Review of initiatives for access to Covid-19 innovations

This document contains the content of the website covid19response.org (later pandemic-response.org), which was online from early 2022 to early 2026. Through this website, Wemos provided an overview and critical review of international initiatives by public institutions to improve access to medical products during pandemics, such as vaccines, medicines and diagnostics. The analyses of these initiatives offer lessons for future similar initiatives. If you have any questions about the content of this document, please email info@wemos.org.

Medical innovations for everyone, everywhere

To effectively curb a pandemic, everyone in the world must get access to essential medical innovations as rapidly as possible. The Covid-19 pandemic has shown that this is far from a given. While high-income countries were vaccinating their population multiple times, low-income countries experienced dire vaccine shortages. This disparity is unacceptable as it leads to avoidable deaths, hardship and economic damage. Access for all must be guaranteed now, to protect us against potential new Covid-19 waves and mutations as well as future pandemics.

Different public institutions have started or proposed a wide variety of initiatives to make access to medical products against Covid-19 and future pandemics more equitable. This website provides an overview of these initiatives and their characteristics, strengths and weaknesses. If you want to know more about an initiative, click on 'read info & analysis' in the overview below to see the full details.
Overall conclusion: there is no silver bullet. A combination of efforts is required to reach true equal access in the short- and long-term, and to reverse the power imbalances so entrenched in the current response.
Dimensions to assess initiatives for an equitable and effective Covid-19 response.

We analyse the initiatives on the basis of five main dimensions:

Sufficiency	To what extent could this initiative help meet the global demand for Covid-19 innovations?
Urgency	To what extent could this initiative increase global access to Covid-19 innovations urgently?
Sustainability	To what extent could this initiative improve resilience to future public health emergencies of international concern?
Power balance	To what extent could this initiative contribute to equal power relations between high-income countries and lower-income countries?
People first	To what extent does this initiative put public interest above commercial interest?

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Overview initiatives

Note: the links for more info & analysis are not clickable in this PDF version. You find the information on the pages below.

South Africa Covid-19 mRNA Vaccine Technology Transfer Hub (mRNA hub)

Last updated: 30 November 2022

Founded	June 2021
Governance	World Health Organization (WHO), Medicines Patent Pool (MPP) and the South African Consortium (Afrigen, Biovac and the South African Medical Research Council), with support of Africa Centres for Disease Control and Prevention (Africa CDC) and the South African National Department of Science and Innovation.
Funding	Indicative view: the 5-year budget is 92 million euro; currently more than half of this amount has been raised (approximately 52 million euro).
Description	The South Africa mRNA Vaccine Technology Transfer Hub (also referred to as mRNA hub or WHO hub) is set up as result of Workstream III of the COVAX Manufacturing Task Force. The initial objective of the programme is to set up permanent Covid-19 mRNA vaccine production capacity in low- and middle-income countries, resulting in enhanced accessibility of these vaccines and increased levels of self-determination. The WHO recently stated that the mRNA hub can also be used to expand manufacturing capacity for other products needed for health priorities. They are currently identifying the needs in the region to see what diseases they will focus on in the future. The concept functions as a hub-and-spoke model: hubs (technology transfer centres) transfer a comprehensive technology package, including training, to spokes (commercially sustainable manufacturers). The South African hub is based at Afrigen Biologics & Vaccines. This company with manufacturing facilities is developing a robust mRNA vaccine research and development (R&D) and production process based on information available in the public domain. The technology will later be transferred free of charge to spokes. On their turn, spokes will use the received technology to produce vaccines and distribute them among low- and middle-income countries. The WHO has the (global) lead, coordinates and monitors, while the MPP will assist with intellectual property matters. At least 40 countries have expressed their interest in receiving the developed technology. To accommodate them, more hubs and spokes must be identified worldwide. Thus far, the WHO announced that fifteen manufacturers (the spokes) will receive technology through the mRNA hub. They are located in Egypt, Kenya, Nigeria, Senegal, South Africa, Tunisia, Indonesia, Brazil, Argentina, Pakistan, India, Vietnam, Bangladesh, Serbia and Ukraine. Training of the first spokes started in March 2022. Commercialization of vaccines powered by the South African hub is expected to take place at the end of 2024.

Strengths

- Structural solution.
- Opportunities for long-lasting impact for self-determination of low- and middle-income countries, because the production facilities will not be controlled by high-income countries nor foreign companies.
- Opportunities for long-lasting impact for low- and middle-income countries' self-sufficiency.
- Economically sustainable as the concept can also be used to develop mRNA vaccines for other diseases (such as cancer, zika, tuberculosis and HIV).
- Helps utilizing existing local production capacity.
- The hubs and spokes can act on the whole spectrum of the vaccine pipeline (e.g. research, development, production), enhancing efficiency and safety.
- Also serviceable with regards to sharing of other data than the mRNA technology (e.g. information on other vaccine techniques).
- Technology transfer from right holders is not required per se (but without such transfer, the development process will be delayed).

Weaknesses

- More funding is needed to continue expanding the reach and impact of the mRNA hub, both in terms of diversifying the vaccines manufactured for various diseases, and increasing the number of spokes.
- It may take time before the South African mRNA vaccine will be available, as it is expected to take between 24 and 36 months.
- Right holders refuse to cooperate, which slows down the development process (but also leaves control over the vaccine with the mRNA hub, which is an advantage).

Review

The establishment of the mRNA vaccine technology transfer hubs is a great asset to build capacity, increase sovereignty and work towards better global access to mRNA vaccines and potentially for other medical technologies too. The hub-and-spoke model seeks on the one hand to bring regions with insufficient production capacity the means to manufacture mRNA vaccines themselves. On the other hand, the model aims to distribute the locally produced vaccines locally too. Though, to which extent this is guaranteed is unclear at this point.

The intention is that the programme accomplishes a permanent higher level of self-reliance and independence for low- and middle-income countries. These advantages can have a lasting nature, as the facilities may in the future be utilized to produce vaccines against other diseases too.

The success of the concept depends on a set of preconditions. For starters, more funding is needed to support the mRNA hub and spokes in South Africa and the other, to be established hubs and spokes. Secondly, it is crucial that there are no intellectual property barriers in the countries concerned that can hinder the vaccine production, or that those rights are made available to the hub. Also, to achieve health equity goals it is important that the products resulting from the work of the hubs and spokes, are indeed supplied to people and regions most in need.

Lastly, with the pandemic raging on, inequality growing and unnecessary deaths continuing, time is of the essence. Beware, the hub can achieve success faster if right holders (Moderna and/or Pfizer) contribute to the process by sharing necessary information. On the other hand, when Moderna and Pfizer refused to collaborate, the mRNA hub went ahead to develop its own formula to produce the Afrigen mRNA hub vaccine. As a result, it will have control over the vaccine including pricing and the distribution criteria.

More info

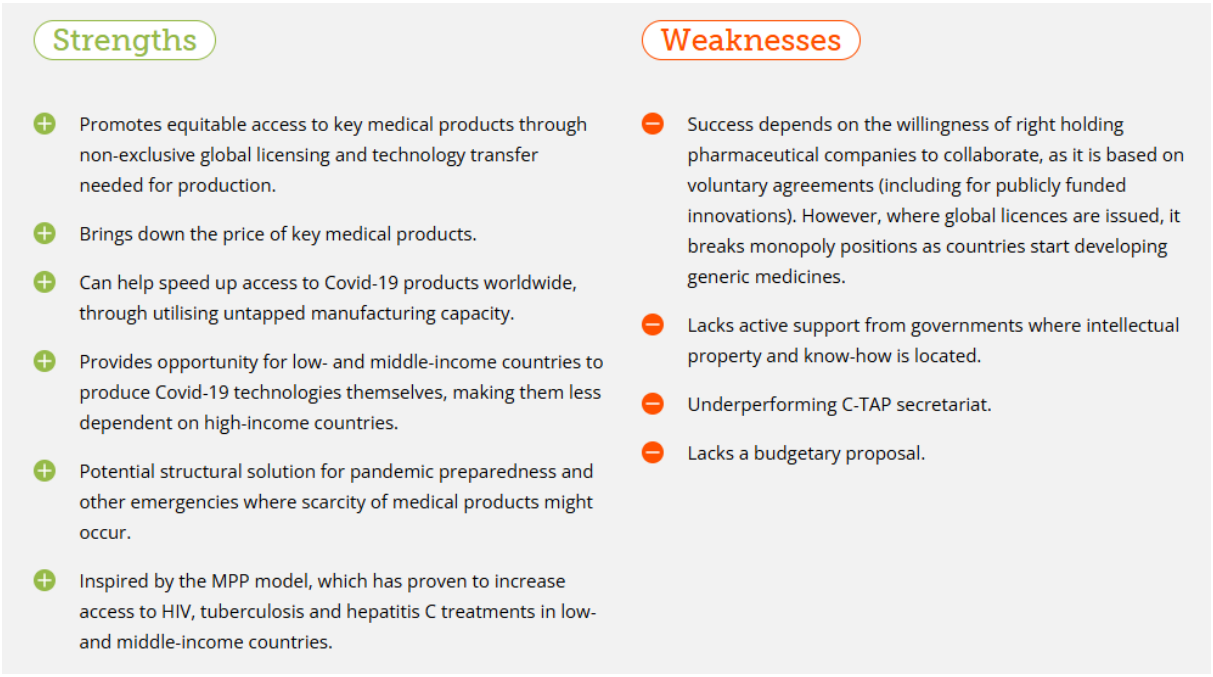
- WHO's announcement to establish an mRNA hub
- News article 'Half of funding needed for Africa's first mRNA vaccine hub raised'
- Editorial Nature about the milestone and potential of the mRNA hub

