 DOI: *https://doij.org/10.10000/IJLMH.111024*

INTERNATIONAL JOURNAL OF LAW MANAGEMENT & HUMANITIES

[ISSN 2581-5369]

Volume 4 | Issue 3

2021

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Compulsory Licensing and Covid-19 Vaccine

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ABSTRACT

The pandemic devastated and wrecked the economy and caged everyone inside the home for long time. Whilst the pharmaceutical companies and drug makers stretch to counter the spread and to nullify the speed of virus through jabs. The science is fighting against the nature or the man-made virus, which is in dilemma, but the fight is severe. Some are calling it as bio war or third world war, some are calling it as the revenge of nature but ultimately the people at large are enduring discomforts, endangering their lives. Wearing masks, washing hands often with sanitizer or handwash and distancing themselves from others has become normalcy. Vaccine is the only hope to survive and to sustain in this world. Wealthier and developed countries are vaccinating their citizens multiple times but in poor and underdeveloped countries, even the basic infrastructure facility is under threat. People are ravaged by the virus and because of costlier treatment and costlier medicines, crashed with medical debt. Imposition of compulsory licensing of the vaccine produced will increase the production through which the entire world population would get vaccinated rather than commercializing the drugs produced. This article revolves around the intellectual property related issues and the need for compulsory licensing of COVID-19 vaccine. The virus does not know about the colour or ethnic, why not the vaccine also. The racism in any form should not be encouraged and that too in human lives is very danger. The researchers concluding with the suggestion to overcome this herculean chore.

Keywords: *COVID-19 vaccine, TRIPS, IP related issues, Vaccine Racism, Compulsory Licensing.*

I. INTRODUCTION

In the present pandemic situation, vaccine is the only important means to curtail the spread of the COVID- 19 virus. Many developing countries are struggling to meet out their vaccine requirements not because of the formula for development of drugs but due to the lack of research and development units.US, India, China, Russia, and many other countries have developed vaccine against the novel corona virus. According to the World Health Organization (WHO), there are 287 vaccine candidates (102 in Clinical phase and 185 in pre-clinical phase)

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seeking approval for public usage.[3] But to vaccinate the entire population of the world is not an easy task. Many under-developed countries have not yet started vaccinating people because of the prevailing economic crisis and lack of facilities to develop them. Though the Government of many countries has taken necessary regulatory measures like lockdown imposition, curfew, creating awareness among public, wearing mask, maintaining social distance, proper sanitation, proper treatment, economical support for frontline workers, etc., controlling the virus is beyond their expectancy.

During this second wave of the COVID-19 pandemic, many countries are witnessing rapid spread of the mutant and hence there is a global demand for vaccine. The World Trade Organization, based on few members countries' request to impose temporary waiver from certain provisions of the TRIPS Agreement, stated that the urgency for global solidarity and unobstructed global sharing of technology must be promulgated to address the practical difficulties prevailing in the world for manufacturing of vaccine.

However, in India, public health advocates and intellectual property rights experts suggested to invoke compulsory licensing of the aboriginal vaccine so that production can be increased and people in the country could get vaccinated soon. This article enumerates upon the significance of providing compulsory license to the vaccine manufacturers and the difficulties faced by the people at large to get vaccinated. Further, issues related to intellectual property rights and commercialization of vaccine in this critical arena.

II. THE PANDEMIC, COVID19

On December 31, 2019, WHO[4]'s Country Office in China reported new cases of 'viral pneumonia' at Wuhan as stated by Wuhan Municipal Health Commission. This was the first case of novel corona virus reported by China. The reference name for this virus is severe acute respiratory syndrome coronavirus 2 (**SARS-CoV-2**). **COVID19** in which **CO** Stands for Corona, **VI** stands for Virus, **D** stands for Diseases, **19** stands for the year in which it was originated. As per Meriam Webster Dictionary, The Corona Virus is defined as in the family of **CORONOVIRIDAE**, which is a large single stranded RNA viruses that has lipid envelope speckled with club shaped spike proteins, which infects birds, animals, and humans. In humans its like common colds and infects respiratory system.

On researching the cluster of cases of pneumonia of unknown cause and its mutating strains,

[3] https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines, based on the data generated on June 8,2021

[4] https://www.who.int/news/item/27-04-2020-who-timeline---covid-19

the Pan American Health Organization/WHO Regional office for the Americans (PAHO/AMRO) issued its first epidemiological alert on the novel coronavirus, which included recommendations covering international travelers, prevention of spread and laboratory testing. When several cases were reported in the world nations communicated through the travelers from Wuhan, WHO declared the novel coronavirus outbreak as '**Public Health Emergency of International Concern**'.

