. Altroconsumo, Italy
8. Armenian Women For Health and Healthy Environment NGO
9. Association of European Cancer Leagues (ECL), Access to Medicines Task Force
10. AURORA Universities Network
11. Austrian Institute for Health Technology Assessment (AIHTA)
12. Center for international Environmental Law (CIEL)
13. Commons Network (CN)
14. Corporate Europe Observatory (CEO)
15. CurbingCorruption
16. Dying for a Cure
17. Ecologistas en Acción, Spain
18. EKPIZO, Greece
19. Epilepsie France
20. European Academy of Paediatrics
21. European AIDS Treatment Group (EATG)
22. European Alliance for Responsible R&D and Affordable Medicines
23. European Association of Hospital Pharmacists (EAHP)
24. European Federation of Public Service Unions (EPSU)
25. European Institute of Women's Health
26. European Public Health Alliance (EPHA)
27. France Assos Santé, France
28. Global Health Advocates (GHA)
29. Groupe sida Genève, Switzerland
30. Grupo de Ativistas em Tratamentos (GAT), Portugal
31. Health Action International (HAI)
32. International Association of Mutual Benefit Societies (AIM)
33. Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen (IQWiG), Germany
34. Istituto di Ricerche Farmacologiche Mario Negri, Italy
35. Just Treatment
36. La Ligue contre le cancer, FRANCE
37. Médecins du Monde
38. MSF Access Campaign

39. NoGracias, Spain
40. Observatoire de la transparence dans les politiques du médicament (OTMeds)
41. Organización de Consumidores y Usuarios (OCU), Spain
42. Pesticide Action Network (PAN) Europe
43. Pharmaceutical Accountability Foundation
44. Prescrire
45. Public Eye, Switzerland
46. Réseau DES, France
47. Réseau Environnement Santé
48. Romanian Association Against AIDS (ARAS)
49. Salud por Derecho, Spain
50. Sciences Citoyennes
51. SOMO - Centre for Research on Multinational Corporations
52. Standing Committee of European Doctors (CPME)
53. STOPAIDS
54. T1International
55. Test Aankoop/Test Achats, Belgium
56. Transnational Institute
57. Transparency International Health Initiative
58. TranspariMED
59. UFC-Que Choisir, France
60. Universities Allied for Essential Medicines(UAEM) Europe
61. Wemos