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All-Party Group on Coronavirus – Oral Evidence

Transcript by Communique Communications Ltd

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Caroline Lucas MP

So, welcome everybody to this APPG on Coronavirus session on global access to vaccines and particularly welcome to the three witnesses for our first session. I'm really pleased that we have with us Professor Kate O'Brien who is Director of the Department of Immunisation, Vaccines and Biologicals at the WHO. We have Professor Andrew Pollard from the University of Oxford, Professor of Paediatric Infection and Immunity at the University of Oxford. And we have Gavin Yamey from Duke University who serves on two international health commissions, the Lancet Commission on investing in health and the Lancet Commission on global surgery, so you are all incredibly welcome, thank you so much for being with us.

I will kick off the first set of questions, we have 45 minutes for this session which was always quite ambitious so if I could ask you if you could keep your answers as succinct as possible that would be wonderful. So my first question really is we have seen almost I think 1.4 billion vaccine doses administered worldwide but only 0.3% of those have been administered in low income countries so in your view are countries taking enough of a global view towards vaccine supply and production and secondly what risk does that gap between vaccination programmes in different countries actually pose to public health here in the UK? Maybe if I could put that question to Professor O'Brien to begin with.

Professor Kate O'Brien

So thanks for really pointing out this enormous gap in equity between vaccine distribution and access in high income countries compared with low income countries. I think what really is important here is that countries have started right over at 209 countries, territories, economies have begun their vaccination programme, so it's not about getting started it's about whether or not there is sufficient access, vaccines for countries to continue their programme in order to deliver to the highest risk populations which have been the priority for 2021 delivery. The risk that this poses, this gap in vaccination programme coverage where some countries including the UK are advancing well beyond that highest priority group, even now considering in some countries immunisation of children which is really about a transmission objective. And where we have this really very substantial gap between what some countries are achieving in terms of access and immunisation while at the same time other countries are at the very beginning of covering those highest priority groups, it means that we have a situation epidemiologically where the risk of transmission, the risk of disease, the risk of the pathogen is very, very heterogenous and it poses of course risks for every country for variants of concern, the progression of a selection pressure for different variants and from an economic perspective we are so interconnected around the World that the recovery of the economy domestically is dependent on a recovery globally as well.

And so this is not about really a moral argument or a charitable argument it's about an epidemiologic, a biologic, an economic and a social recovery that affects every country around the World and I think that's for me the sort of biggest argument here, this is really about timing of when doses are coming, we'll get into more discussion around the COVAX facility which does have a sightline towards two billion doses for this year, over three billion and onwards for next year but it's really about when those doses come and that's the urgent issue right now that has to be addressed immediately, not months

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and months from now but in weeks and in the next month, when are those doses going to come and how can we assure that they will come.

Caroline Lucas MP

Thank you, that's very clear. Professor Pollard is there anything you would like to add to that?

Professor Andrew Pollard

Well I mean obviously I completely echo the comments that Kate has made. You know I think when you look at the overall aim of a global vaccination programme in a pandemic it's to stop people dying and we know who those people are, it's the over-50s, it's those who've got health conditions and to some extent also healthcare workers, and so those are the priority groups as they are initially here in the UK and they're the global ones through the World Health Organisation's policy recommendations. And yet we are in a situation at the moment where there are many unvaccinated people in the World and not enough doses for everyone yet, but there are many unvaccinated people in the World whilst people at risk that's extremely low of disease are being vaccinated and as Kate mentioned including children who have near to zero risk of severe disease or death. And so that inequity is absolutely plain to see at this moment, in actually a very troubling way, as we see the images from South Asia on our television screens of the awful circumstances there and I work in Nepal and Bangladesh and colleagues there are just facing the most appalling circumstances, they're not working in a situation where there's an NHS to support them. And I just ... it feels completely wrong to be in a situation morally first of all, where we're allowing that to happen whilst in many countries vaccines have been rolled out to younger and younger populations at very, very low risk.

And I certainly also agree with the other point, the health security one, that if we have better distribution of vaccines that there is some downward pressure on variants of concern and that's going to be helpful for us all in the future and also the economic argument is clear, if health systems in other countries are not over-burdened we don't have a pandemic anymore and the economies everywhere start to improve. So, I think that this is perhaps the most critical bit in many ways is that we've sort of lost the direct line of sight of what we're trying to do to end a pandemic and that's to stop the pressure on health systems and that's not just here in the UK, it's in all countries, and you only do that by focusing the doses you have on those who are at risk of going into hospital.

Caroline Lucas MP

Lovely, thank you very much. And finally Gavin Yamey anything you would like to add?

Dr Gavin Yamey

Yeah I much to echo both of those points but also to add the idea behind COVAX was that we would vaccinate health workers and high risk people first in every nation, about 20% of the population in every nation. Rich nations rejected that idea, I mean wholesale rejection of that idea and they hoarded doses, they went into advanced purchase agreements directly with manufacturers, they rejected COVAX, they rejected multi-lateralism, they rejected justice. And that's the situation we find ourselves in and so I understand the concern from Professor O'Brien and Professor Pollard that we're vaccinating children but we crossed that rubicon a very, very long time ago, we started vaccinating

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low risk adults way before vaccinating health workers and high risk people in low and middle income countries. You know we crossed that a long time ago.

Now we find ourselves in a situation of course where rich nations are not only hoarding doses, the best estimates are that there are somewhere between 200-300 million doses ready to go now that rich nations are holding onto, but some nations are also blocking low and middle income countries from making their own doses, so rich nations are both hoarding and blocking and it's absolutely true, we need the charity model, we need rich nations to donate doses but that's a charity model, you know that's a sort of crumbs from a rich person's table model and it's not a sustainable model and we need to be looking to the future, into 2022 and beyond, this pandemic unfortunately is going to be with us for years in low and middle income countries and for that I have argued as have many people including of course Dr Tedros, WHO Director General, that we need to support low and middle income countries to make their own vaccines, an intellectual property waiver, tech transfer, support for manufacturing at the source, this sort of trickle down approach where we hope you know a few doses will trickle down from rich nations to less wealthy nations, those days have surely got to be numbered, we need to support countries themselves to make their own doses. So donations now yes, charity now but sustainability into the future, that's what I would add.

Caroline Lucas MP

Thank you, we'll definitely be getting into the detail of that very shortly but thank you so much for that. I'll hand the voice over now to Baroness Masham for question three.

Baroness Masham

My question is what are the key barriers to distributing the vaccine across and World and what in your view is the most pressing problem that must be addressed. People are so worried they won't get the vaccine. Who would like to answer that?

Professor Kate O'Brien

I can start and I'll be happy to hand over for additional comments, I'm eager to hear what everybody has to say about this. I think it's really clear what the immediate barriers are right now. I don't think there's much ambiguity on that. Just reflecting what has been said in the previous question, the supply agreements that are in place are largely, the vast majority of them are by high income countries. And the issue around being able to assure that doses move now urgently, not in six months, not in a year but move doses so that they are accessible through COVAX to an equitable allocation across the many countries that are part of COVAX is really the critical issue and what this is about is about actions by the manufacturers, actions by countries that have bilateral deals with manufacturers, actions by countries who can release doses that are doses they have access to and can be shared with COVAX now. It also means that manufacturers will facilitate that sharing of doses, there are contractual arrangements between bilateral deals that the manufacturers have to agree to for the release of those doses. So those are actions that manufacturers can take, countries with bilateral deals can take, fully funding the COVAX facility so that the COVAX facility has the resources to continue to do deals and it is a release of raw materials for manufacturing. And this has been a call that has been made to assure that manufacturing that is going on right now can be completed and can move those doses.

And then finally in the more medium term is this issue of increasing manufacturing in a broader range of countries. Those issues around IP, a TRIPS waiver, manufacturing capacity, those are not going to

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be immediate term increasing in doses, it's very important but for this very immediate term it really is about countries allowing manufacturers to put COVAX first in the line, secondly releasing doses that they already have access to, third is raw material release as well and finally funding, fully funding COVAX.

