

# COVID-19 VACCINE GOVERNANCE: SIDELINING MULTILATERALISM

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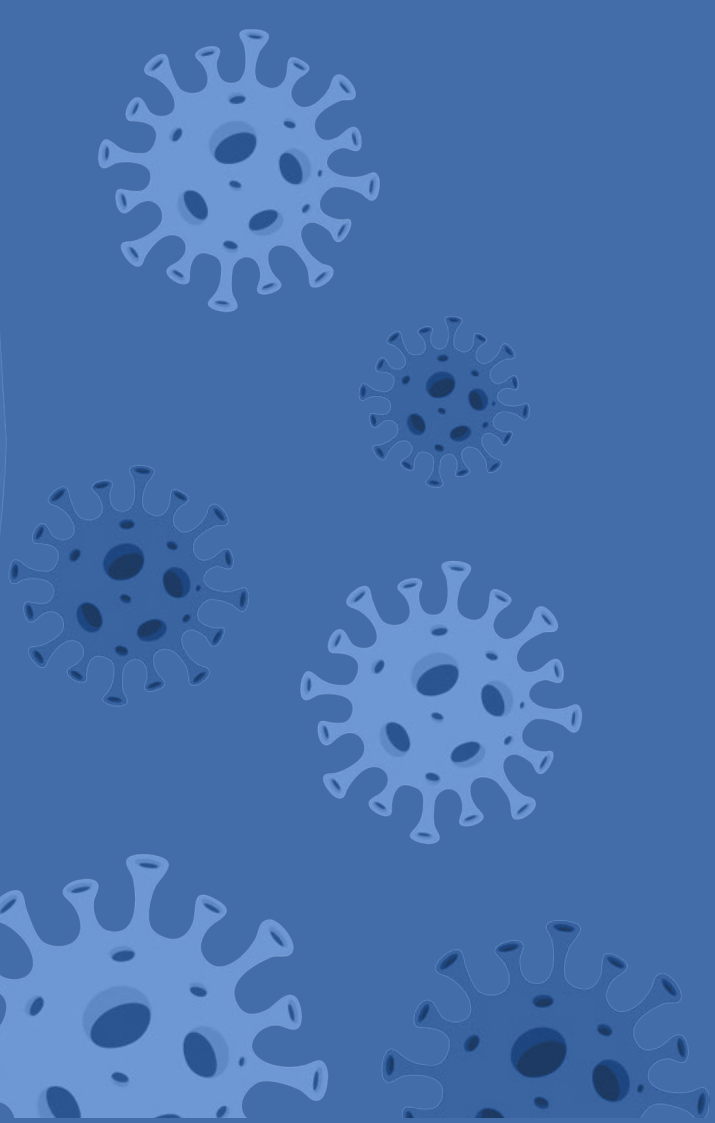
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# *COVID-19 VACCINE GOVERNANCE: SIDELINING MULTILATERALISM*

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The year 2020 has singularly affected the world like no other in recent memory—uniting people in the misery it brought and disuniting countries in the politics that came with it. The pandemic of COVID-19 has been momentous for people across the world. It has been decisive for the governance of global health like never before. Going by the evolution of global public health policy in this short span of a few months, it is clear that multilateralism in global health has been transformed forever.

It is debatable whether, as a result, multilateralism has strengthened. To be sure countries have come together in an effort towards solidarity in this time of crisis. However, whether ‘donor-driven’ international cooperation couched in the language of charity, as witnessed in 2020, can address the tricky questions on equitable access to medical products is hard to say. In general, fairness in global health decision-making processes at the multilateral level has been lacking during this crucial period when the foundations of the response to this pandemic were being laid.



# 1

## Introduction

The World Health Organization (WHO), which is ostensibly leading the response to the pandemic, has risen to the challenge by delivering on the technical and normative fronts, even as countries showed uneven willingness and capacity to deal with the crisis. While there are varying levels of agreement between member states and other actors on the extent of WHO's successes and missteps, WHO has largely been perceived as leading from the front, although straining from internal and external limitations. WHO has delivered despite the distractions of vicious geopolitics, grave uncertainties on funding and a relatively smaller role than one would expect it to have assumed in the worst public health crisis in a century. The institution has delivered on numerous levels, from spearheading the scientific and technical responses to establishing massive clinical trials for medical products;

from determining the logistics of the response to being a catalyst in coordinating actions with other organizations and international actors; from driving responses on other areas of public health outside of the pandemic to working alongside countries in the face of simultaneous emergencies.