Covid-19 Technology Access Pool (C-TAP)

Last updated: 27 June 2022

Founded	May 2020
Governance	Led by the World Health Organization (WHO). Implementing partners: Medicines Patent Pool (MPP), Open Covid Pledge, UN Technology Bank and Unitaid.
Funding	Amount of funding (needs) is not disclosed.
Description	C-TAP is a platform created by the WHO to facilitate expansion of the production of Covid-19 related medical products. Any research institute, government or private company that has intellectual property, data and know-how related to products that can be used against Covid-19, can share this information through C-TAP with other qualified manufacturers anywhere in the world. These non-exclusive licensing agreements increase the global production capacity and reduce the dependency on just a few companies for the production. Right holders who share their information through C-TAP can receive fair compensation. C-TAP aims to work on the basis of transparency, inclusiveness and non-exclusivity. The most important difference between C-TAP and the Medicines Patent Pool (MPP) is that the MPP develops licensing deals for a limited set of countries, whereas C-TAP seeks to conclude global licensing agreements. In November 2021, the Spanish National Research Council (CSIC) shared its intellectual property rights and know-how of its Covid-19 diagnostic tools globally through C-TAP, becoming the first one to do so. In May 2022, the US National Institutes of Health (NIH) announced licensing agreements with C-TAP for several therapeutics, early-stage vaccines and diagnostic tools. With these C-TAP deals, qualified manufacturers around the world are allowed and facilitated to produce the shared technologies.

	In June 2022, C-TAP concluded its first sublicensing deal. On behalf of C-TAP, the MPP closed a sublicensing agreement with Biotech Africa, allowing the latter to manufacture and market serological tests the Spanish CSIC has shared through C-TAP earlier. Currently, 43 WHO member states officially support C-TAP. In 2021, Spain and Belgium were the first WHO member states to make a significant financial contribution to C-TAP.



Review

C-TAP has great potential to provide governments and pharmaceutical companies throughout the world with opportunities to utilize and/or expand their manufacturing capacity for Covid-19 products. The platform promotes equitable access to Covid-19 innovations as it stimulates local production and breaks monopoly positions of right holding companies.

In order to make C-TAP more effective, its secretariat needs strengthening, including a clear strategy, faster processes and more resources. In addition, governments of countries where the right holders of Covid-19 products are located, need to pressure these companies to contribute to C-TAP. For C-TAP to be a more structural solution in pandemic preparedness, governments should condition their public funding for the research and development (R&D) of medical products, in order to enforce technology transfer.

More info

- Website WHO on C-TAP
- WHO and MPP announce the first transparent, global, non-exclusive licence for a Covid-19 technology
- WHO and MPP announce agreement with NIH for Covid-19 health technologies

- Belgium and WHO sign new agreement to increase global equitable access to essential health products and technologies
- Wemos' video 'Make pooling work for Covid-19 vaccines'

TRIPS Waiver

Last updated: 17 October 2022

Founded	First proposal: October 2020; revised proposal: May 2021; WTO decision: June 2022.
Governance	World Trade Organization (WTO)
Funding	Not applicable.
Description	The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) sets out minimum standards all member states of the World Trade Organization (WTO) must provide to protect intellectual property rights on novel innovations. In order to enhance global, equal access to medical products against Covid-19, in October 2020, the governments of India and South Africa proposed a so-called TRIPS Waiver. The objective of this original TRIPS Waiver proposal was to ensure that certain obligations of the member states to protect intellectual property on Covid-19 related innovations, would be temporarily removed upon adoption by the WTO. Through this ceding of important intellectual property barriers, pharmaceutical companies that do not hold the patent rights can be allowed to use, produce and sell Covid-19 related innovations too – without fear of legal repercussions. The proposal provoked both support and opposition. That it was also received with considerable acclaim is evident, as 65 WTO member states were co-sponsors while 105 other members expressed support. The opposition mainly came from the pharmaceutical industry and higher-income countries, where access has been significantly less of a problem due to their financial power and the residence of pharmaceutical companies within their territories. The conflicting views resulted in a long time of discussions and negotiations. Finally, on 17 June 2022, during the 12th WTO Ministerial Conference (MC12), the Ministerial decision on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement, aka the TRIPS Waiver, was a fact. The decision entails a strongly watered-down version of the original TRIPS Waiver drafted by India and South Africa. It only covers vaccines and no other Covid-19 related medical products. This will be up for reconsideration within six months after the decision. Instead of the originally proposed waiving of 35 TRIPS provisions, the decision only waves one provision, Article 31 (f), allowing the export of vaccines under a compulsory license. Lastly, the duration of the decision is limited to five years.

Strengths

- Has resparked the discussion on what level of intellectual property protection is desirable for medical products in health crises.
- The discussions at WTO level can be considered as a recognition of inadequacy of TRIPS in pursuing affordable access for all.
- WTO decision could accelerate up-scaling of global production capacity of Covid-19 vaccines in countries experiencing intellectual property barriers and (plan to) produce vaccines for domestic use and export most of them.

Weaknesses

- WTO decision does not stimulate structural change.
- WTO decision does not address transfer of know-how and technology needed to safely and effectively scale-up production in the fastest way possible.
- WTO decision is limited to vaccines and thus does not include other key medical products, such as treatments and diagnostics.
- WTO decision is not a proper recognition of intellectual property rights as a barrier for increased production capacity of key medical products.
- WTO decision can be considered as a prioritisation of economical interests of high-income countries over global health equity.
- There is a risk that the decision will function as blueprint for pandemic accord negotiations, compromising meaningful provisions to achieve equitable access to medical products in future frameworks.
- Free Trade Agreements some countries have concluded, may hinder the full impact of the WTO decision.

Review

The entire TRIPS Waiver negotiation process was a manifestation of shared dissatisfaction with TRIPS. As such, the negotiations provided fertile ground to rethink the agreement in light of access to health innovations.

However, the result of the negotiations is nowhere near the objectives determined by India and South Africa. The WTO decision barely waives provisions and merely repeats or clarifies existing options for overriding patents by compulsory licensing. It neglects essential aspects for improved access to medical products, has a limited duration (five years) and only covers vaccines and no other key medical products.

Another important aspect to note is that solely addressing patents is not enough. To be able to manufacture and market (for instance) vaccines, with assured quality built in, it is a neccessity to acquire much more information than included in patents. Information on processes, machineries, quality contol standards, etc. is vital to assure products that meet safety and effectivity requirements and have them marketed timely. This requires transfer of technology and know-how, but this is rather difficult to enforce (through, for example, compulsory licensing or waiving TRIPS provisions) and is likely to be more effective on a voluntary basis.

The WTO decision shows that commercial interests of high-income countries have prevailed over the objective to support equitable access to Covid-19 innovations. The initial proposal by India and South-Africa

aimed at improving the power imbalance between governments and pharmaceutical companies, but also between high-income countries and low- and middle-income countries. The WTO decision does not contribute in any substantial way to either goal.

Nonetheless, some national governments are expected to may benefit from the WTO decision. Among them are those that are confronted with existing or potential intellectual property barriers, which are (planning on) producing vaccines for domestic use and export the majority of them. It would be highly beneficial to expand the scope of the decision to diagnostics and therapeutics too.

More info

- Text of the WTO decision (June 2022)
- Devex article 'WTO finally agrees on a TRIPS deal. But not everyone is happy'
- Text of the first proposal for the TRIPS Waiver (October 2020)
- Text of the revised proposal for the TRIPS Waiver (May 2021)

Pandemic Accord/new international instrument

Last updated: 23 March 2023

Founded	Work in progress.
Governance	World Health Assembly (WHA) of the World Health Organization (WHO).
Funding	Not applicable.
Description	The Covid-19 pandemic demonstrates how current international frameworks, including the International Health Regulations, fall short in prevention and control of public health emergencies of international concern. In response, global leaders and international agencies called for a new international instrument for strengthening prevention, preparedness and response to those emergencies. The objective is to build a more robust global health architecture that will protect future generations, enhancing the surveillance of and resilience to health threats, access to medical products, mutual trust between countries and implementation of countermeasures. At a special session of the WHA in 2021, WHO member states decided to establish an intergovernmental negotiating body (INB) to identify substantive elements and develop a working draft of a WHO convention, agreement or other international instrument, referred to as 'Pandemic Accord'. On 1 February 2023, the INB published its 'zero-draft' of the accord. This is the starting point for the negotiations between the WHO member states. After the fifth meeting of the INB in April 2023, it will present a first draft of the accord, which will be discussed by the member states at the 6th INB meeting in July 2023. The aim is to present the final text of the accord for approval during the 77th WHA in 2024.