India reported its first case of novel coronavirus on 30th January 2020 in Kerala's Trissur District. On the same day, the crisis was declared as global emergency of international concern as the death toll in China increased to 170, with around 7,711 active cases. Further, more than 7,500 cases were reported in the entire world. The name COVID-19 (SARS-CoV-2) for the novel coronavirus was officially announced by the WHO. Due to the increase of spread globally, gradual increase in the death rate and lack of proper treatment for virus spread, on March 11th, 2020, WHO declared COVID-19 a pandemic, which termed as an epidemic which spreads across the globe and people are not immune to that.

To curb the virus, spread, the Indian Government took necessary measures and nationwide lockdown was imposed. People were given proper awareness about the virus spread but there was a cessation because doctors, researchers, medical experts, and administrative authorities had no clue how to control the increasing COVID-19 cases and death rates. People were advised to strictly maintain social distancing, wear double or triple layered mask, avoid physical contact with others (hand shaking or hugging as a token of welcome), and maintain proper personal hygiene and sanitation so that they could reduce the risk of getting affected.

The main routes of transmission as per the findings of WHO are respiratory and contact as the novel coronavirus is an air-borne and communicable disease. Any person who is in close contact with someone who has respiratory symptoms (e.g., coughing, sneezing), is highly exposed to potentially infective respiratory droplets. When people inhale such droplets stranded in air or meet any surface where the virus could remain viable, it serves as a source of transmission to the public at large. Further, it has been proved by the researchers that if any person gets into any kind of contact with an infected person, there are a high risk of virus transmission. Doctors, frontline workers, and other people working in the pharmaceutical companies and researchers in laboratories protect themselves by wearing the Personal Protective Equipment (PPE) in the working area as they must treat many COVID-19 patients.

Doctors and Medical researchers have advised to avoid touching eyes, nose and mouth when exposed to any public gathering. Also, usage of hand sanitizer in order to disinfect our hands

and avoid entry of pathogens into our body is highly essentially. Further, alcohol-based sanitizer does not create antibiotic resistance. Unlike other antiseptics and antibiotics, pathogens do not seem to develop resistance to alcohol-based sanitizers. It is safer to frequently clean our hands rather than wearing gloves.[5]

Gradual decrease in COVID-19 cases were reported in India but in March 2021, a new mutated strand of the coronavirus started spreading among the people rapidly which resulted in increased death rate compared to the first wave. The Second wave of this pandemic in India, is much more fatal and the number of cases increased on a day-to-day basis because of the apathetic attitude of the public. There are 2,90,89,069 cases reported in India out of which 2,75,04,126 are recovered. The total number of mortalities in India are 3, 53,557.[6]

The Government of India has taken all the necessary measures and vaccinated around 2,39,058,360. Vaccine is the only available solution to generate immunity and to control the spread of COVID-19 virus.

III. VACCINE, THE CURTAIN RAISER

Vaccination has been one of the important remedial measures taken by the Government in the previous pandemic situations. Spanish flu, polio, smallpox, and other pandemics which affected more than half of the global population had been swept away only because of vaccinating people, so that they developed inherent immunity against those virus strands.

In the present pandemic, world nations have started vaccinating people with different vaccines developed by themselves and the neighbor countries. Some of the vaccines are approved by the World Health Organization (WHO) for public usage while others are in the screening process for approval.

In India, Phase- 1 clinical trials of first indigenous COVID-19 vaccine called "**Covaxin**" which is developed by Hyderabad based pharmaceutical company Bharat Biotech in collaboration with the National Institute of Virology and Indian Council of Medical Research was started on July 15, 2020. This vaccine is developed from inactivated virus. Further, "**Covishield**" developed by Serum Institute of India (SII) which is like a brand of Oxford-Astrazeneca vaccine also underwent clinical trials and got the approval for restricted emergency usage from the Drugs Controller General of India (DCGI) on January 2, 2021. Covaxin also got approval from DCGI in the subsequent day.

[5] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters
[6] https://www.mohfw.gov.in/ , as on June 9, 2021

Sputnik V vaccine developed by Russia in Moscow's Gamaleya Institute. It has been concluded from the final phase of trial that Sputnik V gives nearly 92% protection against coronavirus.[7]

Moderna vaccine is developed by Moderna, the US National Institute of Allergy and Infectious Diseases (NIAID) and the Biomedical Advanced Research and Development Authority (BARDA) to provide protection against the novel coronavirus and is prescribed for people above the age of 18.

