

To Whom It May Concern:

As civil society organisations, activists and international organisations working on access to Covid-19 technologies, we are writing to inquire about your company's plans to ensure access to the vaccine that you are developing should it prove to be effective and safe.

Covid-19 has put a massive strain on health systems, created a global economic crisis and pushed millions into poverty. This is in addition to the devastating loss of lives and long-term impact for people left with lingering illness and disability.

The pharmaceutical industry has a critical role to play in developing vaccines and other technologies to help control the pandemic. However, generous public and charitable funding of research, development, and manufacturing means that the public is shouldering much of the financing as well as the commercial risks of advancing Covid technologies.

Most biopharmaceutical companies have announced their abstract intentions to sell and distribute their COVID-19 vaccines in developing countries. However, now is the time for companies like yours to confirm your true commitment in terms of transparency, affordability, licensing, technology transfer, and guaranteed equitable access.

Clearly neither yours nor any other company can produce all the doses of an effective and safe vaccine needed to vaccinate the whole world's population. Accordingly, the world needs to mobilize and upgrade production capacity available everywhere to ensure that a maximum number of doses can be manufactured and equitably distributed at the lowest possible price to every corner of the globe. This in turn, requires pharmaceutical companies to share technology, know how, biological material and intellectual property with other qualified producers and to do so quickly. The WHO Covid-19 Technology Access Pool (C-TAP) provides a ready-made global mechanism for this sharing.

Could you please inform us of your company's plans for:

1. Full transparency of, clinical trials results, financial investments in COVID-19 vaccine R&D and costs of manufacturing, price points, advance purchase commitments and resources received from public and charitable sources.
2. Committing not to enforce your intellectual property in the pandemic and sharing intellectual property and technologies and materials including patents, test data, trade secrets, cell lines, and designs, through open licensing to qualified producers. The sharing of technology and intellectual property should ideally be done in collaboration with the C-TAP.
3. Ensuring deep technology transfer to other qualified producers with potential manufacturing capacity including through collaboration with C-TAP.
4. Committing a proportion of your overall volumes and your manufacturing capacity for low and middle-income countries.

Your company faces a choice. Either you can defend business as usual and deny hundreds of millions rapid access to the vaccine, in defence of your monopoly power. Or your company can instead rise to the challenge posed by the pandemic and commit to a Peoples Vaccine, by pledging to do what is right to ensure access to any potential Covid-19 vaccine for all people in all countries.

We would appreciate an opportunity to discuss our questions with you.

Signed

1. Afrocab Treatment Access Partnership, Zambia.
2. AIDS Access Foundation, Thailand.
3. Amnesty International.
4. AVAC, USA.
5. Black Activists Rising Against Cuts page: BARAC UK.
6. Bolivian Network of People Living with HIV, Bolivia.
7. Brazilian Institute of Consumer Protection (IDEC), Brazil.
8. Brazilian Interdisciplinary Aids Association (ABIA), Brazil.
9. Centre for Accountability and Inclusive Development (CAAID), Nigeria.
10. Child Way, Uganda.
11. Commons Network, Netherlands.
12. Chronic Illness Advocacy & Awareness Group dba CIAAG, USA.
13. Corporación Innovarte, Chile.
14. Ecologistas en Acción, Spain.
15. Evidence and Influence, Frontlineaids, UK.
16. FOCO Foro Ciudadano de Participación por la Justicia y los Derechos Humanos, Argentina.
17. Fondation Eboko, France / Congo.
18. Fórum de ONG/Aids do Estado de São Paulo (FOAESP), Brazil.
19. Fórum Ong aids RS / Porto Alegre, Brazil.
20. Foundation for Integrative AIDS Research (FIAR), USA.
21. Fundación IFARMA, Colombia.
22. Gestos (HIV and AIDS, communication, gender), Brazil.
23. Global Humanitarian Progress Corporation GHP Corp. Colombia.
24. Global Justice Now, UK.
25. Global Network of People living with HIV (GNP+).
26. Grupo Pela Vidda/ São Paulo, Brazil.
27. Health Global Access Project, global.
28. Health Reform Foundation of Nigeria (HERFON), Nigeria.
29. Human Rights Watch.
30. INPADE Instituto para la Participación y el Desarrollo, Argentina.
31. International Treatment Preparedness Coalition (ITPC).
32. Just Treatment, UK.
33. Justiça Global, Brazil.
34. KAPLET, Kenya.
35. Knowledge Ecology International KEI, USA.
36. Lawyers Collective, India.
37. Médecins Sans Frontières (MSF) Access Campaign.
38. Mexican Foundation for Family Planning, Mexico.