Strengths

- Can strengthen political commitment by involving the highest level of global governance.
- Broadens the scope of pandemic preparedness and response beyond the health sector.
- Through provisions on conditions to public funding for health innovations, the instrument can contribute positively to for instance global production capacity and equal distribution of these products, and thus enhance global access.
- Can fill gaps in the current legal framework, for instance on how intellectual property rights for medical products would apply during public health emergencies of international concern.
- Can adopt an approach to funding for pandemic preparedness and response that is more equitable, predictable and sustainable, and draws from a multilateral facility to which all countries contribute based on an agreed 'ability to pay' formula, with allocations based on need.

Weaknesses

- Risk of a weak instrument that does not address the most relevant matters, e.g. potential lack of provisions on equity and sharing of data, know-how and intellectual property regarding medical products.
- Risk of an instrument that pushes further private financing of healthcare instead of calling for international collaboration to strengthen domestic public resources.
- The legal status of the new instrument is still not fully defined and, therefore, its applicability and impact remain uncertain.
- Risk of further fragmentation of the international governance system, which can lead to less effective outbreak-management.
- It is particularly difficult for resource-limited countries to engage in negotiations whilst they cope with the Covid-19 aftermath and other crises.
- Enforcement requires political will, which is not apparent everywhere.

Review

The negotiations on the new instrument will be lengthy, which is unavoidable for an inclusive and thorough process. However, the impact of Covid-19 is still felt, and now combines with that of other – pre-existing and newly emerged – crises (financial, war-related and food) that deepen long-time inequalities. Reforms are needed urgently to effectively deal with the current and future pandemics and other – often related – threats. These are reforms in areas such as finance, intellectual property rights protection, and transfer of know-how and technology for key medical products. It is important that these reforms are not stalled in the Pandemic Accord process, but are soon addressed in other policy processes, e.g. at the United Nations and World Trade Organization.

In relation to the content of the Pandemic Accord, an advantage of this newly established pandemic preparedness instrument is the broad scope it could encompass. It can accommodate recognized omissions of the current framework and include agreements with relation to equity, equality, health systems strengthening, trade (and intellectual property), and the One Health approach (recognizing the interconnection between the health of humans, animals and our environment).

A successful new instrument should be strongly rooted in a human rights approach, enshrine an approach to funding that is fair and sustainable, and include provisions that diminish health risks globally and magnify equal access to medical products.

Among them we recommend clauses on conditions to public funding for the research and development (R&D) of medical products, technology transfer to maximise production capacity, transparency regarding pricing, and options to remove intellectual property barriers to ensure the instrument has optimal impact. It should adopt an approach to funding for pandemic preparedness and response that is based on fair share financing where countries contribute according to ability to pay and allocations are based on need.

As mentioned above, reforms in these areas are urgent, and countries must not postpone action. These reforms can and must be tackled sooner rather than later, and can be supported in due time by this new international instrument.

Please read our assessment of the zero-draft of the Pandemic Accord on the Wemos website.

More info

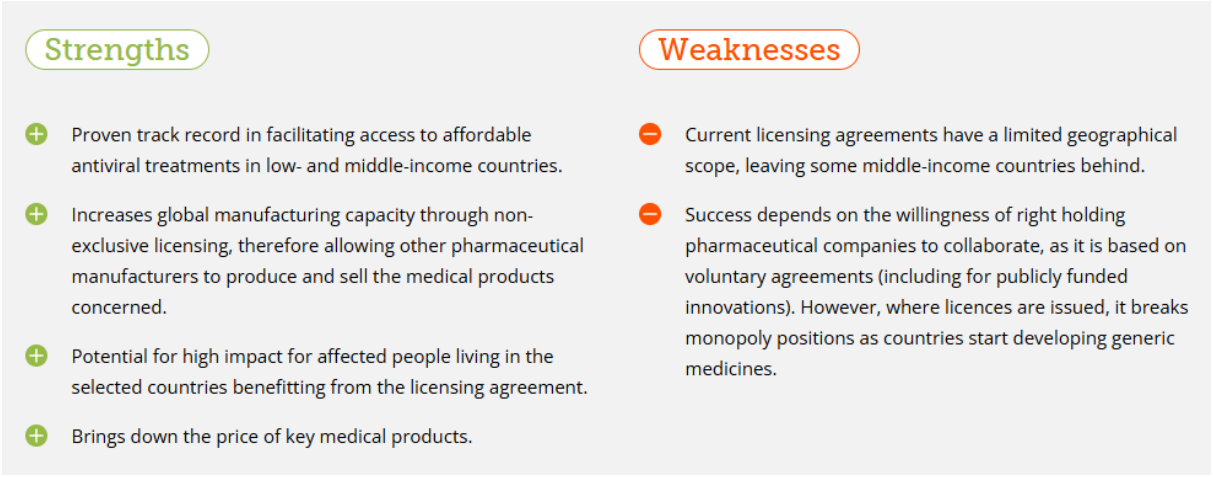
- Wemos' call for a meaningful Pandemic Accord
- G2H2 report 'The politics of a WHO pandemic treaty in a disenchanted world'
- G2H2 report 'Financial Justice for Pandemic Prevention, Preparedness and Response'
- Information from the intergovernmental negotiating body
- Draft report WHO working group on strengthening pandemic preparedness and response
- WHA decision on the establishment of an intergovernmental negotiating body to strengthen pandemic preparedness and response

Medicines Patent Pool (MPP)

Last updated: 30 November 2022

Founded	2010
Governance	Governance Board with individual members, and non-voting representatives from the World Intellectual Property Organization (WIPO), World Health Organization (WHO) and World Trade Organization (WTO).
Funding	Funded by Unitaid, Switzerland, Japan and the Wellcome Trust. The amount of funding is not disclosed.
Description	The MPP was founded to increase access to affordable medical products for a limited number of low- and middle-income countries through non-exclusive voluntary licensing agreements. When a pharmaceutical company makes a deal with the MPP, intellectual property barriers regarding the production of a certain innovation are lifted to supply the selected countries. The MPP will look for manufacturers around the world to produce the treatment for the agreed upon countries. If necessary and included in the MPP deal, the original right holder will share its know-how and technology needed to produce the product. Increasing the number of producers reduces the price of the product and enhances

	access. The original right holders can be financially compensated through royalties, but this depends on the agreement made. The MPP has a rich history in facilitating access to HIV, hepatitis C and tuberculosis treatments. Early 2020, the MPP expanded its mandate to work on licensing agreements on Covid-19 treatments. In October and November 2021, the MPP signed licensing agreements with companies Merck and Pfizer for their Covid-19 antiretroviral pills. These agreements are the first of its kind in relation to Covid-19 and cover the sale of the treatments in 105 low- and middle-income countries. In March 2022, the MPP closed sublicensing deals with 36 generic companies for the production of Pfizer's oral Covid-19 treatment.



Review

The MPP has proven that the concept of non-exclusive licensing is able to provide people around the world with access to affordable treatments. The success of non-exclusive licensing agreements for Covid-19 products largely depends on the geographical scope. Even though the deals with Pfizer and Merck were the first of its kind, the lack of generic access is of serious concern for those left out of the deal. Voluntary licensing deals should be as broad as possible, include low- and middle-income countries and can play an important role in building local manufacturing capacity in these countries, hereby decreasing their dependency on high-income countries.