However, as the year drew to a close, it became clear that WHO was not able to exercise its political leadership effectively enough. There have been reports<sup>1</sup> about the influence certain member states have had on WHO's assessment of the pandemic response at national levels. As per reports, WHO suppressed an independent report that examined the strengths and weaknesses of Italy's COVID-19 pandemic response. In addition, China's<sup>2</sup> alleged influence on WHO since the early days of the pandemic quickly set

1 Nicoletta Dentico and Elaine Ruth Fletcher, "World Health Organization's Censorship of Report on Italy's Pandemic Response Sets Dangerous International Precedent—Critics Say," Health Policy Watch, December 15, 2020, <https://healthpolicy-watch.news/the-world-health-organizations-censorship-of-report-on-italys-pandemic-response-sets-dangerous-conflicts-of-interest-precedent/>.

2 Elaine Ruth Fletcher and Nicoletta Dentico, "'China Box': Buried WHO Report of Italy's COVID-19 Response Cited 'Inconvenient Facts' on Pandemic's Initial Spread in Asia," Health Policy Watch, December 23, 2020, <https://healthpolicy-watch.news/china-box-buried-who-report-on-italys-covid-19-response-cited-inconvenient-facts-on-pandemics-initial-spread-in-asia/>.

the tone for the rest of the year.<sup>3</sup> In early 2021, China faced a public push back from WHO. WHO Director-General Tedros Adhanom Ghebreyesus expressed his disappointment with China when the latter turned back international scientists who were meant to study the origins of SARS-CoV-2.<sup>4</sup>

Further, countries and other actors have expected more from WHO. While WHO has brought actors in global health together, some have pointed to the institution's controversial role in lending its credibility to new forums rather than asserting the role of the WHO as the leading multilateral forum.

It appears that WHO has been able to effectively deploy its leadership only in certain areas and not as much in others. This is, of course, a general consequence of years of financing trends and shifts in power plays in global health. Unfortunately, this has come home to roost at this critical juncture when WHO's leadership is needed the most, including in matters such as ensuring equitable access to COVID-19 medical products for people the world over.

3 Selam Gebrekidan, Matt Apuzzo, Amy Qin and Javier C. Hernández, "In Hunt for Virus Source, WHO Let China Take Charge," *New York Times*, November 3, 2020, <https://www.nytimes.com/2020/11/02/world/who-china-coronavirus.html>.

4 "WHO Director-General's Opening Remarks at the Media Briefing on COVID-19—5 January 2021," January 5, 2021, <https://www.who.int/director-general/speeches/detail/opening-remarks-for-the-media-briefing-on-covid-19-5-january-2021>.

WHO launched a voluntary technology pooling mechanism<sup>5</sup> to address the challenges in accessing medical products during the pandemic, known as the COVID-19 Technology Access Pool (C-TAP) that has neither been able to galvanize enough countries nor elicit private-sector participation. In fact, the pharmaceutical industry promptly dismissed this initiative for the voluntary pooling of patents and sharing of technology.<sup>6</sup> Civil society actors are of the view that even if WHO had managed to sign on more nations to C-TAP, the reliance on the voluntary nature of commitments is insufficient to deal with the challenges of this pandemic. Binding commitments<sup>7</sup> on sharing technology and knowledge would have been more effective in meeting the unprecedented demands brought on by the COVID-19 crisis.

5 "COVID-19 Technology Access Pool," <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/covid-19-technology-access-pool>, <accessed 14 January 2021>.

6 Grace Ren, "Progress On COVID-19 Technology Pool Inches along As Sister Initiative to Pool Vaccine Procurement Accelerates," *Health Policy Watch*, September 2020, <https://healthpolicy-watch.news/progress-on-covid-19-technology-pool-inches-along-as-sister-initiative-to-pool-vaccine-procurement-accelerates/>.

7 Priti Patnaik, "COVID19 Tech Platform—Countries Pass Up Opportunity for a Binding Mechanism to Ensure Equitable Access to Meds," *Geneva Health Files*, May 28, 2020, <https://genevahealthfiles.com/2020/05/28/covid19-tech-platform-countries-pass-up-opportunity-for-a-binding-mechanism-to-ensure-equitable-access-to-meds/>.



