

EU VACCINE ACCESS AND COVID-19

TEACHER'S VERSION

Lesson Information

Objectives:

The primary objective of this lesson is to give students an overview of vaccine distribution and access in an international cooperation context. It aims to establish the importance of international trade and cooperation in developing rapid responses to worldwide problems. Additionally, it engages students in thinking critically about Canada's willingness to work with other countries during international emergencies.

Description:

The purpose of this lesson plan is to introduce students to the importance of international trade and cooperation in the distribution and production of vaccines. The example of the COVID-19 pandemic and the European Union's response to the need for a rapid vaccine solution in the interest of public safety is used as a case study.

Suggested Courses:

- ✎ CIE3M - The Individual and the Economy, Grade 11
- ✎ CIA4U - Analyzing Current Economic Issues, Grade 12
- ✎ CLN4U - Canadian and International Law, Grade 12
- ✎ CPW4U - Canadian and International Politics, Grade 12
- ✎ BBB4M - International Business Fundamentals, Grade 12

Time Requirement: 75 minutes (one class period)

Materials:

- ✎ Teacher's Version: Lesson Plan
- ✎ Student Version: Handout
- ✎ Internet connection, computer, projector/screen

Warm Up

Format: Individual, pairs

Activity: Brainstorming, pair discussion

Time: 20 minutes

Instructions:

Ask the students to think back on their experiences of the COVID-19 pandemic. Brainstorm individual key words or phrases with the class related to the pandemic and connected to their memories, then write them on the board in a scatter pattern. Examples may include: toilet paper, vaccines, Tiger King, lockdown, masking, social distancing, etc. Allow 5 minutes for this activity.

Hand out the list of questions. Allow the students 5 minutes to note down some answers in the space provided. They should consider the following points:

- ❧ How did you feel in the first few months?
- ❧ How did you feel after the first vaccine became available?
- ❧ What was your life like at school during the pandemic?
- ❧ What were your best and worst experiences during this time?
- ❧ Reflecting on your experiences, how do you feel about the pandemic in retrospect?

Once the time is up, put the students in pairs to discuss their answers. Allow 10 minutes for discussion and feedback to the class.

Activity 1: Useful Vocabulary

Format: Individual

Activity: Defining terms, research

Time: 15 minutes

Instructions:

Provide the students with the worksheet of useful vocabulary. Allow the students to work individually with access to the internet or a suitable textbook. Give the students approximately 10 minutes to research the terms and write a short definition of each term.

Once the students are ready, elicit suggested definitions from the class. Make corrections where necessary and elaborate on points which the students do not understand. If appropriate, ask students to provide examples of each term.

Suggested answer key:

- ✎ **CTAP program:** The Coronavirus Treatment Acceleration Program (CTAP) is a public-private partnership between the U.S. government, industry, and philanthropic organizations to accelerate the development, manufacturing, and distribution of safe and effective treatments and vaccines for coronavirus (COVID-19). The goal of the program is to quickly identify, fund, develop, and bring to market treatments and vaccines to stop the spread of the virus and save lives.
- ✎ **TRIPS waiver:** TRIPS waiver is a waiver of certain intellectual property rights granted by the World Trade Organization (WTO) to member states, allowing them to take measures to protect public health by overriding certain patent rights. It is intended to promote access to essential medicines in developing countries, allowing them to produce generic drugs and supply them to their populations.
- ✎ **Market actors:** Market actors are individuals, organizations, or institutions that participate in a market and are involved in the buying and selling of goods and services. They can include businesses, customers, suppliers, financiers, governments, and other stakeholders.
- ✎ **Intellectual property:** Intellectual property (IP) is any intangible asset that is the result of intellectual activity in the industrial, scientific, literary, or artistic fields. It is protected by law and can include trademarks, patents, copyrights, and trade secrets.

- ☞ **Monopoly controls:** Monopoly controls are the exclusive possession and control of a market by a single company or entity. This can include controlling the production, distribution, and sale of a product or service, as well as the prices of such products or services. Monopolies often result from government intervention, such as through subsidies or other forms of protectionism.
- ☞ **Antimarket:** Antimarket is a type of market where prices are not determined by the forces of supply and demand, but instead by a single entity, such as a government or corporation, who has the power to set prices according to their own interests. It is often used to describe markets in which companies are not allowed to compete freely, but instead are subject to government control or price regulation.
- ☞ **Shareholder value:** Shareholder value is an economic measure that reflects the total amount of value created by a company for its shareholders. It can be measured in terms of a company's stock price, dividends, book value, and other financial metrics. It is the primary goal of most publicly traded companies, as they strive to increase shareholder value through actions such as improving operations, reducing costs, investing in new products, and making acquisitions.
- ☞ **Global health equity:** Global health equity is the equitable distribution of health resources, services, and access to health care among all individuals, regardless of social determinants of health, to ensure that everyone is able to reach their optimum level of health.