Baroness Masham

Thank you very much and Professor Andrew?

Professor Andrew Pollard

Yes, I mean I think Kate has very nicely summarised the key issues and I think it's important to focus on what the urgency which I think Kate said in that first response, that according to the Institute of Health Metrics in Seattle over 800,000 people will die from Covid this month during May and those people are mostly older adults in countries that don't have access to vaccine at the moment. So the urgency is actually not around waivers it's around what we can do with the doses that are being manufactured today and to try to have an impact on that. And I think it's absolutely right that the funding needs to be there, and you know waiting for example for G7 next month is too late for the people who are going to die in the meantime, and so there is an absolute urgency about dealing with some of these issues now.

The longer term issues are very complicated, and I think there's a simplistic argument around the IP waiver which I think absolutely is a good direction of travel, but there's a complexity around that in that just simply having intellectual property rights doesn't make a vaccine, there's a huge heavy lift of transferring the technology to make these very complex products and I mean as someone involved in vaccine development, I have a personal experience of this, in that here at the University of Oxford our vision was to try to develop a vaccine that was globally available and if you look at what you might get from sharing intellectual property rights, having that waiver, it would be distributed manufacturing around the World, a big heavy lift of technology transfer to multiple sites and of course that's what in partnership with AstraZeneca we've been able to do. We've got more than 20 manufacturing sites around the World, they are making vaccines, there's an enormous amount of work going on day and night now to help each of those sites improve the yields they're getting to scale the amount of production. And that scale has been going on for 12 months now of activity to do that and if we don't start that today with lots of other developers, next year we'll still be in this situation so we've got to be doing that. There's a great model that we have at the moment through the AstraZeneca vaccine of how you can do that across huge numbers of manufacturing sites and that's why the main supplier to COVAX so far has been from that vaccine. Of course it's complicated now because of the enormous tragedy in South Asia which means a lot of doses have been focused there and so COVAX has got much greater shortage of supply.

But I think we've got to be careful not to be too simplistic about the waiver itself is not the whole answer, you've also got to have a huge capacity required to make sure that the quality of product in each of those manufacturing sites is the same. We don't want just to hand over recipes which then undermine confidence in vaccines because of quality. So it's an investment across the whole of that, we have to be careful not to be too simplistic about what we're asking for.

Baroness Masham

Thank you for stressing the urgency, and now Gavin Yamey.

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Dr Gavin Yamey

Yes, just to say I don't know whose quote this is but I love it, which is that the IP waiver is like publishing the recipe, tech transfer, it's like having the Masterchef in your kitchen showing you how to make the vaccine and I think that is very important. Really it's a two part solution that Professor O'Brien and Professor Pollard have mentioned. The first part has to be donating the doses that are available now. We don't have great estimates, you probably saw the very big story we're all talking about in the New York Times suggesting that about 1.7 billion doses have been manufactured in total, 1.5 billion have been administered, so we know that there's 200 million doses that are not being used right now that could be donated to COVAX right now to get shots in arms. That's I think the most urgent thing possible, those are doses that could be administered right now.

Last week, or two weeks ago I was at a panel and Seth Berkley the CEO of GAVI, the vaccine alliance, he also reminded us that rich nations have entered into large purchase agreements for future doses, right procurement of future doses, and he estimates that rich nations have procured an additional 1.5 billion excess doses. They're not sitting there now in a fridge but they've procured those and you've probably seen the numbers, Canada has procured enough to vaccinate its entire population four, five or six times over. UK, US not far behind. They need to release those agreements and make sure those doses go to COVAX. That's the urgent part.

And then as Professor Pollard said there are discussions now about making ones own doses and that is not something that's gonna happen today, you know I wrote a piece in the BMJ with Gregg Gonsalves at Yale last week supporting the notion of what we call a people's vaccine but we recognise that that's at best something that we'll start producing vaccines towards the end of the year, early next year, six to eight months away and that's a three-legged stool, that is the recipe, you know the IP, the tech transfer, the Masterchef, and of course support for manufacturing, none of which is easy. I mean you know I don't make vaccines but I've seen some of the manuals alone, I mean it's thousands and tens of thousands of pages of engineering and processing, not something that happens overnight and I agree, you know just saying we need an IP waiver, that's not enough it has to be the full three-legged stool.

One last thing I would say though is that I am old enough to remember these battles around anti-retroviral drugs where you know 20 or 30 years ago there was a big concern that if you release the IP, release the patents you know the World would fall apart, the sky would fall down, big pharma would go out of business. None of that of course happened and you know the ability for low and middle income countries to make their own doses and expand access to anti-retrovirals and you know keep millions of people alive was a remarkable shift in the global HIV/AIDS landscape and you know the large pharmaceutical companies have remained profitable. So I don't think, sometimes the argument is that you know we need patents to innovate but that simply, that's absolutely not the whole story, of course many companies got large amounts of public money as well so I think, you know I'm very sympathetic to the idea of an IP waiver, I totally agree with Professor Pollard, it's not going to suddenly make doses overnight but I think the urgency is around the doses now, then we need a long-term sustainable justice oriented equitable model where countries can make vaccines for themselves.

Baroness Masham

Thank you all very much.

Caroline Lucas MP

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Yes, thank you, it's a really rich discussion. I'm just slightly mindful of time so if I can ask going forward if we can be even crisper that would be amazing. If I could hand the floor now to Lord Strasburger.

Lord Strasburger

Thank you Caroline, good morning. Professor O'Brien, could you tell us if scaling up the Covid-19 vaccine production could impact on the production of other vaccines?

Professor Kate O'Brien

So, this is such an important question and we've been looking carefully at whether or not we're sort of robbing Peter to pay Paul and in essence are we going to end up with shortages of the vaccines that are also lifesaving vaccines against largely childhood but also adult diseases and essentially, we'll end up with deaths that could have been prevented if we fail to have the adequate supply. At this point we don't see those vaccine shortages either on the horizon or in actuality. Most of the manufacturers who are producing let's call them routine vaccines inclusive of adolescent vaccines and adult vaccines are involved in Covid vaccine development and production, but we don't see that either the raw materials or the actual production lines are being compromised for a Covid vaccine.

Now that is a relatively fragile situation that we're in also because we are seeing that the supply flexibility is now much narrower and there is the potential for stock outs and supply issues moving forward. So this needs to be watched really carefully but we aren't in a situation right now where we're ringing the alarm bell or foreseeing that we need to ring the alarm bell for that purpose. Again, that's a situation now and especially as demand for Covid vaccines increases, especially as we anticipate will booster doses be needed, is this a one-off programme where we need to vaccinate everybody around the World and there will be durable immunity, or are we in a situation where we're actually going to have to set up programmes that have to do this scale of immunisation year in and year out and that's too early to tell at this point. But there's a lot of different scenarios, the way Covid could play out and the way that the vaccine programmes are going to have to respond to this, both from manufacturing capacity perspective and from a delivery perspective.

Lord Strasburger

Thank you very much. Dr Yamey or Professor Pollard do you have anything you want to add to that?

Professor Andrew Pollard

Just a very brief comment from a slightly different perspective and that is from the view that most vaccines that we're talking about here are being delivered to children and whereas children are relatively unaffected by Covid the immunisation programme that there is around the World is absolutely critical for their health and one of the problems of the pandemic has been the disruption of health systems and the impact that has on childhood immunisation programmes, so although as Kate says at the moment there isn't a supply problem with the vaccines there is a big problem in many countries of the disruption of health systems and actually protecting children from diseases that they are now getting that they shouldn't have been because we do have vaccines to prevent them.

Caroline Lucas MP

Munira, did you want to come in, Munira Wilson?