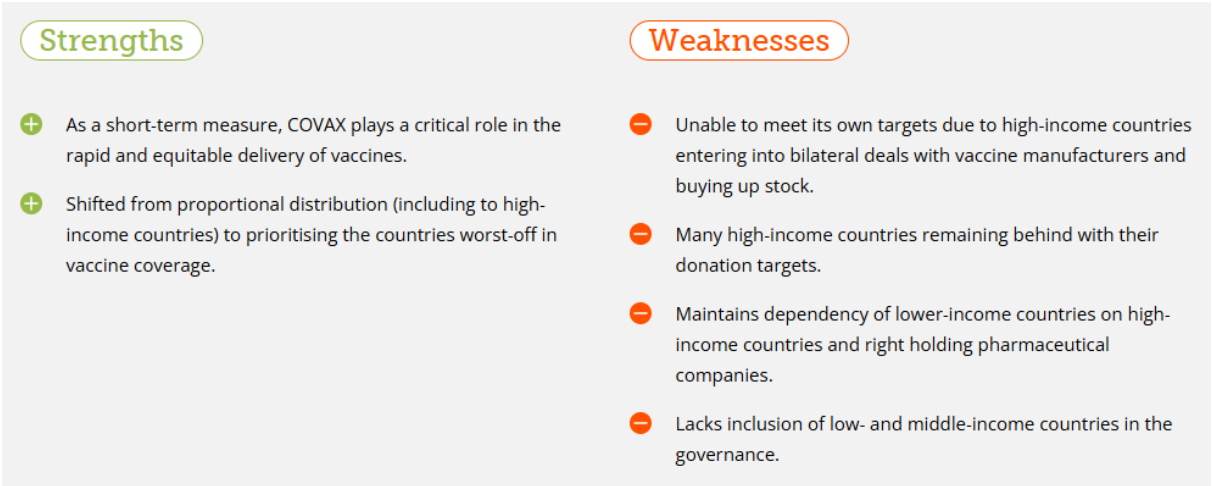
More info

- Overview of MPP's Covid-19 related work
- Announcement MPP's licensing agreement with Merck/MSD for Covid-19 antiviral pill
- Announcement MPP's licensing agreement with Pfizer for Covid-19 antiviral pill
- Announcement MPP's sublicensing deals for Pfizer's Covid-19 antiviral pill

Covid-19 Vaccines Global Access (COVAX)

Last updated: 17 October 2022

Founded	March 2020
Governance	Co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi and World Health Organization (WHO), alongside key delivery partner UNICEF.
Funding	The Access to Covid-19 Tools Accelerator (ACT-A), with COVAX as one of its pillars, has mobilised USD 18.9 billion in pledges from governments, as well as private sector and philanthropic contributors. The current funding gap (latest update from 29 October 2021) is USD 14.2 billion. This could be almost covered if G20 countries would pay their fair share.
Description	COVAX is a pooled procurement and distribution mechanism that aims to provide at least 20% of the population of 92 low- and middle-income countries with vaccines. In absolute numbers, this means that COVAX had set a goal of delivering 2 billion vaccine doses by the end of 2021. Countries (mainly high-income) use it as a tool to donate vaccines and money to purchase vaccines. COVAX, as one of the four pillars under ACT-A, was set up in response to a call from G20 leaders. ACT-A's purpose is to accelerate the development and production of and equitable access to Covid-19 vaccines, medicines and diagnostics. The initiative does not only procure and distribute vaccines through COVAX, but also supports the development of new vaccines. It has invested USD 1.2 billion in research and development (R&D) of twelve vaccine candidates.



Review

The global need for vaccines is estimated to be 11 billion doses, out of which COVAX originally aimed to provide 2 billion by the end of 2021. The target was later reduced to 1.4 billion doses. On 15 January 2022 COVAX reached the milestone of 1 billion vaccines delivered.

COVAX (and all of ACT-A) is dependent on donations (charity), which are essential in the short-term – and need to be urgently stepped up – but this is not sustainable in the long-term. High-income countries must urgently fill the funding gap and donate doses, contributing their 'fair share' as calculated by the ACT-A Facilitation Council, based on countries' ability to pay and the extent to which they benefit from an open and stable global economy.

For future funding of COVAX, ACT-A should establish a mechanism based on ability to pay, with benefits based on need, and governance (a) disconnected from the amount of the financial contribution, and (b) excluding commercial actors that have a stake in the decisions.

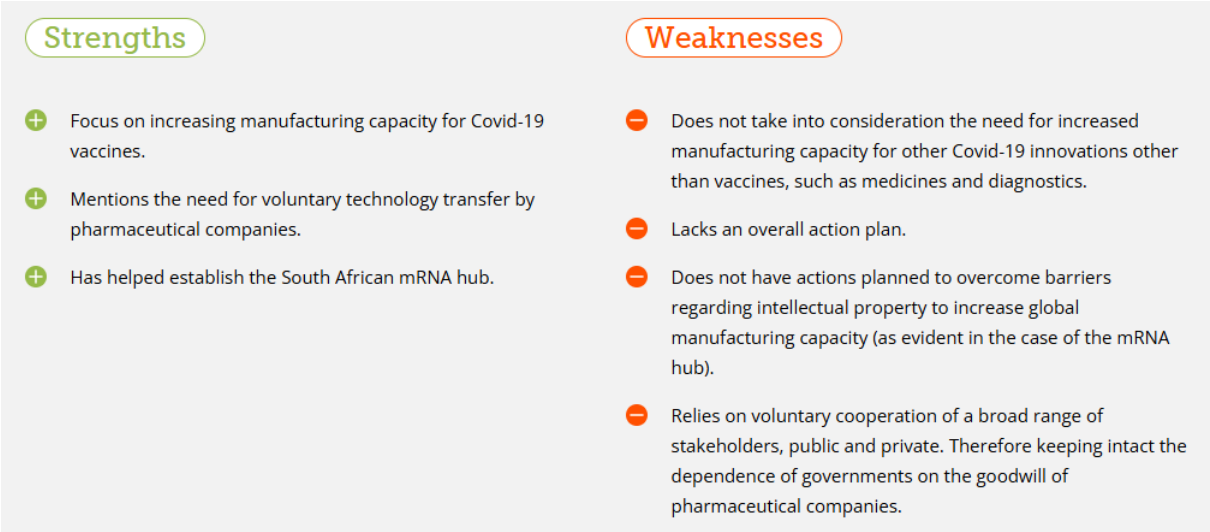
More info

- WHO's information on COVAX
- Strategic review of ACT-A, including COVAX
- Devex article 'A review says ACT-A should continue. Experts say changes are needed'

COVAX Manufacturing Task Force

Last updated: 01 February 2022

Founded	May 2021
Governance	Co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), World Health Organization (WHO), Gavi and UNICEF. Partner organisations: Bill & Melinda Gates Foundation, International Federation of Pharmaceutical Manufacturers & Associations (IFPMA), Developing Countries Vaccine Manufactures Network (DCVMN) and Biotechnology Innovation Organization (BIO).
Funding	Unknown
Description	The COVAX Manufacturing Task Force aims to increase the global manufacturing capacity for Covid-19 vaccines by addressing shortages and bottlenecks related to the production process. Organisations involved in the taskforce have set up different short- and medium-term objectives that focus on enhancing supply chain management and the establishment of voluntary partnerships between the private and public sectors involved in the pandemic. Additionally, the taskforce will look how technology transfer for the production of vaccines and increased human resources for health can be achieved. One of its initiatives is the South Africa Covid-19 mRNA Vaccine Technology Transfer Hub (mRNA hub), that develops a mRNA vaccine production process and transfers the technology concerned to manufacturers free of charge.



Review

The COVAX Manufacturing Task Force aims to take away some of the urgent supply chain issues concerning the production of Covid-19 vaccines, therefore leading to more and better manufacturing capacity. However, how this taskforce exactly aims to increase manufacturing capacity in low- and middle-income countries remains unclear. The lack of an exact action plan makes it hard to determine whether this initiative has contributed, or will contribute to global equitable distribution of vaccines.

While the establishment of the South African mRNA hub is a good practice, the refusal by right holding companies to share their intellectual property and know-how regarding the mRNA technology delays the manufacturing process of vaccines. The taskforce does not take position on the barriers of intellectual property, therefore keeping the power imbalance between governments and pharmaceutical companies intact.

More info

- CEPI's information on the COVAX Manufacturing Task Force

The Pandemic Fund

Last updated: 19 December 2022

Founded	Officially launched on November 13th, 2022 (replacing an earlier proposal called the Global Health Threats Fund).
Governance	Governing Board with 21 voting seats: 9 for 'contributors' (donor countries), 9 for 'co-investors' (countries that could receive funding), 1 for philanthropic foundations, and 2 for civil society organisations. The World Bank serves as the Trustee. The Secretariat of

	the fund is housed at the World Bank. The fund has a Technical Advisory Panel, chaired by the World Health Organization (WHO).
Funding	Funding for The Pandemic Fund is based on voluntary contributions from sovereign donor countries and other contributors, such as philanthropic foundations. The target that The Pandemic Fund set is to mobilise USD 10.5 billion per year. Pledges for the fund started half a year ago and to date, around USD 1.4 billion has been pledged.
Description	The idea of a new global health fund focused on pandemic prevention, preparedness and response, was introduced in 2021 by the G20 with an initiative called the Global Health Threats Fund. This has evolved into a fund with a different set-up, proposed by the G20 in early 2022 and further elaborated by the World Bank. This initiative, called The Pandemic Fund, is hosted by the World Bank and is financed through voluntary contributions (instead of contributions based on countries' GDP, as in the proposal for the Global Health Threats Fund). Only Implementing Entities – being organisations tasked with operationalising the fund (e.g. the World Bank, regional development banks, The Global Fund to Fight AIDS, Tuberculosis and Malaria, and CEPI) – may submit funding proposals, developed together with eligible countries. It finances critical investments to strengthen pandemic prevention, preparedness and response capacities at national, regional and global levels, with a focus on low- and middle-income countries. At country level, The Pandemic Fund intends to strengthen disease surveillance, laboratory systems, emergency communication, pandemic coordination and management, critical health workforce capacities, and community engagement. At regional and global level, the fund will support, among other things, reporting and information sharing, regulatory harmonisation, and coordinated development, procurement, distribution and deployment of medical countermeasures and supplies.

