

Global Health Advocates' Statement on the draft report of the COVI Committee

On 28 February, the Rapporteur of the European Parliament's COVI Committee, Dolors Montserrat, presented the Committee's draft report on **COVID-19 pandemic: lessons learned and recommendations for the future**. The special Committee and its Members, tasked with scrutinising the European Union's (EU) response to the COVID-19 pandemic, auditioned numerous relevant officials, academics, experts, civil society organisations, and industry representatives. Several questions have been raised regarding the EU's response to the pandemic, particularly on the lack of transparency of vaccine contract negotiations, and on its global response.

Global Health Advocates (GHA) welcomes the work carried out by the special Committee, and the presentation of the draft report. However, GHA is concerned that the draft report, as it currently stands, glosses over certain aspects of the pandemic, thus failing to properly achieve the special Committee's purpose of identifying lessons to be learned and proposing tangible and sound measures for the future.

GHA welcomes the recognition that **transparency in the work of the EU institutions is of utmost importance, particularly during a pandemic**, as well as the recognition that the joint procurement agreements negotiated with companies were characterised by a crying lack of transparency.

Nevertheless, GHA is disappointed at the attempt to justify this lack of transparency by claiming it was inevitable due to the 'right to confidentiality' of industry. As investigated in our Access Denied seriesⁱ, the information redacted in the vaccine contracts was arbitrary, inconsistent, and not related to the exceptions invoked under existing law to justify secrecy – suggesting that the final decision on which information should be disclosed – lay with industry. To remedy this, the report should recommend that any future preliminary negotiations held between the European Commission (EC) and pharmaceutical companies before contracts are signed should be conducted in a fully open and transparent manner and using established processes rather than informal channels. As a reminder, the Ombudsman has previously called on the Commission to ensure transparency requirements form part of any future vaccine negotiations, given the important public interests at stake. A concrete recommendation to ensure public interest is held at the highest standard would be to for any official document bearing redaction to list how access to that information could specifically and actually undermine the interest protected by that exceptions under Art.4 of Regulation 1049/2001 (commercial or decision-making). This should be made for each individual redaction, rather than for the documents as a whole.

Secondly, the draft report unfortunately fails to take a critical look at the global consequences of the EU's policy choices during the pandemic. A global challenge, **the pandemic demanded a global response**. Unfortunately, despite statements from the European Commission promising it would call for vaccines to be considered global public goodsⁱⁱ and that "*no one is safe until everyone is safe*", nearly three years after the start of the pandemic, there is widespread consensus that the current system and its **vaccine sharing programmes have failed to achieve equitable access for all**ⁱⁱⁱ. GHA strongly believes that a more equitable response could have been delivered if the EU had supported

the TRIPS waiver proposal, as members of the European Parliament (EP) called for in its resolutions from June^{iv} and November^v 2021. GHA notes a gap between these resolutions and the worrying language on IP rights in the draft COVI report.

Finally, GHA welcomes the call for the EU to be more of a global leader in future pandemic preparedness, prevention, and response, but regrets the draft report's assertion that the EU developed a common response to the pandemic and took actions which ensured *"the swift development and fair distribution of vaccines on the European continent and globally"*. As of March 2023, only 28% of people in low-income countries have received at least one vaccine dose^{vi}. The EU and its Member States strongly invested in R&D to develop vaccines, diagnostics and treatments to tackle the COVID-19 pandemic, but without any binding conditions to ensure accessibility to the final product. GHA was expecting the COVI committee to highlight the need for public returns on public investments. When EU public funding is used to develop biomedical countermeasures, such as vaccines, it must be accompanied by access conditions to guarantee the availability, affordability, and accessibility of medical products to all those in need, including to low- and middle-income countries.

GHA encourages Members of the special COVI Committee, who have until 29 March to propose amendments, to strengthen the draft report by providing strong, concrete recommendations which will ensure that the costly mistakes made during the COVID-19 pandemic are not repeated in the future. Reasonable solutions are at hand, and we must seize this opportunity to ensure that public interest and public health are protected. GHA remains open to providing additional insight and information.

Contact

Tarita Baldan EU Advocacy and Policy Officer tbaldan@ghadvocates.org

ⁱ GHA Access Denied series

ⁱⁱ <u>Agreement between the European Commission (EC) and Member States on procuring COVID-19 vaccines, 16th June 2020</u> ⁱⁱⁱ <u>WHO chief warns against 'catastrophic moral failure' in COVID-19 vaccine access | UN News</u>

WHO chief wants against catastrophic moral andre in COVID-19 vaccine access | ON News

^{iv} European Parliament resolution of 10 June 2021 on meeting the global COVID-19 challenge: effects of the waiver of the WTO TRIPS Agreement on COVID-19 vaccines, treatment, equipment and increasing production and manufacturing capacity in developing countries (2021/2692(RSP))

^v <u>European Parliament resolution of 25 November 2021 on multilateral negotiations in view of the 12th WTO Ministerial</u> <u>Conference in Geneva, 30 November to 3 December 2021 (2021/2769(RSP))</u>

vi Coronavirus (COVID-19) Vaccinations - Our World in Data