### **FW**

#### **I value morality as ought implies a moral obligation**

**The standard is minimizing material and structural violence. Prefer:**

**Structural violence and oppression are based in moral exclusion, which is fundamentally flawed because exclusion is based on arbitrarily perceived differences.**

**Opotow 01** [Susan Opotow is a social and organizational psychologist. Her work examines the intersection of conflict, justice, and identity as they give rise to moral exclusion -- seeing others as outside the scope of justice and as eligible targets of discrimination, exploitation, hate, or violence. She studies moral exclusion and moral inclusion in such everyday contexts as schooling, environmental and public policy conflict, and in more violent contexts, such as deadly wars and the post-war period. She has guest edited The Journal of Social Issues and Social Justice Research and co-edited Identity and the Natural Environment: The Psychological Significance of Nature (MIT Press, 2003). She is associate editor of Peace and Conflict: Journal of Peace Psychology and Past President of the Society for the Psychological Study of Social Issues], “Social Injustice”, Peace, Conflict, and Violence: Peace Psychology for the 21st Centuryl Englewood Cliffs, New Jersey: Prentice-Hall, 2001,

Both structural and direct violence result from moral justifications and rationalizations. Morals are the norms, rights, entitlements, obligations, responsibilities, and duties that shape our sense of justice and guide our behavior with others (Deutsch, 1985). Morals operationalize our sense of justice by identifying what we owe to whom, whose needs, views, and well-being count, and whose do not. Our morals apply to people we value, which define who is inside our scope of justice (or “moral community”), such as family members, friends, compatriots, and coreligionists (Deutsch, 1974, 1985; Opotow, 1990; Staub, 1989). We extend considerations of fairness to them, share community resources with them, and make sacrifices for them that foster their well- being (Opotow, 1987, 1993). We see other kinds of people such as enemies or strangers outside our scope of justice; they are morally excluded. Gender, ethnicity, religious identity, age, mental capacity, sexual orientation, and political affiliation are some criteria used to define moral exclusion. Excluded people can be hated and viewed as “vermin” or “plague” or they can be seen as expendable non-entities. In either case, disadvantage, hardship, and exploitation inflicted on them seems normal, accept- able, and just—as “the way things are” or the way they “ought to be.” Fairness and deserving seem irrelevant when applied to them and harm befalling them elicits neither remorse, outrage, nor demands for restitution; instead, harm inflicted on them can inspire celebration. Many social issues and controversies, such as aid to school drop-outs, illegal immigrants, “welfare moms,” people who are homeless, substance abusers, and those infected with HIV are essentially moral debates about who deserves public resources, and thus, ultimately, about moral inclusion. When we see other people’s circumstances to be a result of their moral failings, moral exclusion seems warranted. But when we see others’ circumstances as a result of structural violence, moral exclusion seems unwarranted and unjust. While it is psychologically more comfortable to perceive harm-doers to be evil or demented, we each have boundaries for justice. Our moral obligations are stronger toward those close to us and weaker toward those who are distant. When the media reports suffering and death in Cambodia, El Salvador, Nicaragua, the former Yugoslavia, and Rwanda, we often fail—as a nation, as com- munities, and as individuals—to protest or to provide aid. Rationalizations include insufficient knowledge of the political dynamics, the futility of doing much of use, and not knowing where to begin. Our tendency to exclude people is fostered by a number of normal perceptual tendencies: 1. Social categorization. Our tendency to group and classify objects, including social categories, is ordinarily innocuous, facilitating acquisition of information and memory (Tajfel & Wilkes, 1963). Social categorizations can become invidious, however, when they serve as a basis for rationalizing structural inequality and social injustice. For example, race is a neutral physical characteristic, but it often becomes a value-loaded label, which generates unequal treatment and outcomes (Archer, 1985; Tajfel, 1978). 2. Evaluative judgments. Our tendency to make simple, evaluative, dichotomous judgments (e.g., good and bad, like and dislike) is a fundamental feature of human perception. Evaluative judgments have cognitive, affective, and moral components. From a behavioral, evolutionary, and social learning perspective, evaluative judgments have positive adaptive value because they provide feedback that protects our well-being (Edwards & von Hippel, 1995; Osgood, Suci, & Tannenbaum, 1957). Evaluative judgments can support structural violence and exclusionary thinking, however, when they lend a negative slant to perceived difference. In-group-out-group and we-them thinking can result from social comparisons made on dimensions that maximize a positive social identity for oneself or one’s group at the expense of others (Tajfel, 1982).