Strengths

- Makes a clear case for a sharp increase in funding for pandemic preparedness and response.
- The proposal emphasizes the need for funding for pandemic preparedness and response to be additional and not detract from, for example, investments needed to strengthen health systems.
- Governing Board includes representatives from donor and recipient countries in equal number.

Weaknesses

- Further fragmentation of the global health governance, with yet another vertical fund being established alongside the already numerous global health funds, UN organisations and international financial institutions.
- The funding, which is based on voluntary contributions, is not by far sufficient for what is needed.
- While the proposal emphasizes the need for additionality, there is no guarantee that this will be the case. There is the concrete risk that increased public funding for pandemic preparedness and response will detract from other important public funding.
- The Pandemic Fund – like other global health funds – will mobilise earmarked resources and depends on charitable donations. This is likely to cause problems with alignment to country systems and plans, and they are inherently volatile, depending on the goodwill of donors.
- While private companies will be eligible to receive funding from The Pandemic Fund, it is not clear what will be the size and scope of private sector financing and how this will be governed.
- While the original proposal of the G20 contained strong text on the need for contractual clauses to ensure affordable prices, transparency, sharing intellectual property and technology transfer, there is no mention of how The Pandemic Fund will support local production of medical countermeasures (like vaccines and medicines), and how it will position itself with regards to issues such as intellectual property rights.

Review

The new Pandemic Fund is described as a collaborative partnership among donor countries, co-investors (countries that are eligible to receive funding), foundations and civil society organisations. However, its funding model based on voluntary contributions will inevitably lead to insufficient and volatile funding, with no assurance that these resources will be additional and will not detract from other important public investments. Moreover, the creation of a new global health fund will further fragment the global health financing architecture and its governance.

While the original proposal of the G20 contained strong text on the need for contractual clauses in public-private partnerships to ensure affordable prices, transparency, sharing intellectual property and technology transfer, these are not mentioned anymore as a priority of The Pandemic Fund. It only mentions, among its priorities, to support “capacity for coordinated development, procurement, distribution and deployment of countermeasures and essential medical supplies.”

More info

- Webpage on The Pandemic Fund on the World Bank website
- G2H2 report 'Financial Justice for Pandemic Prevention, Preparedness and Response'

Team Europe

Last updated: 03 February 2022

Founded	April 2020
Governance	European Union, EU member states in collaboration with the European Investment Bank and the European Bank for Reconstruction and Development.
Funding	46 billion euro from the EU, its member states, the European investment Bank and the European Bank for Reconstruction and Development.
Description	Team Europe is a collaboration between EU countries, the European Investment Bank and the European Bank for Reconstruction and Development to support (mostly low- and middle-income) countries in their fight against the Covid-19 pandemic and facilitate a sustainable recovery. It aims to reach a global vaccination grade of 70% by mid-2022, mainly by donating vaccines and offering financial support, e.g. for increasing manufacturing capacity of medical products. Since the Covid-19 outbreak, Team Europe has financially supported COVAX with 3 billion euro for the delivery of vaccines in low- and middle-income countries. Additionally, Team Europe has donated vaccines directly to COVAX and is financing the establishment of local production capacity of vaccines, medicines and other health technologies in Africa with 1 billion euro.

Strengths

- Short-term relief: donation of vaccines through COVAX.
- Long-term potential: supports local production capacity of vaccines, medicines and other key medical products in Africa.

Weaknesses

- Actual delivery of vaccines does not come close to reaching its stated targets.
- Does not guarantee that the medical products produced in low- and middle-income countries become firstly available to the local population and for a fair price.
- Does not mention the need of sharing intellectual property and know-how for expanding manufacturing capacity of medical products.

Review

Efforts of Team Europe mostly focus on short-term solutions, i.e. funding of COVAX and donating vaccines through COVAX. Unfortunately, these efforts will not address the current power imbalance between high-

income countries and low- and middle-income countries, as the latter have to rely on the goodwill of Team Europe in order to access vaccines and medicines.

Additionally, a report from the People's Vaccine Alliance shows that the pledged donations by Team Europe are far from the actual amount of vaccines that have been delivered to low- and middle-income countries. According to the report, Team Europe has delivered only 10% of its 2021-2022 targets.

Investment in local production capacity in low- and middle-income countries is very much welcome, but the devil is in the detail. The conditions to public funding for increased production capacity that involve private companies must be transparent and benefit public interests, such as fair pricing and producing for local needs. At this moment it is unclear if this is indeed the case. Furthermore, in order to facilitate increased global manufacturing of medical products, and reduce the dependency of lower-income countries on high-income countries and leading pharmaceutical companies, Team Europe should officially support initiatives that arrange the sharing of intellectual property and know-how needed for production.

More info

- General information about Team Europe
- The People's Vaccine Alliance's report 'Dose of reality: How rich countries and pharmaceutical corporations are breaking their vaccine promises'

Coalition for Epidemic Preparedness Innovations (CEPI)

Last updated: 08 August 2022

Founded	2017
Governance	CEPI has a governing body consisting of twelve eligible voting members and five observers. The voting members are four investors and eight independent members representing different competencies. Two advisory groups support the board: the Scientific Advisory Committee and the Joint Coordination Group.
Funding	CEPI recieves funding from governments, private investors, and foundations like the Bill & Melinda Gates Foundation and Wellcome. CEPI launched a USD 3.5 billion plan for its activities in 2022-2027, which is currently only partially covered.
Description	The Coalition for Epidemic Preparedness Innovations (CEPI) is a foundation based in Norway that aims to counter current and future epidemic and pandemic threats through supporting and financing the development of vaccines and other medical products. After the global failure to adequately react to the Ebola outbreak in West-Africa, heads of governments suggested that an international organisation should be set up in order to accelerate and coordinate the development of vaccines and to enable access to these products. This resulted in the creation of CEPI in 2017.

	CEPI's planned activities for the next 5 years are focused on funding of late stage Covid-19 vaccine candidates, funding of research in prioritised pathogens (e.g. Chikungunya, Lassa Fever and MERS), and collaborating with vaccine developers to create prototype vaccines for 'Disease X', a novel or unanticipated pathogen. CEPI currently funds research up to phase two clinical trials, but it has expressed intention to also invest in later phases of research and development (R&D). In order to promote global access of medical products developed with CEPI funding, it has set up an equitable access policy guide. This document should act as guideline in developing contractual agreements with developers of pharmaceutical products that receive CEPI funding. The first version of this guide was more extensive and detailed than the current version. Each contractual agreement between CEPI and a pharmaceutical company is now negotiated on a case-by-case basis. Therefore, the results of the contractual clauses on transparency, pricing and availability differ per pharmaceutical company. During the Covid-19 pandemic, CEPI has invested in the R&D of fourteen different vaccine candidates, including those from Oxford/AstraZeneca, Clover Biopharmaceuticals, Moderna and SK Biosciences.

Strengths

- Has gained substantial financial support and can therefore accelerate the development of new vaccines.
- Because of CEPI's large financial contributions to R&D of new vaccines, it has the potential to improve equitable access by attaching conditions to this funding.

Weaknesses

- The current equitable access policy guide provides insufficient tools for CEPI to negotiate meaningful contractual clauses on affordability, availability, transparency, sharing of intellectual property and promoting local manufacturing capacity in low- and middle-income countries.
- Maintains power imbalance between the global north and south because of a lack of support from CEPI for sharing of intellectual property and know-how with low- and middle-income countries, for instance through the Covid-19 Technology Access Pool (C-TAP) or the mRNA hub.

Review

With the amount of financial and political support that CEPI has gathered in the few years of its existence, it has the potential to substantially change the funding landscape of future vaccines. CEPI could in theory improve the sufficiency, urgency, sustainability and power balance in the response to pandemics through the research and development projects it funds. Unfortunately, the full potential of CEPI remains untapped, largely due to the inadequate conditions it attaches to its funding.

The early equitable access policy guide that CEPI had in place was well equipped to make sure that agreements with pharmaceutical companies guaranteed equitable global access. Unfortunately, this version of the guide was quickly changed into a small 2-page policy document that did not provide CEPI with clear demands that should be included in the contractual agreements.

