



## Extending safety

### Highlights:

1. Pursuing a policy of spreading the interval between two doses of vaccine, the Centre has now outlined more scenarios of second dose deferment.
2. Those who have recovered from an infection ought to be getting vaccinated three months hence — the recommendation earlier was four to eight weeks.
3. Those inoculated but who have tested positive should defer their second dose by three months after clinical recovery from COVID-19.
4. The recommendations follow from earlier ones that advise increasing the interval from 12-16 weeks for Covishield, the more widely available vaccine.

### Two Principles:

1. But there are two underlying principles behind these recommendations, the first being a vaccine shortage. The second principle is that the timing of the second dose for an optimal boost to the immune system is not clear.
2. Clinical trials of the AstraZeneca vaccine in the U.K (18-55 years) showed that binding antibodies (the ones that actually block viruses) were nearly twice as high in those who got their shots 12 or more weeks apart than in doses had within six weeks.
3. The vaccine also appeared to be more protective in those above 18 with a longer dose interval. While antibody levels are a key marker of protection, they are not the only ones.
4. Cell-based immunity, whereby the immune system confers long-lived immunity, counts too. Given that SARS-CoV-2 has been around for less than 20 months, there is uncertainty about the duration of protection.
5. There are also documented cases of breakthrough infections as well as deaths even after a second dose. Though they fall within expected statistical boundaries so far, it is only more inoculations from now that will shed greater clarity on the degree of protection.

Put together, these recommendations do buy policymakers time to stagger doses until more vaccines become available from August. Given that many Indians have still not been exposed to the virus and newer threatening variants abound, there is no reason to be complacent that people will be protected from future waves. The aim of vaccines is to prevent severe disease and death and all policy recommendations must be geared towards that goal.



## Fitful approach

### Highlights:

1. The Centre's recent notice to messaging service provider WhatsApp to withdraw its updated privacy policy is an avoidable intervention into what is a legitimate business decision.
2. WhatsApp, early this year, updated its privacy policy, according to which users would no longer be able to stop the app from sharing data (such as location and number) with its parent Facebook unless they delete their accounts altogether.
3. WhatsApp initially proposed a February 8 deadline. But an intense backlash against this decision, triggering an exodus of its users to rival platforms such as Signal, forced WhatsApp to push the update to May 15. Eventually, it decided not to enforce this as well.
4. WhatsApp has over two billion users in the world, about half a billion of whom are in India, and who use it for free. Its privacy updates are designed to make the business interactions that take place on its platform easier while also personalising ads on Facebook. That is how it will have to make its money.
5. In its affidavit in the Delhi High Court, WhatsApp has reportedly said that it is not forcing users to accept the updated privacy policy. They have an option — to delete their accounts. And if WhatsApp is ready to take the risk of users abandoning it.

### Discrimination against India:

1. In doing so, MeitY has made a charge that WhatsApp has discriminated against its Indian users. Its letter to WhatsApp reportedly states that given that Indians depend on it to communicate,
2. It is not just problematic but also irresponsible, for WhatsApp to leverage this position to impose unfair terms and conditions on Indian users, particularly those that discriminate against Indian users vis-à-vis users in Europe.
3. First, it can be argued that there are enough alternatives to WhatsApp in the market. But more importantly, it has to be pointed out that Europe's citizens are protected by strong data laws that go by the name of General Data



Protection Regulation or GDPR. Where is the Indian equivalent of such laws? When will they be implemented?

4. These are questions that the government should answer. These questions become even more pertinent because WhatsApp has reportedly said in its affidavit that it is being singled out and that its policy is not different from those of private apps such as Google, BigBasket, Koo, as well as public apps such as Aarogya Setu, Bhim, IRCTC, and others.

A fitful approach to issues concerning the user may do more harm to India's approach to data protection and freedom than anything else.

## The AIDS fight offers a COVID vaccine patent pathway

**Crux:** There are recognised ways to overcome the patents hurdle, ensuring social justice and boosting the COVID-19 battle.