39. Misión Salud, Colombia.
40. MSACVCO - Mecanismo social de apoyo y control en VIH de Colombia.
41. MultiWatch, Switzerland.
42. Observatoire de la transparence dans les politiques du médicament (OTMeds), France.
43. Oxfam.
44. Partners In Health, USA.
45. People vaccine.
46. Pharmaceutical Accountability Foundation, The Netherlands.
47. Public Citizen, USA.
48. Public Eye, Switzerland.
49. Public Services International (PSI).
50. R2H Action [Right to Health], USA.
51. Rede de Pessoas Vivendo com HIV - São Paulo (RNP+SP), Brazil.
52. Salud por Derecho, Spain.
53. Salud y Farmacos, USA.
54. SEATINI, South Africa
55. Group of Incentive to Life (GIV), Brazil.
56. SECTION27, South Africa.
57. Society for international Development, Global.
58. SOMO-Centre for Research on Multinational Corporations, The Netherlands
59. STOPAIDS, UK.
60. Students for global health.
61. SumOfUs.
62. T1International, UK.
63. The Access IBSA Project, Brazil.
64. UNAIDS.
65. Universities Allied for Essential Medicines.
66. Vaccine Network for Disease Control, Nigeria.
67. WomanHealth, Philippines.
68. Women's Health in Women's Hands Community Health Centre, Canada.
69. Working Group on Intellectual Property from the Brazilian Network for the Integration of Peoples (GTPI/Rebrip), Brazil.
70. World Leadership Alliance-Club de Madrid, Spain.
71. Yolse, Santé Publique et Innovation, Switzerland.

### **Academics and health experts**

71. Anand Grover, Senior Advocate, India.
72. Carolina Gómez y Claudia Vaca, founders Think Thank "Medicines, Information and Power". National University of Colombia.
73. Catherine Dimitroulias, Présidente de l'Association des Femmes de l'Europe Méridionale, déléguée au Conseil de l'Europe.
74. Clare Rayner, Civil Society representative, ACT-A Therapeutics pillar.
75. David Adler, member of the Progressive International's Cabinet.
76. David G Legge, People's Health Movement, Australia.
77. Dean Baker, Center for Economic and Policy Research, USA.
78. Dr Fifi Rahman, Board Member for NGO Delegation, Unitaid Executive Board, and Permanent NGO Representative, Diagnostics Pillar, ACT-Accelerator.

79. Dr. Mohga Kamal-Yanni, Independent consultant in global health & access to medicines, UK.
80. Ellen 't Hoen, Medicines Law & Policy, The Netherlands.
81. Kaitlin Mara, Medicines Law & Policy, Switzerland.
82. Marcela Vélez and Daniel Patiño, Coordinators Unit of Evidence and Deliberation for Decision Making (UNED), University of Antioquia, Colombia.
83. Oswaldo A. Rada - Equipo técnico Senderos A.M, Spain.
84. Professor Brook K. Baker, Northeastern U. School of Law -USA.
85. Graham Dufield, University of Leeds, UK.
86. Dr. Hani Hani Serag, Director of Programs, Center for Global and Community Health, University of Texas Medical Branch, USA.
87. Luz Marina Umbasia. Researcher and advocate on access to medicines, Colombia.
88. Professor Luis Pablo Méndez, Salud Colectiva, Universidad Maya Kaqchikel, Chimaltenango, Guatemala.
89. Professor Muhammad Yunus, Nobel Peace Prize winner, Bangladesh.
90. Professor Natalia Pérez Doncel, Pediatrician, Clínica Bolivariana, Universidad Bolivariana, Universidad Cooperativa. Colombia.
91. Professor Olga Juliana Cuellar Contreras, Pediatrician Emergency Department, Hospital General de Medellín, Universidad de Antioquia. Medellín, Colombia.
92. Peter Wiessner, community activist, Germany.
93. Professor Reinaldo Guimarães, Federal University of Rio de Janeiro, Brazil.
94. Ruth Dreifuss, former President of Switzerland and former co-chair of the UNSG High Level Panel on access to medicine.
95. Professor Sakiko Fukuda-Parr, of International Affairs, The New School, USA.
96. Tracy Ann Briggs, Civil Society representative, ACT-A Therapeutics pillar, UK.
97. Varsha Gandikota-Nellutla, member of the Progressive International's Cabinet.
98. Dr. Viviana Muñoz Tellez, South Centre.
99. Wilbert Bannenberg, pharmaceutical systems consultant, the Netherlands.
100. Yousuf Vawda, University of KwaZulu-Natal, South Africa.