Pfizer- BioNTech vaccine is developed by a German Company BioNTech and it collaborated with an American Company Pfizer seeking support for clinical trials, manufacturing and logistics.

Janssen vaccine is a viral vector vaccine developed by Janssen Company, Leiden, Netherlands. Clinical trials were started in July 2020, and it can for public usage during last week of January 2021.

Inovio is in the process of conducting trials for its vaccine, which is DNA vaccine for MERS, this is developed based on another corona virus.

Sanofi /Translate Bio is also in the process of conducting trials for its vaccine, which is an mRNA vaccine.

CanSino Biologics, a Chinese based drugmaker is also in the process of making vaccine using an adenovirus known as Ad5.

The **Russian Gamaleya Research Institute** is also in the process of making drug using adenovirus, Ad5 and Ad26.

The renowned company **Novavax** is also in the process of manufacturing vaccine to prevent from COVID19.

University of Queensland in Australia is in the research by growing viral proteins in cell cultures to manufacture a vaccine against this pandemic.

The Chinese based **Sinovac** Biotech company is also in the process of manufacturing vaccine and which is in 3rd trial. This vaccine is approved by Chinese Government to use it in the high-risk groups.

The **Bacillus Calmette – Guerin (BCG) tuberculosis vaccine** is also in the trial at Murdoch Children's Research Institute, Australia to safeguard from COVID19.

[7] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00234-8/fulltext

Boston based Atea Pharmaceuticals collaborating with drugmaker Roche is in the process of manufacturing vaccine **AT-527** and it is in the trial now.

A non-profit biotech company owned by Emory University is in the process of manufacturing vaccine **EIDD-2801**, it is in the trial process, and it focusses on controlling the spread of COVID19.

Favipiravir (brand name Avigan) manufactured by Japan was used to treat influenza, also used to treat COVID19 patients in the initial stage.

The South Korean Company **Celltrion** is in the process of manufacturing vaccine **CT-959** to treat COVID19 and which is in the trial process.

Athersys Inc is in the process of researching whether stem cell treatment can effectively be used for people with ARDS.

Mesoblast an US based company is also in the process of researching whether stem cell treatment can effectively be used for people with ARDS, which has been approved by FDA.

Apilimod a drug which is like an antibody is in the process of trial for treating against COVID19 is in the research by Yale University.

Canada based Tetra Bio Pharma has received approval from FDA for its drug Cannabinoid drug **ARDS-003** to treat COVID19.

Feline Coronavirus drug though has not got approval from FDA, but it is widely used in US for treating COVID19.

Interferon beta drug of UK has proven initially success in its trials but the initial study of WHO is not in favour for treating the patients.

Molnupiravir is the drug manufactured by Merck, which is an **oral antiviral agent**. This is also in the process, and it has successfully passed 2 trials.

It has been found by scientists that "**Cytokine Storm**" is the reason behind ARDS because of this COVID19. **Dexamethasone** a corticosteroid is approved to treat COVID19 patients with high ARDS symptoms.

Though **Hydroxychloroquine and Chloroquine** is not a medicine for COVID19, but this was widely used in treating COVID19 affected people throughout the world. India exported this medicine to many countries in the world and it was initially used in USA to treat the virus affected persons.

Beijing Institute of Biological Products developed **Sinopharm** vaccine. Phase- III trial has

been completed in United Arab Emirates (UAE), Peru, Pakistan, Egypt, and few other countries.

The research on finding drugs for arresting COVID19 completely is going on extensively throughout the world. All forms of vaccine are under research. In one of such research, Nasal spray was seemingly effective, and it has shown effective results in fighting against the virus. **Nasitral** is the name of the drug, and which is under clinical trial. This research is based on the way the virus activates in human, as this virus is damaging the respiratory system and nasal region. This nasal vaccine[8] is trying to reduce the viral load in upper respiratory and controlling it and it spreads in the lungs.

In India, few other vaccines are under screening process: Zydus Cadilla's **Zy-Cov-D** developed by Ahmedabad based company, **Biological E** developed in Hyderabad in collaboration with the Baylor College of Medicine, **US and Gennova** vaccine developed by Pune based bio-pharmaceuticals company (indigenously developed 1st COVID-19 vaccine), which are expected to be for public usage soon.