### Voluntary licensing:

1. In order to achieve global herd immunity and prevent new strains of COVID-19 from emerging, possibly for years to come, vaccines need to be affordable and available in massive quantities throughout the globe.
2. This can happen through patent owners voluntarily licensing their products to other companies, especially Indian producers who are experienced at mass-producing low-cost medications.
3. This can also be done by temporarily suspending patent rights for COVID vaccines, an option that is being pursued by India and South Africa through the World Trade Organization (WTO) and one that is legal in the event of a public health emergency, according to that organisation's own rules.
4. One way or the other, India and the world need several Indian pharmaceutical companies, not just the Serum Institute of India, to gain the right to make these vaccines if we are going to see an end to this pandemic any time soon.

### The turning point in the HIV fight

1. Decades of struggles over patent rights and access to medications for HIV/AIDS demonstrate that it is possible to navigate patent restrictions using something called "voluntary licenses" where a patent holder decides to license a product to other producers.



2. The United Nations' Medicines Patent Pool and the World Health Organization's COVID-19 Technology Access Pool are important tools in an effort to promote voluntary licensing for COVID products that so far have been ignored by pharmaceutical producers.
3. Sharing patent rights through voluntary licensing would need to involve India's large pharmaceutical sector whose production capacity helped make treatments for AIDS more affordable in low-income countries and helped mitigate that pandemic.
4. In the 1990s, the WTO began implementing a global intellectual property regime known as the Trade-Related Aspects of Intellectual Property Rights agreement, or TRIPS.
5. While TRIPS alarmed public health experts because of its potential to raise the price of essential medicines, voluntary licensing agreements between pharmaceutical producers were able to bring down the price of AIDS medications despite the TRIPS regulations.
6. Responding to anti-TRIPS activism from low-income countries and realising they would not be able to profit off of low-income markets anyway, some manufacturers placed licensing agreements to produce AIDS drugs for which they owned patent rights in the UN-affiliated Medicines Patent Pool.
7. Several India-based companies then used these voluntary licences to manufacture these drugs on a massive scale and sold them at prices they determined.
8. In the case of Gilead, which placed more products in the Patent Pool than any other producer, their licences required the licensee to pay Gilead a royalty of 3% of the sales of the drug and limit sales to low-income countries.

### **Context of health emergency**

1. It is also possible for governments to issue what are called "compulsory licenses" which override patent rights to allow local production or import of drugs by generic manufacturers in the event of a public health crisis.
2. In fact, not invoking Doha exemptions in this unprecedented health crisis would make this agreement meaningless. We may thus find compulsory licences being issued in several countries for vaccines and treatments for



COVID-19, although manufacturers in India say they prefer to work with voluntary licences because there is more goodwill between companies while compulsory licences often come with a legal battle brought by the patent holder.

3. Voluntary licences also enable production to begin more expeditiously as they usually are accompanied by “technology transfer” meaning that the patent holder reveals to the licensee how to manufacture the medication, sparing the licensee the lengthy and costly process of figuring out how to reverse engineer the product.

### **The COVAX option**

1. Some favour ensuring access to COVID-19 vaccines through the COVAX programme, which was established to purchase vaccine doses and donate them to low-income countries but does not involve modifying patent rights.
2. Similar ventures during the AIDS crisis were chronically underfunded and had only minor effects on that pandemic compared to the voluntary licensing and mass production of antiretroviral drugs from Indian producers.
3. COVAX is also currently underfunded and the WHO warned that people in the lowest-income countries might have to wait until 2022 to get vaccinated through this programme, which may actually be optimistic since COVAX has shipped around 68 million doses so far.

### **A key step: Rethinking Patent Regime**

1. Furthermore, the billions of dollars in government aid given to companies to help develop COVID-19 treatments should entail an obligation to enable the mass production of affordable vaccines.
2. After all, as legal scholars have long explained, patents are not ironclad ownership rights. They are a temporary contract that balances the public interest with the claims of the innovator.
3. This is not just a question of social justice and ensuring life-saving therapies are available to the world’s poor.
4. It is a necessary step to prevent deadlier, more contagious and possibly vaccine-resistant variants of COVID-19 from proliferating in an under-vaccinated world.