Activity 2: Video Activity – EU COVID-19 Access

Format: Individual, class

Activity: Listening, note taking, discussion

Time: 30 minutes

Video Link: <https://www.youtube.com/watch?v=tF2G8ym0OPQ>

Instructions:

Introduce the topic of the video (EU COVID-19 vaccine access). Hand out the questions to the class. Allow the students two minutes to read through the questions carefully and answer any questions posed.

Play the video in its entirety. Allow the students to answer the questions as they go. A transcript of the video is provided in the Appendix section.

After the video, check the answers with the class and discuss any questions the students may have on the topic of vaccine access. Allow about 5 minutes at the end of the activity to discuss the topics introduced and ask the students their opinions on the points raised by the speakers.

Answer Key:

1. Governments invested 112 billion dollars in vaccine developments.
2. During the HIV/AIDS crisis in the 1980s, vaccines were withheld.
3. No.
4. The speaker uses the word 'subpar'.
5. We can rebalance the scales by bringing in the state.
6. Yes, but it was insufficient.
7. 4.25 billion doses were produced and 11-15 billion were needed to achieve global herd immunity.
8. Manufacturers shifted to producing boosters to increase their profits.
9. India produced the AstraZeneca vaccine.
10. Moderna, Pfizer, and the Trump administration opposed the CTAP program.
11. The Sputnik-5 vaccine is licensed to over 30 countries.
12. The pharmaceutical industry can be incentivized by
 - a. Supplying multinationals with financial inducements to build capacity for vaccine production
 - b. Pairing this initiative with legislation limiting shareholder suits
 - c. Adopting intellectual property rights protection
13. Governments can facilitate prompt distribution of vaccines by

- a. Agreeing to the TRIPS waiver
 - b. Incentivising manufacturers to donate rights for COVID-19 medical technologies through the WHO technology pool
14. Corbevax is the first patent free COVID-19 vaccine.
15. Trade can help build capacity all over the world, especially in developing economies.

Consolidation: Class Discussion

Format: Whole Class

Activity: Discussion/debate

Time: 10 minutes

Instructions:

Using knowledge gained during the lesson, lead a class discussion on Canada's position regarding vaccine access, and how Canada could have worked more closely with other countries to optimize vaccine access.

Here are some possible discussion questions:

- ☞ How did Canada's response to vaccine access in the COVID-19 pandemic compare to other countries?
- ☞ What approaches did Canada take to ensure equitable access to the vaccine?
- ☞ What were the challenges to securing vaccine supplies in Canada?
- ☞ How did Canada's system of health care delivery influence their approach to the COVID-19 vaccine rollout?
- ☞ What measures were implemented to ensure that vulnerable populations were able to access the vaccine?
- ☞ How did demographic factors, such as geographic location, age, and income, impact access to the vaccine in Canada?
- ☞ Are there any additional strategies the Canadian Government should have explored to improve the efficiency of vaccine access?
- ☞ What lessons did Canada learn from its response to the pandemic that can be applied to other countries' vaccine rollouts?

Extension: Essay Task

Format: Individual, homework

Activity: Essay

Time: 1 hour

Instructions:

Students should write an essay of 500-700 words on the following topic:

If you were the Prime Minister of Canada during the COVID-19 pandemic, how would you have dealt with the problem?

Discuss the following points:

- ☞ Vaccines
- ☞ Lockdowns
- ☞ Masking
- ☞ Working from home
- ☞ Pressure on the health system

APPENDIX

Video Transcript

EU and COVID-19 Vaccine Access

Alexandra Wells: My name is Alexandra Wells, I'm a research assistant at the Jean Monnet Network on Transatlantic Trade Politics. This is part of a series of interviews for the Network called the Transatlantic Trade Videos. We're here today with Tamara Kay, who is a professor of global affairs and sociology at the University of Notre Dame, and Susan Ostermann, who is an assistant professor of global affairs and political science at the University of Notre Dame. Welcome, Professor Kay and Professor Osterman, and thank you for taking the time to speak with us today.

Susan Ostermann: Thank you for having us.

Tamara Kay: Yeah, thank you for having us.

AW: So, in our interview today, we want to focus on trade and COVID-19 vaccine access. To begin, can you explain the importance of the relationship between trade and COVID-19 vaccine access?