**Structural violence is built into the system we live in, only through acknowledging and thinking inclusionary can we begin to dismantle it**

**Winter and Leighton ‘99**

Winter, D., and D. Leighton. "Structural violence section introduction." *Accessed September* 8 (1999): 2003.

Direct violence is horrific, but its brutality usually gets our attention: we notice it, and often respond to it. **Structural violence**, however, **is** almost **always invisible**, **embedded in** ubiquitous **social structures, normalized by stable institutions and regular experience**. **Structural violence occurs when**ever **people are disadvantaged by political, legal, economic or cultural** traditions. Because they are longstanding, **structural inequities** usually seem ordinary, the way things are and always have been. The chapters in this section teach us about some important but invisible forms of structural violence, and alert us to the powerful cultural mechanisms that create and maintain them over generations. **Structured inequities produce suffering and death as often as direct violence does, though the damage is slower, more subtle, more common, and more difficult to repair.** Globally, poverty is correlated with infant mortality, infectious disease, and shortened lifespans. **Whenever people are denied access to society's resources, physical and psychological violence exists.**

Johan Galtung originally framed the term structural violence to refer to any constraint on human potential due to economic and political structures (1969). Unequal access to resources, to political power, to education, to health care, or to legal standing, are forms of structural violence. **When inner city children have inadequate schools** while others do not, w**hen gays and lesbians are fired for their sexual orientation**, **when laborers toil in inhumane conditions, when people of color endure environmental toxins in their neighborhoods, structural violence exists. Unfortunately, even those who are victims** of structural violence often **do not see the systematic ways in which their plight is choreographed** by unequal and unfair distribution of society's resources.

**Structural violence** is problematic in and of itself, but it **is also dangerous because it** frequently **leads to direct violence. Those who are chronically oppressed are often, for logical reasons, those who resort to direct violence.** For example, cross-national studies of murder have shown a positive correlation between economic inequality and homicide rates across 40 nations (Hansmann & Quigley, 1982; Unnithan & Whitt, 1992). In the U.S., racial inequality in wealth is correlated with murder rates (Blau & Golden, 1986).**Often elites** must **use direct violence to curb the unrest produced by structural violence**. For example, during the 1980s, mean income disparity between whites and blacks in the same urban area predicted use of deadly force by police (Jacobs & O'Brien, 1998). Structural violence often requires police states to suppress resentments and social unrest. **Huge income disparities in many Latin American countries are protected by correspondingly huge military operations, which in turn drain resources away from social programs and produce even more structural violence. Organized armed conflict in** various **parts of the world is** easily **traced to structured inequalities.** Northern Ireland, for example, has been marked by economic disparities between Northern Irish Catholics-- who have higher unemployment rates and less formal education--and Protestants (Cairns & Darby, 1998). In Sri Lanka, youth unemployment and underemployment exacerbates ethnic conflict (Rogers, Spencer & Uyangoda, 1998). In Rwanda, huge disparities between the Hutu and Tutsies eventually led to ethnic massacres.

Finally, to recognize the operation of structural violence forces us to ask questions about how and why we tolerate it, questions which often have painful answers for the privileged elite who unconsciously support it. A final question of this section is how and why we allow ourselves to be so oblivious to structural violence. Susan Opotow offers an intriguing set of answers, in her article Social Injustice. She argues that our normal perceptual/cognitive processes divide people into in-groups and out-groups. Those outside our group lie outside our scope of justice. Injustice that would be instantaneously confronted if it occurred to someone we love or know is barely noticed if it occurs to strangers or those who are invisible or irrelevant. We do not seem to be able to open our minds and our hearts to everyone, so we draw conceptual lines between those who are in and out of our moral circle. Those who fall outside are morally excluded, and become either invisible, or demeaned in some way so that we do not have to acknowledge the injustice they suffer. Moral exclusion is a human failing, but Opotow argues convincingly that it is an outcome of everyday social cognition.