In India, **DCGI** approved the emergency usage of **DRDO** Anti Covid Drug named **DRDO – 2G** on 09.05.21. This medicine was developed by INMAS in association with Dr. Reddy's Laboratories in Hyderabad. INMAS is the defence research lab of DRDO.

Out of these vaccines, Pfizer, Moderna, Janssen, two versions of **Astrazeneca**, Sinopharm and COVISHIELD are WHO certified COVID-19 vaccines which are used for vaccinating people in the world.

IV. VACCINE RACISM

There is no colour or sex or skin or racism for the virus. The vulnerability persons who contact or contacting the virus affecting persons gets affected irrespective of their colour or sex or skin. Virus has no colours.

As per Article 12 of International Covenant on Economic, Social and Cultural Rights (ICESCR), it is stated that, right to standard health is enumerated and it should be ensured to all the individuals, and it is a fundamental right of the human. This right to standard health includes right to vaccination. The General Comment 14 and Article 12 of ICESCR safeguards the right to standard health and the right to vaccine. There should not be any discrimination whatsoever in vaccinating.

It is hard to state that the vaccine hesitancy is spread more than the virus in this universe. In

[8] Nasal spray shown to be effective in reducing COVID-19 transmission (europeanpharmaceuticalreview.com)

the initial and in later stages also, it was found that Blacks are neglected in vaccination procedures in America. This is a structural racism, and it is violating the principles enshrined in the fundamental human rights.

The confidence in vaccine and the vaccine acceptance was high in Vietnam (98%), India (91%), China (91%) and which is lowest in Serbia (38%), Croatia (41%) and France (44%)[9].

To be an effective emancipatory tactic, advocates of human rights must entrust the vaccine's politicization as well as alleviate attempts by states to engage in human rights as sovereignty.

As per **JAMA Health Forum** published on 17/02/2021[10], vaccine should be delivered to all in a timely manner and there should not be any discrimination in any form, there should be a structure, policy, and practices in delivering such vaccines.

It is poignant to say, out of 90% of the population in 67% countries will not be to get vaccinated in 2021 because of the structure/policy in distribution of vaccine. In this 67% countries, five countries have reported 1.5 million cases between them. The wealthy countries have procured vaccines more than their population to have such dose to them multiple times, but more countries are not having the infrastructure or facility to provide vaccine.

States with facilities should aid[11] economic, scientific, technical to developing countries for safeguarding and immunisation against the control, treatment of epidemic, pandemic and endemic. It is the duty of the wealthy countries/ developed countries to share knowledge, good practices to find out and to control the infectious diseases and to control its spread[12].

As per the report of United Nations Human Rights on Human Rights and access to COVID19 Vaccines[13], it is stated that vaccine and medicines are not affordable/available to many in the underdeveloped countries/ poor countries because of uneven distribution of vaccine, which has resulted in the poor health to women, girls, ethnics, religious, racial, and linguistic minorities, downtrodden people, below poverty community, LGBTI and so on.

Immunity Passports, reconnaissance, and tracing tools, discrimination on COVID19 recovered and under treatment persons were mentioned in the guidelines and for effectuating the human

[9] The Human Right to Vaccines: Preventing Discrimination Against the Unvaccinated – Health and Human Rights Journal (hhrjournal.org)

[10] Bachireddy C, Dar M, Chen C. Medicaid and COVID-19 vaccination—translating equitable allocation into equitable administration. JAMA Health Forum. Published online February 17, 2021. doi:10.1001/jamahealthforum.2021.0114

[11] CESCR, General Comment No. 14 (2000) on the right to the highest attainable standard of physical and mental health (art.14 of the Covenant), paras. 43-45. See also UN Human Rights Experts: Universal access to vaccines is essential for prevention and containment of COVID-19 around the world (9 November 2020), available at https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26484&LangID=E

[12] See Declaration of Alma-Ata, September 1978.

[13] COVID-19_AccessVaccines_Guidance.pdf (ohchr.org)

rights in its report specifying the discrimination observed[14]

The pandemic and racism are not new in this context, it is during the pandemic in 1900s The Georgia newspaper in its edition stated that "**Germs Know no color line**". It clearly indicates the racism theory behind the vaccination. It is pertinent to note that as reported[15] in US, blacks were discriminated and the difference between whites and blacks in vaccination confirms it clearly. Whites were vaccinated 1.6 times more than the blacks. Similar line of discrimination can be evidenced in UK, Germany, the developed countries.