SO: Sure, um, and I think it's...it's sort of an interesting question. My immediate reaction was that there need not be a relationship between COVID-19 vaccine access and trade. As somebody who studies the state, certainly a status approach or one based upon global governance might avoid the trade issue entirely, but that's not the world we live in. Um, for better or worse, the market is how we've agreed, tacitly or otherwise, to govern the global economy and determine allocation of resources. Since we rely on market actors to come up with solutions to our various problems, we live in a market world, and this is all well and good, I'm not anti-market, um, but if you rely on market actors, you have to also recognize that they have their own interests and incentives, and those are likely going to govern their behavior, right? Um, market actors generally want profits, and they want our, I say 'our' being people as separate from market actors, uh, survival and health to the degree that this supports their profits. To put it bluntly, um, most members of society, however, are, if you're a little bit like me or most of the people I know, less concerned about corporate profits, especially in the middle of a pandemic, and more concerned about, for instance, your individual health or about public health. So, if we the public want to make market actors do what's in the public interest, we have to find a way to align their interests with ours.

As a lawyer and as a political scientist, I recognize that regulation is the way that we typically do that. We can, of course, force them to do what we want them to do, but we risk getting a couple of negative tags associated with us: things like over-regulation, um, and being anti-market. Um, market actors are, of course, adept at pulling the levers of political power, so this is not necessarily the way that I would advise most people to go. Um, anybody trying to change things, anyway. Um, and also, coercion, as I write in a couple of articles and my more recent, I should say forthcoming, book, um, coercion can be costly and inefficient, so that's not necessarily what I advise.

Since we're in a market framework, we should sort of consider that briefly. Um, if we're going to incentivize investment, monopoly, patent protections, and other intellectual property exclusivities are provided for as the way that we do that. This means that a small number of pharmaceutical firms control how much and where vaccines, tests, and treatments are made. That's just the facts if you're in the market paradigm. The WTO, in a text called the WTO's Agreement on Trade Related Aspects of Intellectual Property, which is also called TRIPS, requires its 159 member nations to provide pharmaceutical firms monopoly controls over their products, including vaccines. Um, a temporary COVID-19 emergency waiver of some WTO TRIPS intellectual property barriers would remove the key obstacle to making enough vaccines, medicines, and tests to prevent, treat, and control the disease. It would also likely free countries to adjust policies to respond to the pandemic and facilitate investment in more production capacity. So, without this, I should mention, um, market actors have little reason to change their behavior.

Think about it, if you're making a bunch of profits, if governments eagerly want your services, why are you going to change what you're doing? We consider this to be an ethical issue, an issue of vaccine equity and justice. Like many others, we have been pushing through a recent op-ed, and through some other advocacy work, for global health equity. Governments invested our tax dollars to develop these vaccines. Um, one estimate shows that that the total amount invested by governments was about **112 billion dollars** for vaccine development, so these are, could be considered, public vaccines, by the sheer quantity of public money that has been poured into their development. So, to democratize, considering them that way, and to develop, to democratize vaccine manufacturing and to ensure that progress is made in the developed world, that *is* made in the developed world, is not undercut by new variants that come from various places, but some places have, some of them have come from the developing world, I would argue that we need to rethink how we build capacity beyond the West, and that's what we argued in the op-ed that we'll talk about later.

Um, just a broad question would be, why do we allow technology to remain as the exclusive domain of a handful of heligolistic firms, despite public funding and windfall profits, when COVID-19 is a global threat? This is not the first time the world has faced the issue of equity related to access to life-saving medicines, we've been here before, nothing new. Uh, during the height of the **HIV/AIDS crisis**, millions of people died because the U.S. and other wealthy

countries opposed what we would call “flexibilities” and WTO rules that would have given access to life-saving medicine to treat people. **The flexibilities ultimately were agreed upon to mitigate some negative impacts intellectual property rules may have on public health, but they're not really designed to fight a global pandemic.** This is not really what all of this is about. Um, countries have tried using the flexibilities in the past, um, and they've faced fierce U.S. opposition. Unsurprisingly, the E.U. is not all that different. In an attempt to derail the TRIPS waiver negotiations, it's been pushing for a WTO declaration that reaffirms existing flexibilities that are not workable for necessary scale-up of COVID-19 vaccines, tests, and treatment production. All of which is to say that, in a world in which there is only trade to secure COVID-19 vaccine access, **you can expect subpar outcomes.** When we **bring the state back in, we can rebalance the scales in favor of the public interest.**

AW: And you have recently published an op-ed that focuses particularly on capacity building for pharmaceutical manufacturing and vaccine distribution in low-income countries. Can you explain your argument?