Instead, it appears that with WHO's goodwill, its better funded partners in global health were able to swiftly strike deals on vaccines, diagnostics and therapeutics under the Access to COVID-19 Tools (ACT) Accelerator. However, as we shall explain later, mechanisms such as the ACT Accelerator are not designed to yield the maximum benefit for the maximum number of people, irrespective of where they live.


The institution's embrace of multistakeholderism may become the final blow to the legitimacy of this member-state-driven organization. Multistakeholderism involves the process of engaging with mul-

tiple stakeholders, including international organizations, the private sector, philanthropic foundations, global public-private partnerships (GPPPs) and, sometimes, civil society. While this is not a new international development, and certainly not in global health, this kind of engagement raises questions on intent, transparency and governance, especially in the context of the pandemic.

A year into this brave new world of pandemic response, the results are here to see on what this shift has meant for its member states. Countries have raised questions on why they haven't been consulted

adequately on crucial matters, even as private actors have been provided with vast sums of public money with inadequate oversight. What is worse, for many in the industry, the pandemic appears to be a perfect profit-maximizing opportunity, and they are unfailingly cashing in on the poorly coordinated responses by member states. Politicians and government leaders worldwide have often ended up striking ill-thought-out<sup>8</sup>, desperate deals with private companies. Ruling parties globally have been under pressure to be seen to be doing enough to address the pandemic. Even as vast amounts of public funding have been poured into the pandemic response, including for research and development, public authorities have not succeeded in negotiating these investments to ensure that public health needs remain safeguarded.<sup>9</sup>

The pandemic presented the perfect opportunity to assume control on decision-making around critical areas of Covid-19 response. Looking back, questions will be raised as to whether WHO stepped aside to allow larger donor countries and powerful private actors to set the rules of the response, or whether, indeed, there were efforts to preserve the multilateral nature of the organization. The response to the health crisis has undoubtedly caused a fragmentation of authority.



It appears that WHO has been able to effectively deploy its leadership only in certain areas and not as much in others. This is, of course, a general consequence of years of financing trends and shifts in power plays in global health. Unfortunately, this has come home to roost at this critical juncture when WHO's leadership is needed the most, including in matters such as ensuring equitable access to COVID-19 medical products for people the world over.

8 Lucien Hordijk and Priti Patnaik, "Covid-19: EU Countries Spent over €220m Stockpiling Remdesivir Despite Lack of Effectiveness, Finds Investigation," British Medical Journal, December 8, 2020, doi: <https://doi.org/10.1136/bmj.m4749>.

9 Zain Rizvi, "Covax's Choices," Public Citizen, November 16, 2020, <https://www.citizen.org/article/covaxs-choices/>.

# 2

## WHO and the ACT ACCELERATOR

### The creation of the ACT-Accelerator

On 24 April 2020, WHO along with its partners called for a [global collaboration](#) to hasten the development and production of diagnostics, therapeutics and vaccines, while ensuring their equitable access, to fight COVID-19.

The ACT Accelerator, a multi-stakeholder initiative, was powered in May 2020 in a [pledging event](#). It is driven by the European Commission<sup>10</sup>, more than a dozen countries<sup>11</sup>, the Bill & Melinda Gates Foundation<sup>12</sup>, key Gates-funded

10 “The Access to COVID-19 Tools (ACT) Accelerator,” Frequently Asked Questions, <https://www.who.int/initiatives/act-accelerator>.

11 Governments of Austria, Belgium, Canada, France, Germany, Italy, Mexico, Morocco, New Zealand, Norway, Saudi Arabia, South Africa, Spain and the United Kingdom, and the European Commission have so far committed to the ACT-Accelerator.

12 Rohit Malpani, Brook Baker and Mohga

global health actors<sup>13</sup>, as well as the World Bank Group and WHO. Some have suggested that the idea of a private-sector-led response in the form of what became the ACT Accelerator was initially conceived by the Bill & Melinda Gates Foundation.<sup>14</sup>

In a matter of months, nearly USD 16 billion<sup>15</sup> were pledged, though only a part has actually been disbursed. In addition, the bulk of these resources are already committed funds under various development assistance programmes rather than additional funds.

However, at the end of 2020, the ACT Accelerator continued to be seriously underfunded, with an estimated financing gap of nearly USD 24 billion in 2021.<sup>16</sup>

Kamal-Yanni, “Corporate Charity—Is the Gates Foundation Addressing or Reinforcing Systemic Problems Raised by COVID-19?” Health Policy Watch, October 31, 2020, <https://healthpolicy-watch.news/gates-foundation-address-systemic-covid-19/>.