The statistics are shedding the hopes and creating a chaos in the underdeveloped countries. Who is getting vaccine and who is not is the biggest question now? the people living in wealthy countries are getting vaccination multiple times but in the underdeveloped countries, they are not even getting the basic medicines to overcome the apprehension of COVID19.

V. VACCINE AND IPR

The world capacity to produce vaccines in a year is 3.5 billion doses. Whereas the requirement of the world to get vaccinated twice is 10 billion doses.

On October 2020, India and South Africa made a proposal to the World Trade Organization regarding the waiver of intellectual property rights protection under the TRIPS Agreement so that the member nations could increase the manufacture of vaccine at large scale. US altered its stance by supporting this approach. But other developed countries did not welcome this proposal. Waiver of patent rights alone will not fetch the desired outcome. Other related IP rights- trade secrets, copyrights and designs should also be considered. Manufacturing vaccine in different parts of the world is a huge and prolonged process because certain infrastructure and human resources should be available to meet out the expenses. Research laboratories and manufacturing units must be properly constructed in various places which are practically difficult. Further, the coronavirus is mutating into different forms and the effect of present vaccines against those virulent strands of virus cannot be ascertained.

The process involved in the manufacture and development of vaccine has many complex intellectual property mechanisms. Mere claim of patent waiver will not seek the intended outcome. Different steps in manufacturing a vaccine have different kinds of IP rights protection. A patent gives protection for the conceptual knowledge of the core components used in the vaccine and the process of building immunity stimulated by the antigens. The

[14] Racial Discrimination in the COVID-19 Context (OHCHR), available at https://www.ohchr.org/Documents/Issues/Racism/COVID19_and_Racial_Discriminatio

[15] Structural racism and vaccine access: The German data gap | Science| In-depth reporting on science and technology | DW | 27.04.2021

configuration and knowledge of manufacturing the vaccine may be protected as a trade secret and the authentic data regarding the clinical trials through which the configuration can be modified to have an effective outcome may be protected under copyright. The availability of raw materials, production facilities and laboratories should be determined. Because of the presence of multiple IP rights in the vaccine manufacturing, India and South Africa proposed not for '**patent waiver**' but for multiple IP rights protection waiver from the TRIPS agreement temporarily.

VI. COMPULSORY LICENSING

The Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) was adopted as a part of the Multilateral Trade Negotiations at the Uruguay Round in 1995. This agreement sets out the minimum substantive standards of intellectual property protection which should be provided by all its signatory countries. The World Trade Organization (WTO) convened the Doha Declaration in 2001 which it was confirmed that at the wake of national health emergency, the governments could allow a third party to manufacture the patented invention or process irrespective of the consent of the patent owner.[16] The patent owner still has rights over the patent, including right to be paid compensation for copies of the products made under the compulsory license. Further, the countries are free to determine the grounds for granting compulsory licensing and what constitutes national emergency.

Article 27(2) of the TRIPS Agreement states that WTO member countries may exclude patentability of inventions which have huge reliance upon protection of public health.[17] Further, Article 30 allows the member nations to impose limited exceptions to the rights conferred by a patent without any exploitation.[18]

Section 84 of the Patents Act, 1970 provides for grant of compulsory licenses. Any time after the expiration of three years from the date of grant of patent, any person interested can apply for grant of compulsory license on any of the following grounds:

- that the plausible requirements of the public with respect to the patented invention have not been satisfied, or

[16] Article 31 of the TRIPS Agreement

[17] Members may exclude from patentability inventions, the prevention within their territory of the commercial exploitation of which is necessary to protect *ordre public* or morality, including to protect human, animal or plant life or health or to avoid serious prejudice to the environment, provided that such exclusion is not made merely because the exploitation is prohibited by their law.

[18] Members may provide limited exceptions to the exclusive rights conferred by a patent, provided that such exceptions do not unreasonably conflict with a normal exploitation of the patent and do not unreasonably prejudice the legitimate interests of the patent owner, taking account of the legitimate interests of third parties.

- that the patented invention is not available to the public at a affordable price, or
- that the patented invention is not worked in India

Also, Section 92 of the Patents Act, 1970 confers power to the Central Government to grant compulsory licenses for the patent holder at any time at the wake of national emergency, extreme urgency or in any case of public non- commercial use.