“**To reduce its** nefarious **effects, we must be vigilant in noticing and listening to oppressed, invisible, outsiders.** **Inclusionary thinking can be fostered by relationships, communication, and appreciation of diversity.** Like Opotow, all the authors in this section point out that **structural violence is not inevitable if we become aware of its operation, and build systematic ways to mitigate its effects. Learning about structural violence may be discouraging, overwhelming, or maddening, but these papers encourage us to step beyond guilt and anger, and begin to think about how to reduce structural violence.** All the authors in this section note that the same structures (such as global communication and normal social cognition) which feed structural violence, can also be used to empower citizens to reduce it. In the long run, reducing structural violence by reclaiming neighborhoods, demanding social justice and living wages, providing prenatal care, alleviating sexism, and celebrating local cultures, will be our most surefooted path to building lasting peace.

**The structural violence of inequality outweighs other impacts—there is an ethical obligation to address it.**

**Ansell 17** — David A. Ansell, Senior Vice President, Associate Provost for Community Health Equity, and Michael E. Kelly Professor of Medicine at Rush University Medical Center (Chicago), holds an M.D. from the State University of New York Upstate Medical University College of Medicine, 2017 (“American Roulette,” *The Death Gap: How Inequality Kills*, Published by the University of Chicago Press, ISBN 9780226428291, p. kindle 307-363)

There are many different kinds of violence. Some are obvious: punches, attacks, gunshots, explosions. These are the kinds of interpersonal violence that we tend to hear about in the news. Other kinds of violence are intimate and emotional. But the **deadliest** and most thoroughgoing kind of violence is woven into the fabric of American society. It exists when some groups have more access to goods, resources, and opportunities than other groups, including health and life itself. This violence delivers **specific blows against particular bodies in particular neighborhoods**. This unequal advantage and violence is built into the very rules that govern our society. In the absence of this violence, **large numbers of Americans would be able to live fuller and longer lives**. This kind of violence is called structural violence, because it is embedded in the very laws, policies, and rules that govern day-to-day life.8 It is thecumulative impact of laws and social and economic policies and practices that render some Americans less able to access resources and opportunities than others. This inequity of advantage is not a result of the individual’s personal abilities but is built into the systems that govern society. Often it is a product of **racism**, **gender**, and **income inequality**. The diseases and premature mortality that Windora and many of my patients experienced were, in the words of Dr. Paul Farmer, “biological reflections of social fault lines.”9 As a result of these fault lines, a disproportional burden of illness, suffering, and premature mortality falls on certain neighborhoods, like Windora’s. Structural violence can overwhelm an individual’s ability to live a free, unfettered, healthy life. As I ran to evaluate Windora, I knew that her stroke was caused in part by lifelong exposure to suffering, racism, and economic deprivation. Worse, the poverty of West Humboldt Park that contributed to her illness is directly and inextricably related to the massive concentration of wealth and power in other neighborhoods just miles away in Chicago’s Gold Coast and suburbs. That concentration of wealth could not have occurred without laws, policies, and practices that favored some at the expense of others. Those laws, policies, and practices could not have been passed or enforced if access to political and economic power had not been concentrated in the hands of a few. Yet these political and economic structures have become so firmly entrenched (in habits, social relations, economic arrangements, institutional practices, law, and policy) that they have become part of the matrix of American society. The rules that govern day-to-day life were written to benefit a small elite at the expense of people like Windora and her