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Munira Wilson MP

Thank you Chair, yeah there have been reports that in terms of boosting manufacturing capacity obviously a lot of the Covid vaccine manufacturers have gone into partnerships with other companies with some of their competitors in some cases to produce more vaccine and with contract manufacturers. However, discussions with large generics manufacturers, for instance Teva which is the World's biggest generics manufacturer, therefore has the capacity and arguably the capability to produce these vaccines, they've been knocked back. I just wondered if any of the panellists had any reflections on why they think that might be because that would seem to be a reasonably quick, if not immediate, but certainly medium term solution to boosting capacity.

Caroline Lucas MP

Anyone with thoughts on that?

Professor Andrew Pollard

I don't have any particular knowledge about individual arrangements with different manufacturing organisations but the manufacturing that we're involved in is with contract manufacturing organisations that have the capability to make these very complex biologics. I think it is important to understand these are really difficult types of medical products to make and although the point about the HIV drugs is well made, they're a very different type of technology from a biological one, in terms of the manufacturing process. So I don't know with that capacity whether it is appropriate or not for biological manufacturing or whether it's for the ... and of course there's many different types of vaccines being made at the moment around the World, but I don't know Kate whether you have more insight into that.

Professor Kate O'Brien

Yeah, I just actually I really want to reinforce the point that you've made because there are so many analogies that are being made to the situation years ago with HIV drugs and I do think it's important just to underline this point. Producing pharmaceutical products, drugs, which are chemicals is a really different scale and complexity to producing a biological product, they are not the same in terms of just being able to tech transfer, the knowledge, the knowhow, the expertise and what it actually takes to make a biological as opposed to, if I can use the word, a chemical which is you know a drug substance, these are really, really different, they are not analogous and so although there are some parallels about some of the geo-politics and the IP issues, the actual nuts and bolts of can any manufacturer do this, you know is that knowhow something that is scalable and transferable in a short period of time, I just really want to emphasise what Andy has pointed out, we are talking about biologics here which are not the same as drugs.

Caroline Lucas MP

Thank you very much.

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Dr Gavin Yamey

May I push back very, very slightly, it's always good to have a bit of disagreement. I mean I certainly have less expertise than either Professor Pollard or Professor O'Brien but I worry a little bit that we're arguing you know that low and middle income countries don't have the knowhow, the capacity, the expertise, we've already seen production of Covid-19 vaccines in low and middle income countries. We hear from so many manufacturers in places like Pakistan and Bangladesh and Indonesia, they're ready, they're hungry, they're waiting, you know they've got some capacity. It is true that it is not the same as making anti-retrovirals but it is also something that can be transferred, that knowledge, that IP, you know that knowhow can be transferred and I do worry that if we continue to say it's just too difficult, only rich countries, only big companies in the north can make these vaccines then we're going to be in the same position next year with the rich nations continuing to hoard. I worry that they're going to hoard because of boosters, honestly, that is a big fear that I have. That rich countries will still hoard because of the booster issue. And so I really think we need to acknowledge that it's fine to continue donating but there has to be a long-term vision. This pandemic could be with us for years, is it really just going to be charity, you know drip-drip-drip of a few doses from rich countries, that's not a long-term vision.

Professor Kate O'Brien

Yeah, let me just reply to that, I think it's a really important point and not to be misunderstood. This is not an argument about not proceeding with developing manufacturing in a variety of much broader set of countries, I think it's just setting expectations for the pace with which this manufacturing scaling can actually be successful in addressing the problem. That is actually is a portfolio approach to addressing this problem and much of the manufacturing that is referred to around the World, at least some of it, is really about filled finish, it's not actually about manufacturing biologicals and that's the thing that needs to scale, that's the thing that really needs to be developed in a much broader number of countries in order to achieve that supply security for biologicals. But if people are thinking that this is something that's going to be done on the turn of a dime, they're incorrect, it's not going to be, it really is of a different scale and complexity and that's what needs to be invested in so that that manufacturing is in Africa, is in other parts of the World where we don't have scalable vaccine manufacturing to any great degree.

Caroline Lucas MP

Thank you very, very much. Over to Baroness Brinton.

Baroness Brinton

Thank you very much. You've partly answered the question I was going to ask but not completely, so all three of you thank you very much for explaining the complexity of transfer of IP and the story of AstraZeneca and Oxford working in other countries to make sure that the fulfilment of the doses is something that is clearly ... and I'm minded to cite Professor Sarah Gilbert's evidence to the Science and Technology Select Committee back in February where she laid that out very clearly, so I'm going to change my question and say given this complexity, how do we move away from society in countries like ours, saying either click your fingers and do TRIPS waiver now and it'll all be alright, versus the Government saying we've donated money to COVAX therefore it will all be alright?

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Caroline Lucas MP

Where would you like to direct that Baroness Brinton?

Baroness Brinton

I think we'll start with Gavin actually.

Dr Gavin Yamey

Thanks, that's a great question. So obviously I'm hugely supportive of rich nations donating to COVAX, money, I would argue that money is not the issue right now as I think we've heard earlier, the supply is the issue. What I would ... I mean obviously it's a bit pointless going back in time but really what should have happened is that as rich nations were vaccinating their own citizens they would donate to COVAX at the same time, that's the Norway approach. We saw that New Zealand has agreed to donate enough doses to vaccinate 800,000 people in low and middle income countries through COVAX. France will donate 500,000. So these are all I think going to be more important right now, these donations, than the money. There's no point COVAX sitting on millions of dollars if there's no doses to use that money for, you know to actually buy. You know I'm going to be on TV a little bit later talking about Biden's offer yesterday to donate 20 million doses by the end of June, we don't know exactly where they're going to go, presumably many to India, that's on top of another 60 million that he agreed to donate earlier. Those are all very welcome. I have to say what I think would be really good would be ... this all to me seems a little bit haphazard, it doesn't really seem like there's an over-arching strategic way forward, a sort of joined up multi-lateral way forward. You've got the IP waiver, great but you know what next. You've got a little bit of donations here and there. You've got talk of boosting manufacturing capacity. You've got some mumbling about you know export restrictions and addressing those and some people are talking about the raw materials. What there doesn't seem to be is a sort of well what's the over-arching roadmap here and how are we going to make this happen and I worry that it's very disjointed. Again, great that Biden is giving 20 million, you know it's very little, very late, there's over a billion people in India but what I see as being missing is a sort of what's the over-arching multi-lateral joined up strategy to end this pandemic as soon as possible.

Caroline Lucas MP

Does anyone else want to ...

Baroness Brinton

Professor O'Brien?

Professor Kate O'Brien

I would like to come in on this and thanks for opening that topic up Gavin in the reply. I would push back a little bit, I think there is a strategy, there is an approach here, it's called COVAX. COVAX has

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four billion doses that it has a sightline to through available supply that has been either committed or is in negotiation. So, there is no simple solution to this but COVAX is the means, it is the coordinated means to allocate and distribute doses to countries around the World. The 92 Advanced Market Commitment countries plus self-financing countries and we really should not forget about them, the upper-middle income countries that alone are not going to be able to do the kinds of deals that they would like to have, countries that are left out of the Advanced Market Commitment really need access as well. And so this is the means. Now the question is how do you get the doses into COVAX. One is it has to have funding, it doesn't have a treasury sitting behind it like a sovereign nation does and that was one of the issues early on with COVAX is getting the funding accessible to actually do the deals which meant that COVAX was lower in the line up of actually the procurement of those doses. So we want to fix that, we want to assure that COVAX has the funds now to be able to do the deals to secure the supply for 2022 and beyond.