SO: The op-ed that I was talking about earlier was a sort of logistical and ethical argument. Um, TRIPS, **a TRIPS waiver, we argued, was necessary to stem the global 19, a global COVID-19 pandemic, um, but that it was also not sufficient.** So, it's a first step, it's great, but it's not going to actually get the job done. Um, what was missing from discussions of intellectual property is that few of the countries with the potential to produce sophisticated pharmaceutical products currently have the technological capacity to manufacture things like MRNA and adenovirus vector vaccines to global standards. Um, this is a sort of result of, or a residual effect, of the high concentrated nature, a highly concentrated nature of the global pharmaceutical industry which impedes the transfer of production technology beyond a handful of countries. As I said before, these market actors have very little incentive to change their behavior.

Current production capacity simply can't supply enough vaccines, treatments, or diagnose...diagnostic tests for the world. The poorest countries, um, may have to wait until 2024 for mass immunization. More than halfway into 2021, um, and this is just the data we have, vaccine production since 2020 hit only **4.25 billion doses**, while **11 to 15 billion are needed for global herd immunity.** Um, when I talk to colleagues in South Asia and in Africa, remarkable numbers of them haven't received a single dose, whereas just about everybody I know who wants one, two, or three doses, uh, here in the West, is doing very well in terms of meeting their own personal goals in in that regard. Building greater supply capacity is vital. Um, by late 2021, **major vaccine producers were starting to shift production to boosters because, guess what, they want profits**, right? Um, and I think what we're going to see as, um, the booster discussion continues, or, not just boosters, but, um, vaccines that are tailored to deal with new variants, manufacturers are going to start tailoring to some sort of fall shot that combines flu and COVID-19 for developed countries and developing countries will still be left without the vaccinations they need.

AW: And throughout this pandemic we've seen that vaccine producers and pharmaceutical companies are hesitant to share their technological expertise more broadly given reservations about the complex and relatively new technology involved. Do you expect that pattern of hesitancy to change in future?

SO: No, um, at least not...not without a change in, uh, some of the other dynamics, right? Um, we already see some examples of production beyond the West, but not what we need. Um, the **Serum Institute of India is already producing a large proportion of the AstraZeneca vaccine that is bound for Europe, as well as the AstraZeneca vaccine that is bound for domestic use within India.** Um, there's no reason why it, and other Indian manufacturers, so the Serum Institute of India and other Indian manufacturers, and those in other countries with emerging scientific and technological capacity, could not produce much more for the developing world over the next year. This is pretty much exactly what was envisioned by the WHO's CTAP Program, but some of the biggest names in the, in the room, or in the game I should say, **Pfizer and Moderna, with the backing of the Trump administration** at the time, opposed the CTAP Program. I should also mention, in response to this question, that there is some publicly minded distribution of COVID-19...COVID-19 vaccines, for instance, uh, the sort of country of the...the week, **Russia, has actually licensed the production of Sputnik 5 to over 30 different companies outside of Russia.** Manufacturers might be more willing to do so if public funding was used to ensure that production could be done to their exacting standards, so put differently, technology transfer is not easy, it has costs, and long-term benefits. This is exactly when state intervention in the market can make a difference.

AW: And, in your research, you note the global threat of the COVID-19 pandemic and the fact that there is a need for incentives for pharmaceutical manufacturers to share their expertise and support to manufacturing partners in low-income countries to radically expand production capacity. How do you see trade involved in creating those incentives?

TK: In the article that Susan and I wrote with Adnan Nasimullah that was published in The Hill, we argued that, actually, the U.S. government is pretty well placed to change the incentive structure of the global pharmaceutical industry. So, **first it can actually supply multinationals with generous financial inducements to build capacity for vaccine production** throughout the world and this would create a network of producers that can vaccinate hundreds of millions with positive spillover effects moving forward. And this is particularly compelling as it becomes increasingly likely that COVID-19 booster shots, and even annual vaccines, will be necessary. So, **such an effort would need to be paired with legislation that limits shareholder suits** and this is, uh, this is Susan's specialty, because few corporate managers will want to be responsible for moves that, while clearly in the public interest, undermine shareholder value. But, if necessary, the U.S. government is also well poised to actually use pressure. So not just carrots, but sticks, and companies that will comply with capacity building strategies through technology transfer can be stripped of existing patents for lucrative drugs. This is a move that international relations scholars call issue linkage. **The state provides intellectual property protection as an incentive.**

It can also be taken away in the same way that property owners refusing to pay taxes can lose their property.

AW: And given the need for global vaccination, is there a way to ensure that trade policy supports the development and timely distribution of COVID-19 vaccines?