family. These rules and structures are powerful destructive forces. The same structuresthat render life predictable, secure, comfortable, and pleasant for many destroy the lives of others like Windora through **suffering**, **poverty**, **ill health**, and **violence**. These structures are neither natural nor neutral. The results of structural violence can be very specific. In Windora’s case, stroke precursors like chronic stress, poverty, and uncontrolled hypertension run rampant in neighborhoods like hers. Windora’s illness was caused by neither her cultural traits nor the failure of her will. Her stroke was caused in part by inequity. She is one of the lucky ones, though, because even while structural violence ravages her neighborhood, it also abets the concentration of expensive stroke- intervention services in certain wealthy teaching hospitals like mine. If I can get to her in time, we can still help her. Income Inequality and Life Inequality Of course, Windora is not the only person struggling on account of structural violence. Countless neighborhoods nationwide are suffering from it, and people are dying **needlessly young** as a result. The magnitude of this excess mortality is mind-boggling. In 2009 my friend Dr. Steve Whitman asked a simple question, “How many extra black people died in Chicago each year, just because they do not have the same health outcomes as white Chicagoans?” When the Chicago Sun-Times got wind of his results, it ran them on the front page in bold white letters on a black background: “HEALTH CARE GAP KILLS 3200 Black Chicagoans and the Gap is Growing.” The paper styled the headline to look like the declaration of war that it should have been. In fact, we did find ourselves at warnot long ago, when almost 3,000 Americans were killed. That was September 11, 2001. That tragedy propelled the country to war. Yet when it comes to the premature deaths of urban Americans, no disaster area has been declared. No federal troops have been called up. No acts of Congress have been passed. Yet this disaster is **even worse**: those 3,200 black people were in Chicago alone, in just one year. Nationwide each year, more than **60,000** black people die prematurely because of inequality.10 While blacks suffer the most from this, it is not just an issue of racism, though racism has been a unique and powerful transmitter of violence in America for over four hundred years.11 Beyond racism, poverty and income inequality perpetuated by exploitative market capitalism are singular agents of transmission of **disease and early death**. As a result, there is a new and alarming pattern of declining life expectancy among white Americans as well. Deaths from drug overdoses in young white Americans ages 25 to 34 have exploded to levels not seen since the AIDS epidemic. This generation is the first since the Vietnam War era to experience higher death rates than the prior generation.12 White Americans ages 45 to 54 have experienced skyrocketing premature death rates as well, something not seen in any other developed nation.13 White men in some Appalachian towns live on average twenty years less than white men a half-day’s drive away in the suburbs of Washington, DC. Men in McDowell County, West Virginia, can look forward to a life expectancy only slightly better than that of Haitians.14 But those statistics reflect averages, and every death from structural violence is **a person**. When these illnesses and deaths are occurring one at a time in neighborhoods that society has decided not to care about—neighborhoods populated by poor, black, or brown people—they seem easy to overlook, especially if you are among the fortunate few who are doing incredibly well. The tide of prosperity in America has lifted some boats while others have swamped. Paul Farmer, the physician-anthropologist who founded Partners in Health, an international human rights agency, reflects on the juxtaposition of “unprecedented bounty and untold penury”: “It stands to reason that as beneficiaries of growing inequality, we do not like to be reminded of misery of squalor and failure. Our popular culture provides us with no shortage of anesthesia.”15 That people suffer and die prematurely because of inequality is **wrong**. It is wrong from an **ethical** perspective. It is wrong from a **fairness** perspective. And it is wrong because **we have the means to fix it**.