The second thing is this urgency of getting doses now and that's where the sharing of doses comes in. These are not excess doses or leftover doses from countries, what we're saying is sharing doses when you're well along in your prioritisation, vaccination of priority groups. And then the third thing is the World does not have enough manufacturing capacity and that's where the scaling of manufacturing comes in to assure that it is distributed more broadly around different countries to serve COVAX for sure but to serve countries that are doing bilateral deals as well. So it's several prongs of solution that are needed in order to have a pathway forward to assure that in 2022 and very much in 2021 we're making very substantial progress on ending this pandemic. And I think we have to come back to Andy's point that the reason that we need all of this is we have a pandemic where people are dying, health systems continue to be overwhelmed and that's the urgent thing to address in 2021. So COVAX is the coordinated joined up solution and to get supply in are these sub-areas of funding, manufacturing capacity, sharing of doses now, urgently so that we can actually get moving to implement that strategy in a much deeper way than we've been able to. COVAX should have been delivering over 160 million doses by now, of course the India situation is what has constrained the supply along with some difficulties in some of the manufacturers to deliver what they anticipated in terms of their supply. But the sightline is there for getting billions of doses where they need to be, that is the joined up equitable allocation approach. We really need to let COVAX work and that means getting doses into COVAX, funding into COVAX to assure that we can be planning for 2022 as well.

Caroline Lucas MP

I'm going to move us on if that's alright just because I'm worried about time. Professor Pollard can you wrap up anything into the next question if I can go to Philippa next because I'm sure it will still be relevant, Philippa Whitford.

Philippa Whitford MP

Thanks very much Chair. If I could start with Professor Pollard, two questions. Is it right that we should consider vaccination of young people or even children in areas with rising cases of the Indian variant and with the failure to take a global response and low income countries not even getting enough vaccine to vaccination their healthcare workers are we not just prolonging the pandemic and increasing the risk that major outbreaks will generate yet more variants which in turn will come back and harm the UK?

Professor Andrew Pollard

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Well I think the answer is there in your question. I mean absolutely, we can expect new variants to occur and I think we also have to take a perspective of what you would anticipate from viral evolution and that as we vaccinate more people we will have a virus that evolves anyway and is able to continue to transmit in vaccinated populations. So I think it's unlikely that this coronavirus will disappear in the next decade, it will still be around but hopefully it won't be a public health problem in the future. So, there is an aspect at the moment of the reason for getting people around the World protected is partly to reduce the new variants arising and causing these new surges in disease. But in the long run we are still going to have a virus with us so, you know I don't think the whole aim should be to focus on new variants because they are going to be here in years to come. But the main issue at this moment as we've been discussing is to try and make sure the doses go to those in greatest need and so going to younger and younger individuals including children are groups who are not at the greatest need, and the greatest need are the many people in the World who are unvaccinated and will die in the next couple of months.

Philippa Whitford MP

And you would say that even with obviously the areas within the UK that are starting to see exponential rise of the Indian variant, you don't think that's an approach, because some people are talking about that.

Professor Andrew Pollard

Well if you're purely looking at the domestic question then expanding to wider age groups make sense, but we shouldn't be doing that as we discussed at the beginning. This is a global problem that affects our health security, it affects our economies and it's the pressures on health systems. So sure, here in the UK the real gap is the older adults and those with other health conditions who are not yet vaccinated, they're the ones who are most likely to end up in hospital and we absolutely need to make sure we're doing better at getting to those individuals who are not yet vaccinated and we know there are a very small but substantial enough proportion to be a problem. So that group needs to be targeted still. But beyond that we really should be thinking about this global equity issue that's been discussed.

Philippa Whitford MP

If I can come to Gavin obviously as you said there was a lot of warm words last Spring that haven't been borne out, do you have anything to add about the risk of both cases and variants then coming back and threatening the high-income countries?

Dr Gavin Yamey

Yeah, I mean it's a very good question, I have to say maybe ... I'm always slightly uncomfortable with the question because yes it's absolutely true, I think we should act because we're an international community, based on justice, based on equity, we can't see what's happening in India and not want to act, for that reason alone. On the other hand you're absolutely right that it is also in our enlightened self interest to act, there's no doubt about that and you know variants of concern are more like [inaudible 0:53:20.1] when there is uncontrolled transmission, we've seen that in places like Brazil with P1, in South Africa, in India and elsewhere and in Britain of course. So there is an additional

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reason ... the adage is that an outbreak anywhere can become an outbreak everywhere, so we have to act on that reason alone. And then as Professor O'Brien said earlier there's an economic reason to act, one Turkish study estimates that if rich nations are more or less vaccinated by the end of the Summer and poorer nations are left behind there's going to be a nine trillion dollar global economic loss, half of that will be borne by rich nations because of export reduction and supply chain disruption, so it's in our economic interests to act as well.

And one last thing just to come back to Professor O'Brien, I agree 100%, COVAX is the only multi-lateral game in town, I didn't mean to not imply that, I was in the working group, the unpaid advisory group that helped to design COVAX so I am passionate about COVAX. My frustration is that the vision that we had, when the vision that we had was that we would have protected every health worker by now, every high risk person by now. So it's been very frustrating. My frustration is borne out of the fact that so many countries bypass COVAX, but Professor O'Brien is right we need to get COVAX back on track, that is absolutely the case. It's the only mechanism that is thinking about equity, combined with public health need, additional doses to where there are hotspots, but vaccinate health workers, high risk people in every nation first. And then expand as we go on.

And I know I'm already out of time but the last thing is I think you know here we started to vaccinate children in the US, I think I have a slightly different view to Professors Pollard and O'Brien. I've talked to a lot of global child health experts who say the platform for delivering vaccines in low and middle income countries is amazing, incredible, decades of investment into this brilliant child vaccine platform, partly funded by GAVI. Reaching vaccine herd immunity in these settings might actually be quicker if we include children. I think we shouldn't exclude that possibility. Thank you very much.

Philippa Whitford MP

And Kate O'Brien have you anything to add, obviously it's been money to COVAX but not so many doses.

Professor Kate O'Brien

Yeah, I think the ... listen the commitment to COVAX is seen also by countries who have funded COVAX, 192 have committed to COVAX, so I think there has been a very firm and clear commitment to COVAX but countries that could do their bilateral deals chose a two-pronged approach to this and the depth and vigour with which countries pursued bilateral deals is certainly an issue that has meant that about 20% of the global supply is going through COVAX, the much greater proportion of it is going through bilateral deals which has driven up prices. It has constrained the lever that COVAX is. However, it does demonstrate the commitment of donor countries and of countries that are procuring their vaccines through COVAX and I think our big message here is that especially on the childhood vaccination issue the goal of transmission reduction is a goal that is a laudable goal, all of us as vaccine people would pursue that goal eventually but the point is that one that I think we have to keep coming back to, we have not achieved the goal of reducing mortality and severe disease from Covid around the World, that has to be the primary goal at this point and we have to achieve that before we move onto these other goals of transmission interruption or transmission reduction. And so it is this disconnect between some countries pursuing a goal that is much further along while other countries are still at the very beginning of achieving that death reduction, health system protection, reducing severe disease and I think that's really where we have to focus our attention and assure that we achieve that in 2021 which means advancing where we are now with supply.

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Many, many things have happened in terms of the supply that were unforeseen and so we just have to address these issues as they are right in front of us and that means dose sharing, manufacturing, manufacturers prioritising getting doses to COVAX, that means countries releasing manufacturers from their supply obligation timing and cooperation with COVAX to advance the supply that is available for that equitable distribution.

Philippa Whitford MP

Thank you.

Professor Andrew Pollard

Can I just jump in and say and the evidence is not yet there that vaccinating children will achieve that transmission goal, I think it would be very unwise to focus doses in low and middle income countries to children at this stage because the evidence isn't there, this is not influenza where we know vaccinating children has a big impact on spread in the population, that is just not the case with coronavirus so we must not leave that one unsaid.

Philippa Whitford MP

Thank you very much.

Caroline Lucas MP

Thank you, I'm going to come finally now on this session to Lord Russell.