13 These include the Coalition for Epidemic Preparedness Innovations (CEPI), the Global Alliance for Vaccines and Immunizations (GAVI) and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM or the Global Fund), apart from Unitaid, the Foundation for Innovative New Diagnostics (FIND) and the Wellcome Trust.

14 Megan Twohey and Nicholas Kulish, “Bill Gates, the Virus and the Quest to Vaccinate the World,” The New York Times, November 23, 2020, <https://www.nytimes.com/2020/11/23/world/bill-gates-vaccine-coronavirus.html>.

15 “EU Global Coronavirus Response,” [https://global-response.europa.eu/index\\_en](https://global-response.europa.eu/index_en), <accessed on 14 January 2021>.

16 “ACT Accelerator: Urgent Priorities and Financing Requirements at 10 November 2020,” November 12, 2020, <https://www.who.int/publications/m/item/>

Figure 1: ACT-Accelerator Global Response to COVID-19'

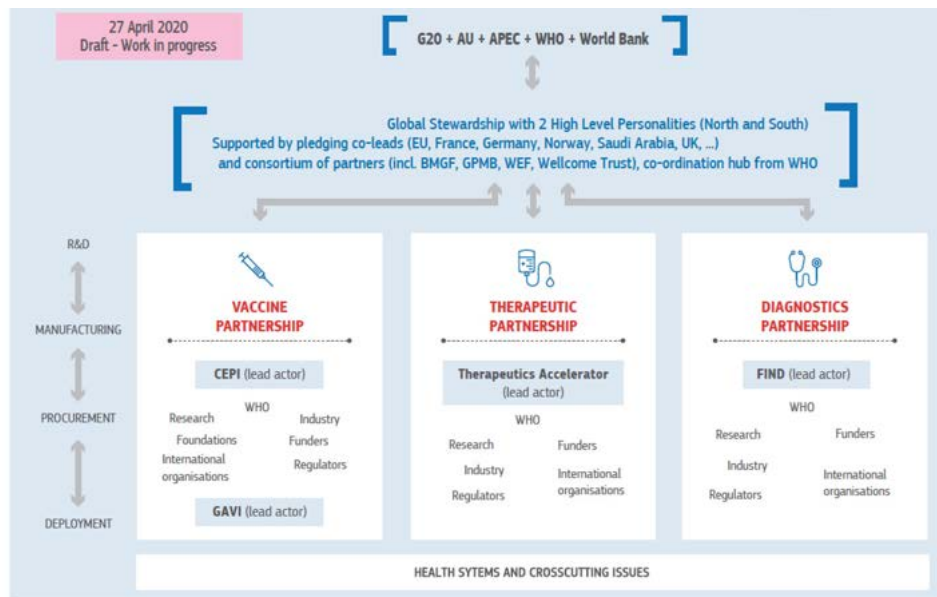


Image Source: Initial documents from April 2020 describing governance mechanisms of the ACT Accelerator/ EUROPEAN COMMISSION

## Governance concerns

Concerns have been raised as to whether issues such as funding and strategy for the pandemic response should have been placed outside WHO's multilateral framework. After all, oversight of the use of resources and accountability in decision-making will be away from the influence and consideration of WHO member states.

The mandate of the ACT Accelerator was quickly divided up between the leading partners. Four pillars constitute the ACT Accelerator: vaccines, diagnostics, therapeutics and the Health Systems Connector.<sup>17</sup>

[urgent-priorities-financing-requirements-at-10-november-2020.](#)

<sup>17</sup> The Health Systems Connector pillar works across the other three pillars and is convened by the World Bank and the Global Fund. It aims to strengthen the health systems and local community networks in the context of COVID-19.

While the Global Alliance for Vaccines and Immunizations (GAVI) and the Coalition for Epidemic Preparedness Innovations (CEPI) co-lead the vaccines pillar which houses the COVAX Facility, Unitaid and Wellcome Trust are responsible for the therapeutics pillar. The Foundation for Innovative New Diagnostics (FIND) is the lead actor for the diagnostics pillar. The Health Systems Connector is overseen by the World Bank (Figure 1). While the vaccines pillar has been in the spotlight, the other pillars have received less attention, although diagnostics and therapeutics for the pandemic have been mobilized through the ACT Accelerator.