**Connotation 1**

#### **IP Laws are a barrier to production during COVID – waiver allows for diversified production while upholding standards**

HRW June 21 (Human Rights Watch)

International non-governmental organization, headquartered in New York City, that conducts research and advocacy on human rights.[2] The group pressures governments, policy makers, companies, and individual human rights abusers to denounce abuse and respect human rights, and the group often works on behalf of refugees, children, migrants, and political prisoners. June 3, 2021 DS

https://www.hrw.org/news/2021/06/03/seven-reasons-eu-wrong-oppose-trips-waiver

Intellectual Property is currently a barrier to swiftly scaling up and diversifying the production of Covid-19 health products, including vaccines. The European Commission claims that intellectual property (IP) is not a barrier to scaling up the manufacturing of vaccines or other health products needed for the Covid-19 response, suggesting that sharing IP would not immediately speed up manufacturing. Right now, there are manufacturers with capacity to produce additional Covid-19 vaccines and other health products at factories in Bangladesh, Canada, Denmark, India, and Israel, but they are unable to contribute because they do not yet have the right licenses. So, IP is a barrier to them. The TRIPS waiver proposal sponsors and experts at the leading science journal Nature, Médecins Sans Frontières (MSF) Access Campaign, the Third World Network, and others have presented many other concrete examples of how enforcement of IP rules blocked, delayed, or limited production of chemical reagents for Covid-19 tests, ventilator valves, Covid-19 treatments, and elements of Covid-19 vaccines. IP constraints have not only led to vaccine shortages but have also led to shortages of key raw materials like bioreactor bags and filters. Rather than manufacturers being held back by an inherent lack of manufacturing and technological capability, studies have shown that transnational claims to IP impede new manufacturers from entering and competing in the market. The same dynamics are playing out today with Covid-19. Even though a waiver will not automatically expand production overnight, it paves the way for speedy technology transfers and manufacturing. The waiver by itself will not automatically result in widespread and diversified manufacturing, but it will ease complex global rules governing IP and exports and give governments freedom to collaborate on technology transfers and exports without fearing trade-based retaliation. It will help reduce the dependence on any one country or region for medical products and mitigate the risks of export restrictions. With new variants emerging and some evidence that repeat vaccine boosters may be needed, the waiver will enable governments around the world to be prepared for a long-term response to Covid-19. Experts have mapped out plans for how the manufacturing of mRNA and other vaccines, could be dramatically expanded in a relatively short period of time. Waiving certain IP rules in the TRIPS agreement over the next three years could help create diverse regional manufacturing hubs and protect the EU and the rest of the world from future pandemics, supply chain disruptions, and resulting economic disaster. Concerns that widening the universe of producers may lower or compromise quality standards are unfounded because stringent regulatory authorities and the World Health Organization (WHO) would continue to play their existing role as arbiters of quality and safety for vaccines, which have a very stringent process for approval.

#### **TRIPS waiver uniquely needed to remove barriers to Access**

Zhony 6/21

Hazem is a Research Fellow in Bioethics and Bioprediction at the Oxford Uehiro Centre for Practical Ethics. His current work focuses on the bioprediction of behaviour, particularly the use of neurointerventions for crime prevention. He has a PhD in Bioethics from the University of Otago, where he worked on ethical and conceptual issues related to human enhancement. His research interests also include moral responsibility, well-being, and global justice. May 6, 2021 DS

https://blogs.bmj.com/medical-ethics/2021/05/13/making-a-killing-the-imperative-to-waive-covid-19-vaccine-ip-rights/