Lord Russell

Yes, and thank you to all three of you, I mean this has been an incredibly rich and helpful session. If one tries to deskill this down to a key message each of you would give directly to the UK Government, what would it be. Could I start with Professor O'Brien, what would your advice be?

Professor Kate O'Brien

My advice would be to fully commit to COVAX, the UK Government has already been a strong donor, a very generous donor to COVAX but I think we need a recommitment to COVAX and I think it's about dose sharing and the emphasis that the UK Government can make and play both as a government and as an influencer of other governments. I think it's about the here and now, about what needs to happen now, while also keeping the rest of 2021 and 2022 in a sightline for a commitment to COVAX.

Lord Russell

Thank you. Professor Pollard?

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Professor Andrew Pollard

I think it's about this urgency that there's a huge risk of many millions dying between now and September, we can't wait until later in the year to make decisions, it actually has to be now that we look at redistribution and how do we get doses to those countries that have poor access at the moment and that is through COVAX, that's where we have to focus those efforts, but absolute urgency, it's not something we can wait to make a decision on later in the year.

Lord Russell

Thank you, and Dr Yamey.

Dr Gavin Yamey

Yeah, I don't have much to add, shots in arms now, there are hundreds of millions of unused doses, get them into arms now to reduce mortality. But there is a longer term picture and I would argue that there is a window of opportunity here, a sort of Covid-19 as a Trojan horse if you like, to build a global manufacturing, a globalised manufacturing that could stand ready for future pandemics, it could be used you know to develop other medicines diagnostics and so on, so I think combining the urgency of donating now with a longer term vision is something the UK should champion.

Lord Russell

Thank you.

Caroline Lucas MP

OK thank you so much to all of our three witnesses from that first session, that was incredibly rich and helpful. Very many thanks, you are very welcome to stay if you would like for the second session but I appreciate how busy you are and I know Gavin you said you had to go and do your school run, so thank you so much for being with us in particular.

And now moving on let me welcome our four witnesses for the second session, I know some of you have been here from the start as well so you will have heard that debate that we've had so far. I want to welcome Eva Kadilli from UNICEF, she's Director of UNICEF Supply Division. Heidi Chow from Global Justice Now; Natasha Loder who is The Economist's Health Policy Editor and Els Torreele from the University College London working on innovation and public purpose, you are all incredibly welcome. I will press straight on because we're running slightly late and I'll come straight away to Baroness Brinton.

Baroness Brinton

Thank you very much Caroline. The sharing of IP as we've heard in the first session has attracted a lot of attention, is this enough and in your view is this the most pressing issue that has to be overcome in order to ensure Covid-19 vaccines are accessible across the World. Eva could we start with you please?

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Eva Kadilli

Thank you so much, pleasure to be here I think it's a very nice segue from the first session as we heard before. What I would like to say is that as UNICEF we absolutely welcome all efforts to lift any barriers that can actually stop growing or diversifying Covid-19 vaccine manufacturing capacity. But one way of achieving this is absolutely via voluntary and proactive licensing by holders of the intellectual property rights, this will enable more manufacturing to make more vaccines. Another way is to subcontract to manufacturers, really moving all the barriers such as geographic or volume restrictions. And we have seen great examples and we are benefiting as COVAX, as UNICEF from these examples but absolutely more is needed. However, IP sharing alone is not sufficient, we heard just before that we really need technology transfers, we really need sharing of knowhow and we need investments on the spare and of manufacturing capacity also scaling up this manufacturing capacity. All of this is needed together to make this working. And in addition of course we'll need those commitments as well that we also spoke earlier so this is still, if I can say, a medium term, so right now we have a short term and immediate need, an urgent need which we just spoke about which is really even if we call it charity, but the donation is really critical, the dose sharing is really critical to help cover the gap. At the same time we need to really expand the production capacity, expand the geographic diversification of production and we have seen successful examples, we need to do more.

Baroness Brinton

Thank you very much. Could we come to Heidi next please?

Caroline Lucas MP

Heidi, you're still on mute.

Heidi Chow

Sorry, rookie mistake there. I was just saying thank you Baroness Brinton for your question and thank you for the panel for inviting me, I'm really excited to be able to speak here today. You're right in your question, you asked about IP attracting a lot of attention and I think it rightly has attracted attention because the core problem we are facing is a supply problem and so when we talk about donations and COVAX they alone are not sufficient, they're an immediate stop gap to stop the bleeding, but ultimately we do need to put in place the investment to build the kind of capacity, production capacity that we need to supply the World, not just this year but for next year and the following years because certainly from the previous session you know we are in this for the long haul. And so we do need to address these issues, I mean intellectual property is an entry barrier for competent producers around the World, we've heard manufacturers from Bangladesh, Canada, South Africa, Senegal, Denmark, you know they are saying that they are ready to produce but they are unable to get access to the intellectual property and to the technology transfer.

And so that's why it's a really important issue, it's necessary but it's not sufficient, so that's our starting point and as others have already said we do need technology transfer and the sharing of knowhow, and I would urge that we would support the World Health Organisation's efforts around this to use the World Health Organisation as a convenor to facilitate that technology sharing. There is a couple of proposals, a couple of initiatives that the World Health Organisation has started. One is the Covid-

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19 technology access pool, or CTAP for short, the idea behind the pool is to facilitate that technology transfer but also the sharing of patent rights and knowhow and knowledge and data. All the things that you need to make the vaccines.

The other initiative of the World Health Organisation that I believe we need to get behind is also the technology transfer hubs, building regional capacity and using this as an opportunity to help to ramp up that scale up of production that we need. So these technology transfer hubs I believe that the World Health Organisation has said they've had 50 expressions of interest for these hubs, but these are mainly from the countries that want to host a hub and the need is there, the demand is there but actually the owners of that IP and that technology are not cooperating and so even though they've had 50 expressions of interest they've had none of the owners of the MRNA technology being willing to collaborate and to work with those technology transfer hubs.

And then I think the other pressing issue, for me like I said we've talked a lot about donations and COVAX as the urgent thing and I do think they are the immediate today things that we need to do, but I also think an urgent thing is this longer term investment into manufacturing capability so that we can start investing in a globally distributed network of manufacturing that sees vaccines as global public goods and this kind of innovation such as MRNA would be a really good starting place to start building and investing in this capacity and we see the market failures leaving global south countries completely out in the cold in terms of access. And so building capacity in the global south will help address that but enable these public manufacturing capability to be able to produce vaccines and global public goods and retain control over these facilities to ensure that vaccines are, do reach communities that need them and do address public health needs, rather than just financial returns which is how the current system is currently set up.

Baroness Brinton

Thank you, thank you I'm very aware we're very tight on time, I'm sorry Heidi, I wondered if Els Torreele would like to comment as well and then if there's time on this question I'll come to Natasha.

Dr Els Torreele

Well thank you so much for the opportunity and I think that many people before me have already said more or less the same and I just want to say I agree there are two most urgent things, one is redistribute the available doses now, I mean that is really what we can do in the short term to get, as Gavin I think was saying, get more doses in people's arms of what we have today and there is many that are unused and there will be more in the next couple of months. And then today start by building more capacity, waiving the patents, transferring the technology, it's not either/or it's all of that because this is about preparedness and in one year from now, in the worst case scenario we will need to revaccinate people, possibly with new vaccines against different variants etc, so we will need many more capacity so we need to start building that today. If we had done it a year ago we would not be in this situation where we are now, so for me those things are not either/or but just as urgent to start in parallel.

Baroness Brinton

Thank you, and Natasha.