In the first version of the equitable access policy guide, it stated that CEPI would set boundaries for the price of the licensed vaccine. This is in contrast to the later adopted version that states that prices will be set in collaboration with others in the global health community. This new version contains similar dilutions of policies on affordability, availability and intellectual property.

We therefore recommend CEPI to reinstate their original equitable access policy guide. Additionally, we recommend CEPI to draft a template for licensing agreements that should include language on affordability, availability, manufacturing capacity in low- and middle-income countries and transparency of prices. This template should act as a bare minimum, therefore preventing that case-by-case negotiations with pharmaceutical companies drop below an acceptable threshold.

In order to promote countries' self-reliance and to restore power balances between the global north and south, CEPI should include more focus on the sharing of technology and know-how with manufacturers in low- and middle-income settings, for instance through C-TAP or the mRNA hub.

More info

- CEPI's website
- Publication by the People's Vaccine Alliance on CEPI's equitable access policy guide
- Overview GHIAA of funding agreements by CEPI with pharmaceutical companies

Multilateral Leaders Task Force on Covid-19

Last updated: 01 February 2022

Founded	June 2021
Governance	International Monetary Fund (IMF), World Bank Group, World Health Organization (WHO) and World Trade Organization (WTO).
Funding	The taskforce itself does not provide or require funding. It calls upon G20 countries to provide financing to close the funding gaps, including for the Access to Covid-19 Tools Accelerator (ACT-A)/COVAX, and to share at least 1 billion vaccine doses in 2021.
Description	Leaders of four multilateral organisations have joined forces to increase access to Covid-19 related innovations for low- and middle-income countries. The taskforce set a goal to reach international vaccination grade targets of 40% by the end of 2021, and 70% by the first half of 2022. To track progress and increase transparency, the group has published a tool to monitor access to vaccines, therapeutics and diagnostics per country. The goals for 2021 were not met, actual delivery stayed far behind at only 443 million doses. The taskforce now calls on governments that already achieved high coverage to fulfil their pledges urgently.

Strengths

- High-level attention to address gaps in access to vaccines, medicines and diagnostics.
- Intends to stimulate local production of medical products in low- and middle-income countries.
- Calls for increased support to low- and middle-income countries for obtaining crucial Covid-19 products.
- Highlights cross-border trade flows, restrictions and supply chain issues.
- Enhances transparency by providing up-to-date country-level data on dose requests, contracts, deliveries and deployments of Covid-19 vaccines to low- and middle-income countries.

Weaknesses

- Success relies on the goodwill of G20 countries and leading vaccine manufacturers, maintaining the dependency of low- and middle-income countries.
- Does not mention sharing of intellectual property and/or know-how as an essential step to increase manufacturing capacity. Therefore, risk of public funding being directed to current (vaccine) producers, maintaining monopolies.
- Unclear if financial support for production is conditioned for equity and fair pricing.
- Although the taskforce emphasizes the need for grants, it also calls for more concessional lending which would add to countries' debt burdens.
- Does not provide information on how it will contribute to pandemic preparedness.

Review

The Multilateral Leaders Task Force on Covid-19 has set out short-term goals to support and speed up the roll-out of Covid-19 tools, with special focus on low- and middle-income countries. The taskforce calls on G20 countries in particular, to become much more ambitious in their goals related to funding the Covid-19 response and sharing vaccine doses. If these asks are followed up by G20 countries, the short-term impact could be relatively high.

In addition to access to vaccines, the initiative aims to enhance transparency through an online database that shows countries' requests for vaccine doses, contracts and the extent to which donors live up to their promises of delivering doses.

The taskforce does not address longer-term or more structural solutions to pandemic preparedness or access to essential health technologies. The solutions proposed do not question the current system of intellectual property rights, technology and know-how, monopolies, and depend on the goodwill of G20 governments and leading vaccine manufacturers. As such it does not do enough to address the power imbalance between high- and low- and middle-income countries, and between governments and leading vaccine manufacturers.

More info

- Website of the Multilateral Leaders Task Force on Covid-19
- The taskforce's database of global Covid-19 vaccination rates

International Development Association (IDA) Regional Window

Last updated: 08 March 2022

Founded	IDA Regional Window launched in 2003 (first known as the IDA Regional Program), extra policy focus on Covid-19 added in December 2021.
Governance	IDA, as part of the World Bank, is governed by the World Bank Group's Board of Governors. Decision making regarding its 20th replenishment (IDA20) lies with the IDA20 Deputies (representatives of IDA donor countries).
Funding	IDA20 represents a total package of USD 93 billion. The size of the Regional Window under IDA20 will be USD 7.9 billion (more than the amount of USD 7.6 billion under IDA19). Only part of this money will be used for Covid-19 response.
Description	The World Bank's International Development Association (IDA) lends money on concessional terms or, under certain conditions, provides grants to lower-income countries. The 20th replenishment of the IDA coffers (IDA20) is advanced by one year to respond to the multiple additional challenges caused by the Covid-19 pandemic. The IDA20 funds will cover the period July 2022-June 2025 (3 years). IDA resources are mainly disbursed via country envelopes and additionally provided through so-called 'windows' – special purpose financing mechanisms. In IDA20, explicit emphasis on Covid-19 response was added to a number of these windows, including the Regional Window and the Private Sector Window. The IDA Regional Window provides additional funding to lower-income countries to finance regional solutions for development challenges faced. It stimulates collaboration between two or more countries. Funding proposals must be submitted by at least two IDA-eligible countries. Such resources may also be used to promote global public goods, or address obstacles in access to these public goods. In IDA20, it is emphasised that this may include collaboration between countries in purchasing Covid-19 vaccines and rollout of vaccination programs.

Strengths

- Makes additional funding, possibly on grant terms, available for countries to address gaps in the vaccination of their population and in their health systems.
- Has the potential to support collaboration between lower-income countries in the procurement of Covid-19 vaccines, enhancing their (negotiation) position in the market.

Weaknesses

- Does not mention the need for sharing intellectual property, know-how and technology in order to establish and/or utilize local manufacturing capacity of medical products.
- The loans involved, despite being concessional, need to be repaid. These therefore form an additional burden to lower-income countries' already limited (health) budgets, and even more so if the high prices of vaccines or other essential products remain unaddressed.

Review

We support the increase in concessional resources for lower-income countries through IDA20 with its special commitment towards pandemic response and preparedness, strengthening inclusive health systems

and universal health coverage. We hope countries will use the extra resources to support their public health systems, in order to secure people's equitable access.

We particularly support the intended increase in resources through the Regional Window, because it prompts lower-income countries' collaborative action to improve access to Covid-19 vaccines in underserved regions.

There are, however, some important concerns. Most of IDA's financial resources are loans and hence need to be repaid. Thus Covid-19 spending with IDA resources form an additional burden to lower-income countries' already limited (health) budgets, and even more so if the prices of vaccines or other essential products remain unaddressed. It may crowd out other priorities for development, including in health systems. It would be better if the resources for the purpose of the additional hardship of the fight against Covid-19 were fully grant-based.

Moreover, the Regional Window does not explicitly mention the need of increasing local manufacturing capacity of key medical products, let alone the sharing of intellectual property, know-how and technology to enable this. This raises questions about whether and how it can effectively and optimally contribute to equitable and sustainable access to medical products and self-sufficiency of lower-income countries.