Recent lobbying disclosures revealed that over 100 lobbyists have been deployed to the World Trade Organisation (WTO) by the pharmaceutical industry to block generic manufacture of COVID-19 vaccines. The background here is that the richest countries have over half the purchased vaccine doses, yet only 16% of the global population. This has led to calls to donate vaccines to the global poor. In low income countries, only 1 in 500 adults has received a vaccine, compared to 1 in 4 in rich countries. To really understand this you have to look far back to the emergence of the AIDS epidemic and early therapeutics. In the 1990s, Ghana and Brazil tried to import generically manufactured drugs from India (a key site of non-profit generic drug manufacture for decades). This spurred legal action taken by the US against Brazil at the WTO, though was eventually dropped under intense political pressure. As May and Sell note in their summary of the affair, for the US Trade Representative, “whatever the human costs, intellectual property rights must be upheld.”[1] Bill Gates has also been heavily criticised for insisting that IP law is maintained. It was Gates’s foundation who persuaded Oxford University to grant sole rights to AstraZeneca without a price guarantee. His defence seems to turn on whether or not Black and Brown people are smart enough to make vaccines, maintaining, “it’s only because of our grants and expertise that that can happen at all.” Gates cannot countenance the possibility that the same forces of global capitalism that made him one of the world’s richest men also entrench and maintain poverty in the Global South, precluding improvements in health and infrastructure. Indeed, the negotiated contracts are genuinely shocking. As reported by the New York Times, Pfizer has sought liability protection (including against negligence claims) by asking governments to put up assets including bank reserves, embassies and military bases, as collateral. The deals made by AstraZeneca are shrouded in secrecy, though also seem deeply problematic. The biggest kick in the teeth is that COVID-19 vaccination development has dispelled the greatest capitalist myth in medicine: private sector investment is needed to develop drugs, and this investment will only take place if the product can be monetised. Not only does this take a tragically reductive view of human motivations (if I cared solely about money, I’d have trained in banking not medicine and law) it is also factually wrong: in the case of Oxford-AstraZeneca vaccine, for example, the public provided over 97% of research and development costs. A case in point is that of Cuba: it has developed five vaccines, two of which are in phase III trials (of 23 COVID-19 vaccines globally). When Boris Johnson says capitalism and greed gave Britain its vaccine success, what he means is that greedy capitalists are able to monetise a product the public paid to develop, ensure protectionist IP policies prevent the global poor from access, then take the profits. It is on this background that we must judge why 85 countries (including almost all of Africa) likely won’t even have vaccines until 2023. Vaccine makers have complained to US officials that waiving IP rights will risk handing novel technology to China and Russia. This technology could be used for other vaccines, or even therapeutics for cancer and cardiovascular issues. Indeed, one feels a palpable sense of disgust just reading such articles, that the lives of citizens in those nations matter so little compared to the possibility of pharmaceutical company shareholders enriching themselves. That any breakthrough with those technologies in Russia or China could benefit people everywhere is irreconcilable with their profit motive. So, I am led to ask, what should be done? As I write this blog post, a letter has just been published by over fifty British parliamentarians calling for, inter alia, a TRIPS waiver. For the purposes of this blog, this is essentially a derogation from IP law, allowing generic manufacture for a specific time period. Six months on from India and South Africa proposing a TRIPS waiver, backed by over 100 countries, Britain along with a small number of governments including the US, are stonewalling the proposal. A TRIPS waiver is the only way to appropriately match the global efforts made on vaccine development, granting a worldwide right to use, produce and supply the vaccine. Some will point to COVAX, the World Health Organisation initiative to to accelerate equitable distribution of vaccines and therapeutics to the global poor, yet on data published last week commitments only reach USD 14.1 billion of a budget estimated at USD 38.1 billion. The problem though isn’t about the who isn’t being charitable enough, the problem here is a question of money and power. The richest get to make racist allegations that non-white people are inadequate to make vaccines, whilst watching their own bank balances skyrocket. They can point to philanthropic endeavours, yet COVAX is already showing that these are underfunded. The ethical imperative is not to have more donations of vaccines, but to address the imbalance of power between nations that causes the very issue of vaccine inequity — this means confronting IP law. As Médicins Sans Frontières detail in their explainer, it is a myth that manufacturers in the global south are unable to produce vaccines — this presumption has been repeatedly proven wrong, from Hepatitis B in 80s India, to pneumococcal vaccination in China and South Korea. The technology to save lives exists; its just that those states with the most influence over IP law do not care. To put it most succinctly, why waive IP rights? Why is that more ethical than donating vaccines? Ignoring the empirical motivations on expanding capacity, it is simply this: health is a human good irreducible to the language of costs. People come before profit. Rather than white saviours vaunting their already inadequate contribution, we need global solidarity through information and technology sharing. Despite 175 former world leaders and Nobel laureates calling on the US to lead on waiving IP rights, I am pessimistic about the likelihood of this succeeding. The permeation of neoliberalism — “[a] programme for destroying collective structures which may impede pure market logic” — is anathema to the global solidarity ethically required. As I write the paper that will come from this blog, I am left with one depressing thought: they really are making a killing.

#### **Patent Expiration allows for new generic manufacturers to enter the market.**

**Pharmexec** 19**98** https://www.pharmexec.com/view/what-happens-when-product-loses-its-patent

**Losing patent protection on a prescription drug** is one certainty in the constantly changing world of pharmaceuticals. Just as surely as a company patents its breakthrough product at the beginning of its development process, that patent will expire approximately 20 years down the road, **leav**ing **the door open for generic products to enter the market.** And the end of a product's life cycle will affect all areas of a pharmaceutical company, including its sales force.Erin

#### **Generics reduce cost 85% through competition**

**FDA 2018 https://www.fda.gov/drugs/generic-drugs/generic-drug-facts**

**Generic medicines** tend to **cost less than their brand-name counterparts** because they do not have to repeat animal and clinical (human) studies that were required of the brand-name medicines to demonstrate safety and effectiveness. In addition, **multiple applications for generic drugs are often approved to market a single product**; **this creates competition in the marketplace**, typically **resulting in lower prices. The reduction in upfront research costs means that**, although **generic medicines** have the same therapeutic effect as their branded counterparts, they **are** typically **sold at substantially lower costs**. **When multiple generic companies market a single approved product, market competition typically results in prices about 85% less** **than the brand-name**. According to the IMS Health Institute, **generic drugs saved the U.S. health care system $1.67 trillion** from 2007 to 2016. [[1]](https://www.fda.gov/drugs/generic-drugs/generic-drug-facts#f1)er

