Letter to the Editor

In response to "Facilitating Access to a COVID-19 Vaccine through Global Health Law"

Dear Editor,

I read the article by Gostin et al.[1] with great interest. Their suggestions made for global health reforms for universal access of COVID-19 vaccines were ahead of their time. WHO has since released a framework for the allocation of the vaccines. However, I am writing this letter in reflection of Gostin et al.'s article, from my perspective as a fifth year medical student who has completed a dissertation on equitable pandemic vaccination access, as proposed by the WHO Pandemic Influenza Preparedness Framework (PIPF).

The global threat of the pandemic necessitates global health law reform in order for universal equitable access to COVID-19 vaccines. Thus, the authors write of the need for cooperative and collective action of nations in overcoming coronavirus.

However, this is a large undertaking, and to succeed in reformation, small steps must be made in its pursuit. Therefore, I would like to draw attention to Gostin et al.'s analysis of the PIPF. This is the only existing global mechanism, which the authors describe as "obligat[ing]" the sharing of pandemic viral samples, which other Global Public/Private Partnerships also promote, and it "promotes equitable sharing of the benefits of research," namely vaccinations.

This explanation of the PIPF is important to dissect for a multitude of reasons. Firstly, the authors' sole critique of the Framework was that it applied only to influenza pathogens. This then suggests that due to the PIPF, globally we are ideally prepared for an influenza pandemic. It also insinuates that the PIPF could act as a template for the global response to the coronavirus pandemic.

Additionally, there was no clarification on the difference between the between *obligatory* sharing of virus, yet only the *promotion* of sharing benefits. This legal difference set out by the PIPF between sharing virus information and sharing is stark, more so than the subtle language in the article indicates. It tilts the favour towards developed countries, who can access resources needed to make vaccines, and they then do not *have* to share benefits with other countries.

The majority of pandemic viruses emerge from developing countries[2], and so access to pandemic causing viruses would need to be gained from these States. Thus, their cooperation is vital in developing vaccines. Yet, these countries have historically, repeatedly, had little access to vaccines due to inequitable distribution.[3] The PIPF does not remove this injustice due to the arrangements made in the contracts known as Standard Material Transfer Agreements. The Framework also holds no known ramifications for failing to share the benefits such as vaccinations.

Whilst I agree that the PIPF is unique in its aim, as it promises the reduction of inequalities, in actuality it is more oppressive, as developing countries are revoked of their bargaining power of sharing pandemic pathogens in exchange for benefits.

In conclusion, the authors should clarify how highly they regard the value of the PIPF. In their article, it is only mentioned to exist, without sufficient analysis of its relation to, and its utility for, vaccinating against coronavirus. This is so that advances can be made in global health reform for equitable access to pandemic vaccines.

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References

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