More info

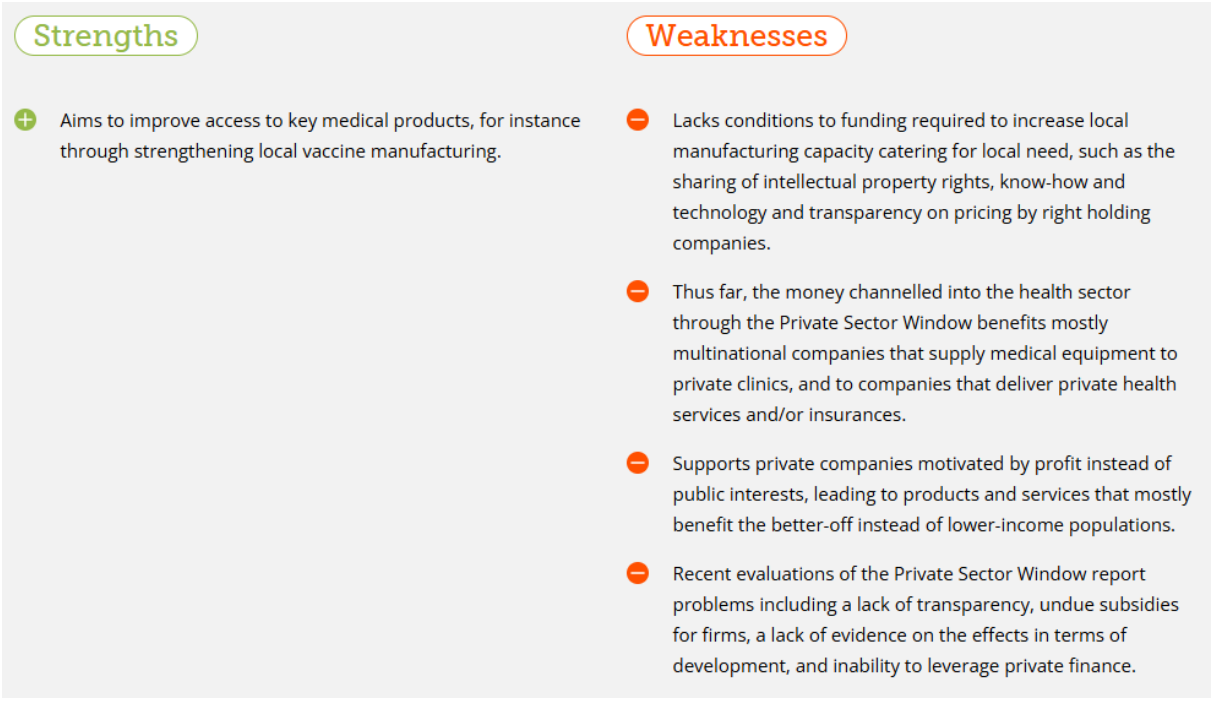
- Background papers on the 20th replenishment of IDA
- IDA20 final replenishment report 'Building back better from the crisis: Toward a green, resilient and inclusive future'
- Wemos' position paper on IDA20 'Health security & equity: a public priority'

International Development Association (IDA) Private Sector Window

Last updated: 08 March 2022

Founded	IDA Private Sector Window launched in 2017, extra policy focus on Covid-19 added in December 2021.
Governance	IDA, as part of the World Bank, is governed by the World Bank Group's Board of Governors. Decision making regarding its 20th replenishment (IDA20) lies with the IDA20 Deputies (representatives of IDA donor countries).
Funding	IDA20 represents a total package of USD 93 billion. The projected size of the Private Sector Window under IDA20 is USD 2.5 billion (same as under IDA19). Part of this money will be used to support private actors in health.
Description	The World Bank's International Development Association (IDA) lends money on concessional terms or, under certain conditions, provides grants to lower-income countries. The 20th replenishment of the IDA coffers (IDA20) is advanced by one year to

	respond to the multiple additional challenges caused by the Covid-19 pandemic. The IDA20 funds will cover the period July 2022-June 2025 (3 years). IDA resources are mainly disbursed via country envelopes and additionally provided through so-called 'windows' – special purpose financing mechanisms. In IDA20, explicit emphasis on Covid-19 response was added to a number of these windows, including the Regional Window and the Private Sector Window. In the case of the Private Sector Window, the IDA resources are not available to governments but to private investors and companies. Through the Private Sector Window, IDA delegates money to the International Finance Corporation (IFC) and Multilateral Investment Guarantee Agency (MIGA) to support companies in diverse sectors, including health. With regard to the Covid-19 response, the IDA20 Private Sector Window aims to increase local manufacturing capacities for key healthcare products, including vaccines, medicines, active pharmaceutical ingredients, personal protective equipment (PPE) and other medical devices and supplies, and also improve people's access to these commodities. However, IDA20 does not describe how and under what conditions this should happen.



Review

We are not in favour of continued use of IDA resources through the Private Sector Window to support commercial actors in the health sector until clear conditions are in place to secure progress towards (health-related) development goals. Thus far, health-related expenditure through this window hardly lives up to the goal of improving equal access to critical healthcare products and services in lower-income countries.

The investments of private companies or investors in health are in first instance driven by the need to make a return on investment. This need for profit – especially in environments without strong regulation and systems for cross-subsidization – leads to products and services that mostly benefit the better-off instead of lower-income populations.

Unless such products and services are delivered via the IDA country's publicly governed system that aims for equitable and universal access to health, a condition that is unfortunately not attached to the use of the IDA Private Sector Window, that goal is not going to be attained. Worse, investments in private sector healthcare delivery and insurance may even exacerbate inequalities in access by drawing scarce resources (e.g. health workers) away from public service delivery.

Likewise, as we have experienced since the start of the pandemic, a lack of pro-public conditions to public funding for private sector-led innovation and manufacturing of Covid-19 vaccines, medicines and other technologies have resulted in most cases in excessive pricing. This depletes national health budgets, and keeps vaccines, medicines and other technologies out of reach for low-income countries and people most in need.

To avoid a similar pattern with investments in local and regional manufacturing capacity, firm and transparent conditions are needed in terms of pricing and priority allocation based on local need. As long as these conditions are not in place, we believe the Private Sector Window should not be used in the health sector.

More info

- Background papers on the 20th replenishment of IDA
- IDA20 final replenishment report 'Building back better from the crisis: Toward a green, resilient and inclusive future'
- Wemos' position paper on IDA20 'Health security & equity: a public priority'
- Commentary on the IDA20 Private Sector Window 'A wrong turn for World Bank concessional lending'

Health Emergency Preparedness and Response Authority (HERA)

Last updated: 31 January 2022

Founded	September 2021
Governance	European Commission
Funding	HERA activities will rely on a budget of 30 billion euro: 6 billion euro from the long-term EU budget and 24 billion euro from other EU programmes. In addition, HERA will use financial instruments (e.g. loans, guarantees, capital investment) to mobilise private funding in cooperation with the European Investment Bank.

Description	HERA will be part of the European Commission and will anticipate threats and potential health crises, through intelligence gathering and building the necessary response capacities, e.g. increased manufacturing capacity of key medical products. When an emergency hits, HERA will ensure the development, production and distribution of medicines, vaccines and other medical countermeasures. HERA will bring together different stakeholders in this joint effort, like EU member states and pharmaceutical industry. There will be two different modes in which HERA can operate, the 'preparedness phase' and the 'crisis phase'. The European Commission plans to have HERA operationalised early 2022.

Strengths

- Accelerates research and development (R&D), manufacturing, procurement and stockpiling of medical products.
- Can also respond to health threats other than Covid-19.

Weaknesses

- No conditions attached to HERA's (public) funding for research and development of medical products, in order to foster access and affordability.
- Lack of democratic legitimacy: the proposal on HERA has moved forward without meaningful discussion with the European Parliament and civil society.
- Lack of transparency and accountability on the functioning of HERA.
- Aimed at the EU only.
- Previous experiences of advanced purchasing agreements of the European Commission have led to concerns on transparency on pricing and liability, and 'skipping the queue' at the expense of low- and middle-income countries.
- Little information on how HERA will support low- and middle-income countries during health crises.
- Pharmaceutical industry has preeminent role in HERA, including through the 'Joint Industrial Cooperation Forum', risking a dominant pharma lobby undermining public health interests.

Review

HERA can play an important role in current and future health emergencies, for instance through funding of research and development (R&D) of new medical technologies. Unfortunately HERA has a very strong focus on the EU and is therefore expected to have a very limited effect on global equitable access to future medical technologies. To extend the geographical impact of HERA, the European Commission should attach pro-public interest conditions to its research funding, for instance the sharing of intellectual property and know-how on key medical products through global initiatives like C-TAP, or investment in local manufacturing capacity in low- and middle-income countries.

Since HERA will operate directly under the European Commission, there is no democratic control over this initiative. The European Parliament so far, has had no influence on the objectives and budget of HERA.

Additionally, the involvement of civil society has been left out completely, while the pharmaceutical industry is given a prominent role. This creates a lack of proper representation putting at risk health equity principles.

More info

- Information European Commission on HERA
- 'HERA should prioritise the public interest': call from the European Alliance for Responsible R&D and Affordable Medicines

EU proposal to the World Trade Organization

Last updated: 01 February 2022

Founded	Communicated in June 2021.
Governance	European Commission
Funding	Not applicable.
Description	The EU proposes that members of the World Trade Organization (WTO) agree on a global trade initiative for equitable access to Covid-19 vaccines and therapeutics, entailing three components: 1) a limitation on export bans (vaccines, treatments and their components should cross borders without interruptions), 2) expansion of the production (producers should be encouraged to do so), and 3) the option to issue a compulsory license when voluntary cooperation of right holding companies fails – a legitimate tool stipulated in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) since 1995. The EU proposal 'clarifies' TRIPS articles 31 and 31bis. First, the EU proposes that WTO member states agree to recognize the Covid-19 pandemic a circumstance of national emergency so that one of the requirements (to negotiate with the right holder unless there is a national emergency) for granting a compulsory license is fulfilled. Over 100 countries have done this already. The EU also stresses the importance of remuneration supporting affordable prices. TRIPS does include provisions on adequate remuneration and leaves the interpretation partly up to member states themselves. Lastly, the EU proposes that exporting WTO member states are allowed to provide in one single notification a list of multiple countries to which they intend to export vaccines and therapeutics, both in case they plan to supply them directly or via COVAX. This is meant to work around procedural aspects, but in fact TRIPS does not have any restrictions on the number of countries that can be listed in single notifications. This initiative can be considered a counterproposal to the TRIPS Waiver proposal by India and South Africa, that calls for temporarily lifting of certain intellectual property rights on medical products against Covid-19. The EU is considerably reserved on intervening in the protection of intellectual property on vaccines and therapeutics. The

	EU claims that rather than intellectual property, (lack of) manufacturing capacity forms the obstacle in increasing access to these medical products – denying their interplay.