#### **Price Differentials prevent millions from getting treatment, aff price drop solves.**

#### **Sir John Sulston 2001 https://www.iatp.org/sites/default/files/Cut\_the\_Cost\_-\_Patent\_Injustice\_How\_World\_Trad.htm**

This is not a distant threat. The application of strengthened patent rules to medical products is already causing serious problems, notably in relation to the treatment of HIV/AIDS. Patented versions of anti-retroviral therapies which are used to keep HIV in check, and other drugs effective against the diseases which accompany HIV and cause opportunistic infections, typically cost between 3 and 15 times as much as their generic equivalents. In countries with large numbers of HIV-sufferers and chronically over-stretched health budgets, **price differentials can mean the exclusion of millions of people from effective treatment.** The problem extends beyond HIV. **Prices for** non-patented (**generic**) **versions** **of antibiotics used to treat major** childhood **killers** such as diarrhoea and chest infections **The next generation of medicines which could be used to combat** these and other **infectious diseases will, i**f the existing WTO rules persist, **be marketed in developing countries at prices which reflect the monopolistic pricing opportunities provided through patents.** **At a time when millions of lives are at risk from newly-virulent diseases**, and from the increasing drug resistance to old killers, **trade rules threaten to make basic medicines even less affordable to the poor**. WTO rules provide limited public-health safeguards, **especially in the case of national health emergencies**. These are hedged in by onerous conditions and, in practice, efforts to apply these measures have been fiercely contested by pharmaceutical companies, often with the backing of Northern governments.

#### **Covid 19 Vaccine price is the major roadblock preventing world vaccination, aff solves**

#### OXFAM 21 https://www.oxfam.org/en/press-releases/vaccine-monopolies-make-cost-vaccinating-world-against-covid-least-5-times-more

**The cost of vaccinating the world against COVID-19 could be at least five times cheaper if pharmaceutical companies weren’t profiteering from their monopolies on COVID-19 vaccines**, campaigners from [The](https://www.oxfam.org/en/press-releases/peoplesvaccine.org/) [People’s Vaccine Alliance](https://peoplesvaccine.org/) said today. **New analysis** by the Alliance **shows that** the firms **Pfizer/BioNTech and Moderna are charging governments as much as $41 billion above the estimated cost of production.** Colombia, for example, has potentially overpaid by as much as $375 million for its doses of the Pfizer/BioNTech and Moderna vaccines, in comparison to the estimated cost price. **Despite a rapid rise in COVID cases and deaths across the developing world,** Pfizer/BioNTech and Moderna **have sold over 90 percent of their vaccines so far to rich countries**, **charging up to 24 times the** potential **cost of production**. Last week Pfizer/BioNTech announced it would licence a South African company to fill and package 100 million doses for use in Africa, but this is a drop in the ocean of need. Neither company have agreed to fully transfer vaccine technology and know-how with any capable producers in developing countries, a move that could increase global supply, drive down prices and save millions of lives. Analysis of production techniques for the leading mRNA type vaccines produced by Pfizer/BioNTech and Moderna ―which were only developed thanks to public funding to the tune of $8.3 billion― suggest **these vaccines could be made for as little as $1.20 a dose**. **Yet COVAX,** the scheme set up to help countries get access to COVID vaccines, **has been paying**, on average, **nearly five times more**. COVAX has also struggled to get enough doses and at the speed required, because of the inadequate supply and the fact that rich nations have pushed their way to the front of the queue by willingly paying excessive prices. Without pharmaceutical monopolies on vaccines restricting supply and driving up prices, the Alliance says **the money spent by COVAX to date** **could have been enough to fully vaccinate every person in low- and middle-income countries with cost-price vaccines**,if there was enough supply. **Instead at best COVAX will vaccinate 23 percent** by end of 2021.er