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Natasha Loder

Hello, thank you. So other than the issue about COVAX I'd highlight the lack of export by vaccine making countries and so that would be the US, the UK and India. None of those countries are exporting vaccines. The UK will say it's all down to contracts but the fact remains is that we make vaccines and don't export it. The third concern, the other concern I would raise and the most pressing one would be the creaking supply chains for ingredients to make vaccines. We know there are global shortages of key items, vial bags, filters, tubing and some of the work I've been doing has been reporting on where the actual production has either been threatened or actually hindered. You may not be aware but in fact the Novovax line in Britain for example is several weeks behind where it would have been because of shortages of key items. And we know that some of this is just down to shortages, we also know that US export controls through the Defence Production Act is also kind of gumming up supply chains and causes problems all over the World. There's also been signs of problems with certain drug manufacturing that uses the same lines that may come to hit us later on this year, it's not the subject though now.

But what I would say is overall we are expecting to be able to produce 10.9 billion doses of vaccine this year, that is all theoretical if these supply chains don't keep functioning then that won't manifest itself.

Caroline Lucas MP

Thank you, I'm going to come to Munira Wilson.

Munira Wilson MP

Thanks Caroline, it's very clear from the evidence we've heard today that an approval of a TRIPS waiver wouldn't necessarily resolve things in the immediate term, so could I ask if there were a TRIPS waiver approved when would the impact of that be seen, I wonder perhaps if Natasha and Heidi were best placed to respond to that question.

Natasha Loder

Well I'll have a go. I think there are very mixed opinions on when the impact would be felt. Popular theory is that it would take a long time to have an impact because you have to get a negotiation at the WTO, then you have to get to the end of the year to amend ... sorry then you have to amend domestic legislation in different countries. One argument I have heard is that it's going to help countries that are currently in the business of trying to stand up manufacturing facilities, there's a big push on at the moment in Africa and you know if there is the promise of an IP waiver that certainly does remove some of the uncertainty for the people who are investing in these facilities, whether that's a private investor or a government.

What I would say just sort of, you know I do think we have to do all of these things, there has been a huge amount of technology transfer, I feel that there is a lot of anti-pharma rhetoric directed towards the lack of transfer of technologies to certain companies whether it's Teva or Inceptor in Brazil or Canada and we don't know why those companies weren't chosen for tech transfer, what we do know is this, there have been 214 tech transfer deals done this year for Covid vaccines and if you speak to the people who are doing these tech transfers they'll tell you they're at full capacity and they're doing as much as they can. Stéphane Bancel from Moderna was saying he worries almost daily about

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whether he's stretching his teams too far. Incidentally a lot of these big firms are also doing deals at the moment privately, not privately they are behind the scenes, they are talking to people about setting up facilities in other countries, we know they are talking about doing one in Africa, we heard recently Pfizer-BioNTech announced a new facility in Singapore. So we will see additional facilities set up around the World.

I don't think that it's, I'm not saying it's not a good idea to pursue an IP waiver at all, what we don't want to be is in a position in December of thinking this is actually awful and I wish we'd started six months ago, so it's certainly worth talking about but what it's going to produce is uncertain I think.

Heidi Chow

I think that if the TRIPS waiver were approved tomorrow let's say, I think it's very difficult to say exactly how long we would see the impact, that would also depend like Natasha was saying about the technology transfer, so what you would be getting is you would be removing that entry level barrier to start with. You'd be taking away the barriers around intellectual property, not just on the vaccines themselves but on some of the materials and the ingredients and some of the processes, the manufacturing processes that also are covered in intellectual property. There's a whole minefield of intellectual property rights when it comes to trying to make vaccines and the materials that are needed and the processes that are needed and so the IP waiver would help deal with all of that to help reduce that entry level barrier. And then like [inaudible 1:15:06.7] said we would need to supplement that barrier, to supplement that with technology transfer and the sharing of knowhow and you know we've seen companies like Pfizer, Moderna that went from zero capacity in terms of manufacturing mRNA vaccines to producing them at scale in huge numbers in just a matter of months, and so when the political will is there, when the kind of commercial will is there almost you know you can make mountains move in that sense, but actually you know we are seeing the global death toll rise and at a horrific rate and we need to pull out all stops to make sure that we can address this and address the underlying production and supply problems.

And so I think for me this underscores the importance of moving forward with the IP waiver negotiations as quickly as possible because the longer we wait the longer you're going to have you know other [inaudible 1:16:03.9] times to get that production up and running.

Munira Wilson MP

Can I take my next question Chair, just if we were to move ahead with this waiver there is a lot of concern and I think Natasha has already touched on it, on the impact this will have on the supply chain and supply of raw materials, the impact that would then have on developing vaccines for new variants, there are also big concerns about quality and undermining quality and confidence in vaccines as well as the regulatory hurdles for what would essentially be biosimilars as opposed to exact copies. So, I just wondered if anybody on the panel could comment on what impact a sharing of IP would therefore have on development of those new vaccines for variants going forward and the disruption it might have on existing manufacturing.

Natasha Loder

Well, what we're hearing from the pharmaceutical companies is that it would have a huge impact also from SAPIE. What I would say is that you can't on the one hand say that the waiver is going to take you know to the end of the year and say that if you give it it's going to have an immediate impact

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on the supply chain, it's either one or the other and if we're going to you know plan for there to be a WTO waiver at the end of the year then we can also plan to deal with some of these supply chain issues as well. So, you know I think you know if you just didn't plan yes you would have problems, but let's plan for it.

Dr Els Torrele

Maybe if I can add here, I mean you are totally right Natasha, if it is going to take until the end of the year for an IP waiver that would make us all lose an incredible amount of precious time. There is no reason for it to have to last until the end of the year if there was political willingness today, it could be an IP waiver tomorrow. I think the reason why one is saying that it might take until the end of the year is because there is no real political willingness yet and there is the idea that we need to enter into lengthy negotiations but that actually is a false argument, we could if there was political will say we all agree on an IP waiver on all Covid related medical technologies tomorrow and it would be there. So I think that's the part of the political will and it's related to how long it might take. On the supply chain I totally agree, it is a critical element but let's not forget that the IP waiver as Heidi was already indicating, would also release intellectual property barriers around the manufacturing of a number of elements of that supply chain. Some of them are maybe not under patented technologies but some of them are and what I think we need first and foremost and I don't know whether Gavin is still with us, those that were imagining even before COVAX but something else that would have been a growing coordination mechanism on the R&D for new vaccines, not just what COVAX has become the allocation and the purchase but initially the idea had been with SAPIE to create this global coordination of R&D where we could indeed much more also coordinate what, where the priority raw materials would be used etc, that global coordination today we don't have and whether we have five or eight companies competing for these raw materials or we have more, it will be a competition, what we want is actually a much broader coordination and a planning of what are the vaccines that we need, where and how many to curb this pandemic and it's not a market competition where every of the current vaccine producers are competing against each other, including for some of those raw materials. That is not the most active way to ensure that we have the supplies we need. So I think we need to pull it back to that global coordination where I think WHO can play a role, where COVAX today can also play a role and the more manufacturers we have, the more raw materials we need and we need to ensure that these two can happen, it's not just the end product it's also all the raw materials that we need to scale up in a sort of coordinated way.

Eva Kadilli

If I may come up here, I just wanted to say that I agree that this is not either/or, while negotiations are on-going, it is very important that we keep the focus on solving the immediate problems and this is very important otherwise there might be lengthy negotiations, we need to make sure that we ensure access now. This is really critical. And when I talk about access now it's not just on the dose sharing, on the expansion of production capacity, also to the point that was made earlier with regards to reducing any barriers to raw materials, this is a major concern. Because the increase of production, the expansion of production capacity is subject to actually the raw materials. So, this is actually one of the challenges that we are hearing a lot from many manufacturers and that will be the first call also to manufacturers of producing raw materials to really expand that production capacity, but also to the governments to lifting any barriers to such access because this is actually going to unlock if I can say more expansion and production capacity.

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Caroline Lucas MP

Thank you. I'm going to move us on just because I'm just very aware that we're short of time so I'm going to come to Baroness Brady now.