Table 1: Donor contributions to ACT-Accelerator

As of 24 September 2020, donors have contributed US\$ 2.837 B to ACT-A workplans

Above USD 300 M	USD 50 – 300 M	USD 5 – 50 M	Up to USD 5 M
<ul style="list-style-type: none"> <li>• United Kingdom</li> <li>• Germany</li> <li>• Saudi Arabia</li> </ul>	<ul style="list-style-type: none"> <li>• Norway</li> <li>• BMGF</li> <li>• Japan</li> <li>• Canada</li> <li>• Italy</li> <li>• European Commission</li> <li>• Philanthropies</li> <li>• Spain</li> <li>• Australia</li> <li>• Switzerland</li> <li>• Wellcome Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Kuwait</li> <li>• Mastercard</li> <li>• Reed Hastings</li> <li>• Anonymous Foundation</li> <li>• Netherlands</li> <li>• New Zealand</li> <li>• France</li> <li>• Qatar</li> <li>• TikTok</li> <li>• COVID-19 Solidarity Response Fund for WHO</li> <li>• Belgium</li> </ul>	<ul style="list-style-type: none"> <li>• Iceland</li> <li>• Greece</li> <li>• Finland</li> <li>• Austria</li> <li>• FIFA Foundation</li> <li>• Gamers without borders</li> <li>• Luxembourg</li> <li>• Hungary</li> <li>• Columbia</li> <li>• Serbia</li> <li>• Lithuania</li> <li>• Bhutan</li> </ul>

Image Source: ACT Accelerator financing from internal WHO documents.

The different pillars are responsible for their own fund-raising, grant management and internal reporting.<sup>18</sup> Through a support structure known as the ACT-Accelerator Hub WHO has a coordinating role across all the pillars, though without an oversight role.

## Diminution of the role of WHO

The run-up to the creation of the ACT Accelerator was dominated by old narratives, such as this: ‘WHO is unable to address challenges effectively, so there is a need to carve out new forums.’ As a result, it has been justified that ‘the few’ can take decisions more effectively and efficiently—outside of the multilateral system comprising the 194 countries that make up WHO.

The formation of the ACT Accelerator was the clearest and boldest move, not to mention an extremely well-planned one and a quick diplomatic win, by the big countries in the European Union to direct decision-making in response to the pandemic. It is also important to keep in mind that these events unravelled against the backdrop of the retreat of the USA from WHO and the perceived threat of a ‘Chinese takeover’ of WHO. And undoubtedly, the ACT Accelerator mechanism also demonstrated the power of influential donors such as the Bill & Melinda Gates Foundation, which have had an instrumental role in shaping this initiative.

The ACT Accelerator is effectively run by donors (Table 1). Countries such as Canada, France and Germany, the European

18 Author’s personal interview with a WHO spokesperson for this paper.

Commission and prominent actors in global health, notably the Bill & Melinda Gates Foundation, are in effect free-riding on WHO's convening power at the expense of the majority of its member states who have no say either in the way the resources to fight COVID-19 are being spent nor in any decision-making or meaningful participation.

It is not clear whether WHO had any choice in the way the ACT Accelerator was drawn up. As the leading authority on vaccines, diagnostics and therapeutics, WHO could have been a lead actor or at least could have led in partnership with other domain actors. After all, among other steps, WHO activated the R&D Blueprint in response to the COVID-19 pandemic, supported research and other efforts on [international clinical trials, and developed COVID-19 Emergency Use Listing Procedures to accelerate the availability of safe and effective COVID-19 vaccines](#).

The extent of WHO's involvement across the various pillars of the ACT Accelerator appears to be uneven. Some sources familiar with the functioning of the Act Accelerator say that

while WHO officials are part of the briefings, they are often not leading the discussions. The ACT Accelerator Support Hub does not make decisions on implementing plans or handling funds, but serves to facilitate coordination, according to WHO.<sup>19</sup> Thus, there is a perception that the WHO Secretariat has been limited to performing the role of a facilitator for other better funded actors in global health, instead of securing the interests of WHO member states.

The ACT Accelerator is also guided by a Facilitation Council,<sup>20</sup> which is represented by various actors, including donor countries, private philanthropists and civil society. The Council seeks to provide strategic guidance on policy and financial matters to ensure delivery, financing and equitable access to medical products during the pandemic. Norway and South Africa are co-chairs of the Facilitation Council. But the effective role of this Council in terms of improving governance remains unclear.