The first ever compulsory license provided in India was in the case of **Bayer Corporation v. Union of India**[19]**,** to Natco Drug manufacturer for the generic production of Bayer Corporation's **Nexavar**, an adequate medicine used for the treatment of liver and kidney cancer. Bayer Corporation sold the medicine at inflated price of around 2 lakhs. But Natco drug manufacturer offered to sell this medicine for less that Rs. 10,000. Considering the benefit of the public, license was granted to Natco as all the three conditions under section 84 were satisfied.

It was held in **Bristol-Myers Squibb Company & Ors vs Mr. J.D. Joshi & Anr**[20], the court rejected the plea made by BDR Pharmaceuticals for compulsory licensing. It was rejected because the public advantage was not seen in the application and attempt to procure the voluntary license was also not seen.

It was held in **Lee Pharma Limited v AstraZeneca AB**[21], the compulsory license application was rejected for the drug **Saxagliptin**, the court held that the reasonable requirement for public usage was not demonstrated.

As held in **2001 Doha Ministerial Conference**, it was pondered those countries unable to manufacture drugs should get it in cheaper cost to overcome the threat of pandemic and health issues.

As it was held in Franz **Xaver Huemer vs. New Yash Engineers**[22], the court held that it is not required to be patented, the patentee and the defence must be seen in detail.

As it was held in **Koninklijke Philips Electronics N.V. vs. Rajesh Bansal and Ors**[23], the court held that the anti-competitive practices and derailing the trade structure to earn more profit also results in the patenting and compulsory license.

As held in **Merck Sharp and Dohme Limited v Shionogi and Co Limited**[24], it was held that

[19] WP No. 1323 of 2013, decided by Bombay High Court on 15 July 2014
[20] I.A.No.15720/2009 in CS (OS) No. 2303/2009
[21] CLA No. 1 of 2015
[22] 08.03.1996 – Delhi High Court, Manu/DE/0015/1997
[23] 12.07.2018 – Delhi High Court, Manu/DE/2436/2018
[24] German Federal Court of Justice

the federal court confirmed the federal patent court judgment in regarding the compulsory license of MSD in preliminary proceedings.

As per 2021 **Special 301 Report**[25] of United States, the report highlighted about the compulsory license and its importance in this pandemic. It welcomed its trading partners on the provisions of the TRIPS Agreement and Doha Declaration in respect of public health and stressed the importance of compulsory licensing.

In Canada, a company has approached for compulsory licensing for the product to be manufactured by Johnson & Johnson in respect of COVID vaccine.

Recently, Government of India has permitted to manufacture of COVAXIN by **Haffkine Institute**[26] as the requirement of vaccine is more.

VII. SUGGESTIONS

1. The Government should invoke its power and compulsory licensing is the definite solution in this crisis and ensuring the right to health provided in the constitution of India.
2. The right to health is not just an absence of disease, it includes good health, complete, physical, mental, and social wellbeing. The right to health includes vaccination and hence Governments should ensure the vaccination to all without any discrimination at any point of time.
3. The racism in any form should be avoided. The racism is prohibited, and any form of discrimination is against the rights enshrined in the constitution. Hence, the Government should focus on vaccination irrespective of ethnic, sex, racism, and safeguard all.
4. The compulsory licensing of COVID19 vaccine will ensure the vaccination to all at an affordable rate and defend/protect from the pandemic.

VIII. CONCLUSION

As held in **Paschim Bangal Khet Mazdoor Samity & Others V State of West Bengal & Others**[27], it is the fundamental obligation of the government to guarantee the welfare of the people and it is a duty of the government to provide medical facilities.

The COVID19 mutant is changing according to the environment and on the geographical basis.

[25] 2021 Special 301 Report (final).pdf (ustr.gov)
[26] Indian Govt. Permits Manufacture of Covaxin by Haffkine Institute – But Why Not Others Too? | SpicyIP
[27] AIR1996SC2426

Hence the jab to strike such mutants is not easy and the scientists are finding hard to resolve the issue.

The compulsory licensing of vaccination will reduce the impact of COVID19 spread and it will help to reach the population at large in this world.

The human rights movements and activists are raising their voice regarding the vaccination policies of the Governments and the United Nations health organization, WHO is stressing on the policy of compulsory licensing.

The allocation of public health expenditure in budgets is the need of this crisis time and the Governments should focus on providing good infrastructure facilities, basic health amenities, encouraging research and development projects, increasing the drug manufacturing units, public private partnerships (PPP) projects to be welcomed to foresee the future and to have advanced preparations in respect of future pandemic.

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