Baroness Brady

Well good afternoon everyone. My question is to Natasha. Natasha the vaccine programme in the UK has been a huge success, I wondered how your perspective is that that is viewed by middle and low income countries.

Natasha Loder

Well first of all I'll just say it's very difficult to generalise about so many countries, so I'll just try and keep my remarks confined to what I can say with certainty. Let's remember that last year the context for many countries was that they understood it would take five to ten years to create a vaccine, even some of the optimists like Dr Fauci were saying 12 to 18 months timeline, so I think many countries were very surprised at the speed of the development. A number of middle income countries though find themselves ... that make vaccines, now find themselves in a position where the governments are being asked why they haven't done a better job in procuring vaccines, so I'm thinking about Brazil, India and South Africa. They have the capacity to make vaccines indeed of course India does. They have been asked why they haven't done deals with firms that have done trials in their countries or planning to buy earlier.

With regards to low income countries I was talking to Dr Sabin Nsanzimana, who is the Director General of the Rwanda Biomedical Centre yesterday and they're very impressed with how fast we've rolled out vaccines, they're very much less impressed with the sort of lack of access that they have to them. They can roll out whatever they're sent. They're also concerned about the shift in priority to vaccinating children and the sort of lack of concern about healthcare workers and the elderly in poorer countries. And you know just, you know the mood music in Africa has changed in the last month if you listen to people like John Nkengasong and they are looking at what's happened in India with some alarm, India was supposed to have escaped the ravages of the coronavirus and now it's very clear that it hasn't. And so there is great fear that there is you know potentially a wave of Covid coming to hit Africa and there are no vaccines, they don't have access to vaccines and rich countries are really much more concerned about vaccinating their kids than they are making sure that healthcare workers get vaccines.

Dr Els Torreale

If you allow I have a quote that I would like to share with you from someone from South Africa who I specifically asked that question, it's Fatima Hassan who is the Founder of the Health Justice Initiative, and she wrote me "well we can't travel to the UK, they can come here, the difference is that they are mostly vaccinated, blocking the waiver and we have just started. Yesterday Archbishop Tutu got his jab, months after young and healthy people in the UK did. Why? Ask yourself why we have limited supplies, why the UK stands on IP hoarding and over-buying meant that someone over 80 got his vaccine on the 18th of May 2021. Also, we took part in the AstraZeneca trial, the J&J trial, Pfizer trials and other, yet we were not guaranteed access. So much for the Commonwealth." That was her comments so I wanted to share that with you.

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Caroline Lucas MP

Very powerful, thank you.

Heidi Chow

Can I just quickly come in as well, just to say that we've been working with global campaigners across the World fighting for a people's vaccine and there's a real sense that our friends and our colleagues in the global south just feel like they are at an utter feeling of utter despair, Achar Prahbla [ph 1:25:57.9] who is a writer and researcher and a campaigner for access to medicines in India was sharing with us this kind of despair of the situation where he feels that he knows there are so many people that he knows that has lost someone and everyone that he knows has the same experience, he just says "there's literally no exception, everyone I know is in a perpetual state of panic as to who is next, it's like a culling of the elderly and the vulnerable, it's pure hell." He said that he spoke to the AU, Africa Unions vaccine delivery alliance co-chair who says that they are in despair because their only chance of getting any vaccines at all will be in August which is a whole three months away and they have no idea whether this schedule will be maintained.

And so I think the overall sense that we're getting from our colleagues in the global south is that they're watching countries like the UK and the US and the EU hoard doses, they have struggled to access doses themselves, companies are refusing to share their intellectual property and their knowhow and meanwhile rich country governments are blocking the proposals to suspend patents.

Eva Kadilli

If I can come in here, I just want to say that the success in UK actually it does bring a huge amount of hope to countries because it does prove that actually immunisation, prioritising immunisation works and it helps also with the vaccine hesitancy, it gives a very strong message that if we prioritise immunisation combined with other essential infection prevention and control measures, previous session we talked about also very briefly about also about diagnostics and therapeutics, so there are many other actually measures that we have to combine to fight this. So, I do think that as UNICEF we have been trying to track examples of success such as in the UK but other places as well, and this really helps to share the knowledge and experience across the countries and the learning, I think that COVAX has been quite successful in the rolling out initially with the vaccine, immediately nine days within the first WHO approval of the UN listing so within nine days the first vaccines landed in Ghana, that's a major success in terms of rolling out in the low income countries knowing normally that how much and how long time it takes actually to bring vaccines there.

But we should not forget that of course as long as any communities are vulnerable everyone is vulnerable, so the focus has to be how we together continuing with supporting COVAX with the solidarity, funding is one but also funding not just vaccines but also the delivery, the roll out and having countries prepared because one of the challenges from the beginning was which types of vaccines, technology, can actually be contracted by the facility does do the countries that we're working on have actually the conditions to receive mRNA vaccine [inaudible 1:29:05.0], so those have been initial barriers as well that actually needed more funding, more investments in terms of culture and capacity infrastructure and so on.

So there are many factors that have actually had a impact in overall access but by far the surge in India definitely and the complexities of supply chains overall of the manufacturers have had an impact in

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terms of access and we really count on again calling on immediate actions now which will be the dose sharing, making sure that countries that are left behind to get the second dose can get those soon but also in terms of more sustainable actions with regards to expansion of production in continent as well, but also making sure that not only sustainable in terms of countries being able to produce their vaccines but also that manufacturers are successful because we have seen that [inaudible 1:30:08.3] indicate when it comes to vaccine this is very complex and we don't want to see manufacturers exiting markets, so we also have to manage this quite carefully, we are seeing a lot of excess production probably ...

Caroline Lucas MP

I'm going to stop you there. I'm so sorry to stop you there but we are just beginning to really run out of time now, thank you very much. And over to Philippa Whitford.

Philippa Whitford MP

Thank you very much Chair and I'll actually come back to start with Eva and then Els, COVAX has delivered 60 million vaccine doses which is less than a quarter of what was planned. We've touched on both IP waivers and technology transfer, are there other technical issues we should be considering and thinking back to the eradication of smallpox and as yet the near eradication of polio, do you think there's enough recognition of the need for a genuine global response in light of the risk of future pandemics?

Eva Kadilli

Thank you so much for this question. Absolutely there is a need for global response, I think a global response together that we did as the international community for Ebola made us actually able to have a stockpile for Ebola and be able to respond even in the recent Ebola outbreak just seen last year. So definitely that is needed and therefore COVAX I think is the answer to a global response to be there to respond to the needs. We spoke about the IP and expansion of production, we also touched upon the raw materials which is absolutely very essential as well, but we talked a little bit about the export barriers and this is very important to establish that mechanism that there are no barriers to an international effort such as COVAX for example in terms of accessing supply so that we can respond to countries. We would have had today delivered maybe by the end of this week more than 170 million doses, so really, we look forward to coming together as an international community to unlock this situation.

Philippa Whitford MP

And if I can come to you Els.

Dr Els Torreale

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Yeah maybe one thing to add here is that I mean COVAX is as we said earlier today a mechanism for the procurement and allocation and distribution mostly to low income countries although with the self-financing mechanism it's a bit broader, but that's only one part of the pipeline and I really think we need to, for that longer term perspective think about for instance the recent recommendation of the independent panel that you may have seen, a panel that was set up by the World Health Assembly to recommend to the World Health Organisation who clearly recommend that we need to set up an end to end pandemic preparedness and research and development ecosystem that actually can ensure that we actually for the future are much more ready through R&D system to develop the needed tools, vaccines, diagnostics and other measures in a way that is not following the market logic but that actually is fit for purpose to deliver global health commons [ph 1:33:26.2], public goods that then can be managed and distributed as common goods and through COVAX or other mechanisms, but to really link the innovation incentives with developing public goods and I think that that is really incredibly important response that actually is also built upon our learnings from Ebola, how can we ensure that we can actually leverage all our technology and science for the public good and then use those technologies as public goods and not as commodities which result in all the inequities that we see today.