Review

The EU's proposal as communicated to the WTO does not entail new provisions nor novel ideas. It reiterates self-explanatory problems and restates the obvious; opportunities national governments already possess and can employ, largely up to their discretion. Essentially, it has no added value.

That is why some experts argue that the proposal only means to delay and distract the international discussion on the TRIPS Waiver as proposed by India and South Africa. 105 countries support this much more encompassing proposal. Various EU countries, including Germany, are opposed to the TRIPS Waiver. These countries seem to prioritise the interests of pharmaceutical companies, for economic reasons and/or because access to medical products is a relatively minor problem there.

The EU's communication to the WTO does not accommodate solutions to challenges experienced by governments of lower-income countries. Slowing down the TRIPS Waiver proposal that does address actual experienced obstacles in the access to medical products, is therefore indecent.

Lastly, the EU strongly relies on voluntary measures private companies can undertake to expand the production capacity. Voluntary measures have benefits if companies indeed collaborate and share their intellectual property and know-how with manufacturers in low- and middle-income countries. However, now that we witness how the pandemic is raging on for over two years, with no sufficient voluntary efforts

from pharmaceutical firms to ramp-up production, it is time for the EU to consider involuntary means for production expansion too.

More info

- EU's communication on its proposal to the WTO
- Criticism on the EU proposal by InfoJustice

Compulsory licensing

Last updated: 28 January 2022

Founded	Stipulated in the TRIPS Agreement since it took effect in 1995.
Governance	World Trade Organization (WTO) and its member states.
Funding	Not applicable.
Description	The WTO's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) establishes minimum standards of protection that each member state must give to the intellectual property held by fellow WTO members. It also provides flexibilities in the field of patent protection. Patents encourage innovation and adequate compensation for their holders. Conversely, patents foster monopolies and overpricing. To protect human rights, interference in exclusive patent rights is possible through one of the TRIPS flexibilities: the issuance of a compulsory license. Under TRIPS, state authorities can authorize a state agency or another pharmaceutical company than the right holder, to produce and sell the right holder's patented product during the patent protection term. This act does not require consent of the right holder and predominantly intends to supply the domestic market with a generic copy of the product, but TRIPS includes claws for exportation too. Compulsory licensing is limited to lifting protection of patents, and does not involve transfer of other protected data, know-how and technology regarding the patented product. The original right holders can be financially compensated through royalties by the national governments.

Strengths

- Acknowledges that human lives are more important than protecting right holders' (economic) rights.
- Can enhance accessibility of Covid-19 related technologies both in terms of affordability and availability.
- Proven effective in enhancing access to various medical products.
- Can resolve deadlocks (slow-downs in technical progress) by urging patent holders to come to terms of an agreement with parties that can improve the product concerned.
- Counters the disproportionate advantage that high-income countries have from patent protection, as they have more patents to protect than lower-income countries.
- Predominance of national governments over the modus operandi of pharmaceutical companies.
- Fosters local generic pharmaceutical industry.

Weaknesses

- Case-by-case approach. Therefore too complicated, time-consuming and onerous for large scale global actions needed to fight the pandemic.
- More complex technologies (e.g. vaccines) might require know-how and technology transfer, which is not included in compulsory licensing.
- Exporting products under compulsory licensing is complex.

Review

Patent rights incentivize innovation as they provide pharmaceutical companies exclusive rights, allowing them to recoup their investment and possibly make profit from their invention. However, they also encourage monopoly and overpricing. Under certain circumstances, national governments may interfere in patent protection to secure their population's right to health. Compulsory licensing can arrange this, as it can result in increased supply and lower prices.

The Covid-19 pandemic, the inequal access to Covid-19 technologies and the apparent unwillingness of pharmaceutical companies and high-income countries to stem this tide, can form a valid reason for countries with limited or no access to establish this after all through issuance of a compulsory license. Due to procedural requirements under (inter)national regulation, this can be a lengthy operation. For countries with domestic manufacturing facilities, this process will be faster than for those who have to import products under a compulsory license. The success of exporting under a compulsory license also depends on the willingness of countries to facilitate the process (such as in the case of Canada and Biolyse, see link under 'More info').

Additionally, for more complicated technologies, patents are most probably not sufficient to safely and effectively set-up a production line. For those products, undisclosed information, know-how and technology must be shared too. Alternatively, research is needed to obtain that data, which requires time, scientific expertise and the right infrastructure. To conclude, compulsory licensing has potential to improve access to Covid-19 related medical products, but it is no silver bullet.

More info

- WTO's Q&A on compulsory licensing
- WTO's factsheet on pharmaceutical patents
- Bolivia's call on Canada to grant a compulsory license for Biolyse

About this website

Overview and analysis of Covid-19 initiatives

Since the outbreak of the Covid-19 pandemic, multiple initiatives took off to ensure or improve global access to necessary medical innovations. The fast-changing landscape and diversity of these initiatives can make it difficult to keep track and to assess what responses are most critical in ending this pandemic and curb future health crises.

With this website, Wemos provides a go-to-source for decision-makers and other interested parties with an up-to-date overview and critical review of a wide variety of initiatives of public institutions.

Equal access to Covid-19 innovations

To date, we witness a devastating global divide between high-income countries and the rest of the world in terms of access to life-saving Covid-19 vaccines. This inequitable pattern will likely continue when other Covid-19 related innovations such as medicines and diagnostics enter the market.
These inequities are largely attributable to a system that enables pharmaceutical companies to monopolise their products. This gives them a free pass to market life-saving innovations completely on their own terms, without taking the global public interest into account – even though the development of these products is partly financed with taxpayers' money.

As these companies pursue profit, most of them prefer to sell to countries that can pay high prices. During this pandemic, these wealthy countries unfortunately decided to buy up an excessive majority of the vaccines for themselves, leaving many low- and middle-income countries largely empty-handed.
Maintaining this inequitable situation is unacceptable, as it costs many lives, causes hardship and increasing economic damage and can lead to new, dangerous mutations of the virus. To effectively achieve equal access to medical products, initiatives to this end should focus on creating a system that serves the common interest instead of solely national or commercial interests.

Methodology

Wemos' analysis is informed by the right to health, as stipulated in the Constitution of the World Health Organization (WHO) and recognized in the Universal Declaration of Human Rights. This refers to a universal minimum standard of health to which all individuals are entitled, regardless of ability to pay or geographical

location. Access to healthcare including medicines are not special privileges but basic rights, established to ensure that everyone can live as healthy as possible. For this reason, vaccines and other health technologies should be considered public goods.

As part of Wemos' mission, we hold the Dutch government, the EU and multilateral organisations accountable for their responsibility to realise everyone's right of access to Covid-19 innovations. Therefore, we analysed initiatives that are set up by Dutch, European and global public institutions, and initiatives on which these actors have influence.

For the analysis of these initiatives, we applied a health equity lens. Health equity is achieved when everyone can attain their full potential for health and well-being. Health equity is the absence of unfair, avoidable or remediable differences among groups of people, including with regards to access to healthcare, vaccines and other health technologies. The focus of this analysis is inequalities in access between countries. We have looked at the (mal)distribution of power and structural solutions to realising equitable and sufficient access to Covid-19 innovations as fast as possible. This has resulted in the five dimensions for our assessment of the initiatives: 1) sufficiency, 2) urgency, 3) sustainability, 4) power balance, and 5) people first.

Almost every initiative analysed has strengths and weaknesses. On the homepage we highlighted some of the strengths and weaknesses that stood out most for us from a health equity lens. The initiatives are presented in no particular order. The list is not exhaustive and will be updated from time to time.

Feedback and questions

We welcome your feedback and questions about this website and our analyses, as well as recommendations for other initiatives to be added. Please get in touch with us via info@wemos.org.

About Wemos

Wemos is an international civil society organisation advocating structural change to realise global health justice. Together with our partners, we propose and support solutions for the root causes of limited access to healthcare and protection against health threats. Currently, we focus on achieving access to medicines and vaccines for all, availability of sufficient health personnel with proper working conditions, and adequate funding to enable quality healthcare. Since we were founded 40 years ago by a group of Dutch medical students, we have acquired an international reputation for our rights-based and systemic approach to health.

- More information