TK: Well, you know, Susan and I, um, we were thinking about Jonas Salk, and how he invented basically the polio vaccine, and he decided not to patent it, not to own it. And when asked why, he said “Could you patent the sun?” So, Jonas Salk saw the polio vaccine is belonging to all of humanity and every region in the world has firms that make vaccines, treatments, and tests if they have the capacity to do that if intellectual property barriers are waived. Um, some vaccine makers contract with these firms but limit how much is made and where it is sold. So, you know, again, as Susan mentioned, um, you know, we feel strongly that if we're going to use markets to...to deal with global vaccination and vaccines, then we should be thinking about this ethically as Jonas Salk did. Um, and, you know, pushing for the for the TRIPS waiver with the WTO and for governments to, um, do, actually, what is in the best interest of public health, right? And you can even support TRIPS waiver and...and think selfishly in the sense that, you know, if the world isn't vaccinated, if the world isn't treated, it's likely that this pandemic will go on. We'll see more iterations of, um, of the virus and, um, you know, so it's in the best interest of countries in the global north or in the West to be very active in solving this problem.

AW: With respect to trade and the international distribution of COVID-19 vaccines, what measures can governments take to facilitate prompt distribution of vaccines?

TK: So, **first we would argue to push for sign agree to the TRIPS waiver**, right? But the current global programs are actually not enough to immunize the majority of the world population as quickly as possible. Um, Covax, which is a joint initiative of several international bodies, plans to distribute vaccines only to 20 of low- and middle-income countries and they can't get enough vaccine supplies. **And, meanwhile, not a single drug firm has donated rights to for COVID-19 medical technologies through the WHO COVID-19 technology pool, right? Which would have, would have, you know, set us on a better path.** Not a perfect path, but a better path. But, again, given the global threat, a threat that will not truly diminish, um, locally until it diminishes globally, we should create incentives for them to lend their expertise and support to manufacturing partners of their own choosing in low-income countries to radically expand production capacity of the vaccines.

And I should also note that Dr. Peter Hotez at Texas Children's Hospital Center, uh, for Vaccine Development in the Baylor College of Medicine, um, basically created, um, a free, **the first free COVID vaccine designed specifically for global health. It is patent-free, it's called Corbevax, and it has been hailed as a milestone for global health equity.** And it's an incredible vaccine, because it's...it's easy to create and easy to distribute. And, so, you know, governments could

be doing this kind of work to support research and distribution of these kinds of vaccines that are actually targeted to the global south or lower resource countries.

AW: That kind of brings us to our final question. Given that there is a global demand for COVID-19 vaccines and a geographically concentrated production of COVID-19 vaccines, how does trade policy help mitigate the logistical challenges in distributing vaccines?

TK: Well, I think it's important to keep in mind, as Susan also mentioned, that, you know, um, many, many, many countries across the world, including low resource countries or what we used to call **developing countries, have the capacity, have the know-how, have the knowledge, have the skills and talent, um, to be able, um, to produce vaccines, and to even innovate and develop vaccines. So, you know, if we have a scenario where, um, you know, they're...they are prevented from doing so, um, and if the trade, uh, sort of the...the governance institutions that govern global trade can help mitigate some of the logistical challenges in creating and distributing vaccines, then, you know, that should be where everybody is going.**

And as, you know, we've said before, we can use trade policy to build capacity all over the world and the way that Susan Adnan and I discussed this in our, in our, um, uh, op-ed, was to really push, and we are not the only ones by far, um, we are just banging the drum of democratizing access to life-saving vaccines and thinking about global health equity. And part and parcel of that, is to think about trade equity and trade, um, ethical trade, and so if we start to think, which activists actually have been doing for the last 40 years, about the implications of trade for your average person, we should really be thinking not just about profits, but about protecting the environment.

You know, initiating global trade policy that gives access to critical medicine and care for people all over the world, um, that, you know, protects...protects, um, we've seen here with COVID the...the impact on global supply chains so that mitigates the impact when supply chains become fragile or broken so that, when we have these crises around the world, everybody still has access to what they need. And I think that, really thinking about ethical trade advocacy and thinking about democratizing access to life-saving health care and, in this case, vaccines, and to thinking about the problems of COVID in relationship to equitable, um, vaccine distribution is really the key to all of this. And I have to say, it's totally doable, right? We don't lack the technology, we don't lack the knowledge, we simply lack the will.

AW: That ends our interview today and, again, thank you Professor Kay and Professor Ostermann for joining us.

TK: Thank you so much, Alexandra, it was a pleasure.