Philippa Whitford MP

Thanks very much, I don't know if Heidi or Natasha have anything specific, they want to add?

Heidi Chow

I just wanted to quickly say just about COVAX and the ambitions of COVAX are really just to vaccinate 20% of the populations that are a member of the AMC by the end of this year and actually 20% is nowhere near enough to get herd immunity in those countries. And so I think that we do need to, you know COVAX is a programme that pools demand but it doesn't have an answer for production, and so we do need that production and distribution to go hand in hand. We need to solve the production to unlock the doses for COVAX to even begin to purchase, and I am concerned that COVAX is only aiming for 20% and I don't know what the global plan is to enable all countries to reach herd immunity levels, you know I know that the levels I've heard 60-70% by a range of experts but we really need a global plan that helps us achieve that kind of ambition rather than just 20% which is you know nowhere near enough.

Philippa Whitford MP

Particularly when the estimate we could face some form of pandemic or epidemic every decade which if you look back, you know those organisms have been there. I don't know if you have anything you want to add Natasha before we move on?

Natasha Loder

Well just briefly, I mean in terms of the immediate global response I mean it seems quite clear that there is a big multilateral response being planned, you know in the Biden announcement it's actually 80 million doses in total that they're going to donate. They did talk about a multilateral response that's being worked on with the EU, the UK, other countries and I sort of have a sense that this is all planned for the G7, there's going to be some sort of big announcement but it's kind of coming a little

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bit too late and you know I suppose you know later you're going to ask our recommendations but I do think the UK does need to sort of hurry up and not wait till the G7 to start announcing what it's going to do.

Philippa Whitford MP

Thank you very much.

Caroline Lucas MP

Thank you, coming now to Lord Russell.

Lord Russell

Yes, thank you very much all four of you, we've spoken quite a bit about supply chain issues, could we just move to regulatory issues and I want particularly to ask Eva about this. Regulatory barriers are different in different parts of the World, regulatory authorities work in different ways, how is COVAX planning to overcome that and to make that as seamless and as fast as possible?

Eva Kadilli

Thank you so much. Actually this time around has been really unprecedented for collaboration to align the regulatory requirements for the Covid vaccine which is unusual than you know what has been before. There has been a lot of considerable reliance on the technical assessment and by other regulators, so in particular very close collaboration between WHO pre-qualification and the European Medicine Agency, this has been really almost hand-to-hand and that has led to a really minimum delays, minimal delays between the issuance of conditional marketing authorisation by EMA to the WHO EUA listing. Equally the same when it comes to countries, we have seen a very strong reliance again on the technical assessment by all AMC, 92 countries, they have provided immediately in part authorisation and acceptance of the Covid-19 vaccine as soon as it has been WHO UL approved, so this has been really in record time and we haven't seen this before. And including also countries that are relying so much on WHO inspections and are not doing their own dossier assessment and inspection for manufacturers, which also reduce the cost for manufacturers as well that used to do in every single country as they register their products. So I think we have seen a lot of progress on that as well. Of course there is need for always more reliance and working across SRAs, across the World, but I think overall we have seen really positive progress and lastly I want to say that WHO has also published packaging and labelling for vaccines which has been done in collaboration with manufacturers and regulators and this has been also a good progress in terms of cutting any delays or barriers with regards to countries where we work.

Lord Russell

Thank you that was a very comprehensive reply and unless any of the remaining three of you have anything to add I will go straight back to Caroline.

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Caroline Lucas MP

OK, thank you very much so then we're coming to Baroness Masham for the last question.

Baroness Masham

What is your key message to the UK Government, what must it do to ensure that vaccines are available across the World. I know we need speed and urgency so perhaps you can all say your piece, what should we do?

Caroline Lucas MP

We'll come to Els first.

Dr Els Torreale

Yes, I think as many of us have said the most urgent is saying if you would show the example to not even wait for the G7 but say now that you are going to redistribute the doses that you have for instance 20% as was the recommendation of the independent panel and immediate give that to COVAX, and at the same time start working on that longer term solution, but that is for this pandemic, it's not for the next pandemic, but for relieving intellectual property and start building capacity and technology terms for at the same time, that can be done tomorrow.

Baroness Masham

Next one.

Caroline Lucas MP

Natasha?

Natasha Loder

Alright, yes so there's a couple of things I wanted to say. I'd just like to say we as UK tax payers spent £549 million supporting COVAX and we've watched this mechanism run dry of doses and we've heard the problems, in fact we actually even went to India to fill our vials with five million doses from the Serum Institute which cut into, which pushed COVAX further down the line and we've seen countries all over the World, Norway, France, Belgium, Spain, UAE, New Zealand, Switzerland and now the US donate to COVAX and make commitments to COVAX, and what have we done? We've done absolutely nothing. So, it's incredibly disappointing.

The other thing I just wanted to point out because it hasn't been asked directly, COVAX is projecting that it's going to have a billion doses in Q4, which is a lot, and it could stretch COVAX's ability to deploy those doses, so basically it's going to get all its doses towards the end of the year so we have at the moment this mechanism sitting idle for want of doses. Now the UK may want doses towards the end of the year in the winter, when there are more around and it just seems to me that there has to be a much more sensible and logical way of doing this rather than allowing COVAX to sit on its hands.

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In terms, I mean I think we all know what really needs to happen, we need to donate. I'd like to see the manufacturers also encouraged or at least highlighted where they're not releasing countries from contracts, I'd like to see them also encouraged to fulfil more contracts or fill more contracts with COVAX, you know we're seeing, well Pfizer for example has promised COVAX 40 million doses, they've sent 960,000 doses but they still manage to find the doses down the back of the sofa to vaccinate the Tokyo Olympians. So, you know really and you know and I speak to people behind the scenes and what they say is that we hear Moderna are doing a new bilateral deal with someone or Pfizer is doing a new bilateral deal, how come they didn't come to us. So I think we need to kind of get the manufacturers, put them a little bit more in the spotlight and maybe because we don't feel so beholden to them now we've all been vaccinated, maybe we can hold them up to a little bit more scrutiny.

Caroline Lucas MP

Thank you very clear, Heidi?

Heidi Chow

Yeah I think that we need to break these pharmaceutical monopolies, we're in the middle of a pandemic, a global health crisis and the last thing we need is monopolies, we actually need the opposite, we need to mobilise as many manufacturers as possible to ramp up supplies and so I would urge the Government to support the full IP waiver, so that includes all health technologies, not just vaccines but vaccines treatment, diagnostics, PPE and to, and also includes all relevant IP and to negotiate that at speed. And I'd also call on the Government to support the WHO's Covid-19 technology access pool and technology transfer hubs to help facilitate technology transfer.

Baroness Masham

That's very useful, we mustn't forget all the other things apart from the vaccines.

Caroline Lucas MP

Coming to Eva now for the end.

Eva Kadilli

Yes thank you, so I think for the UK Government in order for them to sustain the gains of your successful domestic immunisation it is very important that we do dose sharing now, so if the UK Government can give 20% of dose sharing to the COVAX and also advocate for the team Europe to do the same that is going to bridge the gaps that we have right now. Secondly I would love if the UK Government can also advocate to the manufacturers to prioritise COVAX and put that in the pipeline in the front queue. And lastly I want to say that if UK Government can support more that countries with a funding delivery again not just for vaccine but for the roll out, so preparing the infrastructure, supporting the health workers but also supporting with diagnostic therapeutics and other protective equipment, it's not just vaccine alone it is all other interventions together. Thank you.

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Baroness Masham

Thank you so much, all of you.

Caroline Lucas MP

Yes, let me just thank you. The session is now at an end but I do want to thank all of you so much for such rich and powerful evidence that you've given us, I think we've drawn some very, very clear messages from what you've said, so very many thanks and all the very best with all of your work, thank you.