The ACT Accelerator has struggled to raise funds required to meet the needs of an effective

19 Donors and recipient organizations provide the Hub with high-level overviews of their financial flows, according to a WHO spokesperson (author's personal interview for this paper). On financial flows, see "COVID-19 Funding Tracker," The Economist, Intelligence Unit, <https://covidfunding.eiu.com/>.

20 "ACT Accelerator Facilitation Council," <https://www.who.int/docs/default-source/coronaviruse/act-accelerator/act-a-facilitation-council-terms-of-reference-21-september-2020>, <accessed on 14 January 2021>.

Figure 2: ACT-Accelerator Budgetary Requirements

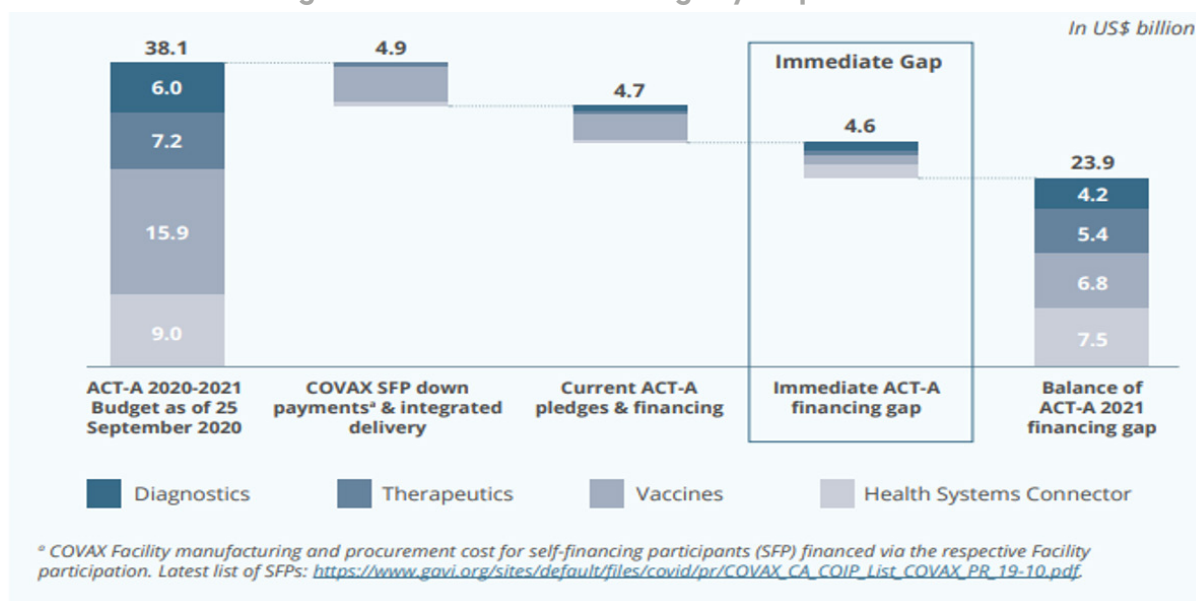


Image Credit: ACT Accelerator Investment Case November 2020 [Urgent Priorities & Financing Requirements at 10 November 2020].

response to the pandemic (Figure 2). There is the realization that the focus of ACT Accelerator has been skewed in favour of vaccines, with much less attention given to the other pillars or to strengthening health systems in low- and middle-income countries (LMICs). If these issues are not addressed, the health systems in LMICs, already weak, will be crippled.<sup>21</sup>

Presently, 190 countries (of which 92 are LMICs) are part of the COVAX Facility<sup>22</sup> and will potentially benefit from the pooled procurement of vaccines from a broad portfolio administered by

Gavi. COVAX secured manufacturing capacity for 1 billion vaccine doses as on November 2020. But so far, it has not been able to secure adequate supply from manufacturers and has failed to ensure equitable access to vaccines for the pandemic as promised.

The optimism around COVAX is beginning to fray. Even as the first vaccines began to reach vulnerable groups in wealthy countries, there was the weight of great expectations and tremendous pressure on Gavi and its partners, including WHO, to fulfil the stated promise of equitable access to

21 Ann Danaiya Usher, "COVID19 Support Scheme Faces Massive Funding Crisis, Calls for USD 10b More to Prevent Collapse of Health Systems," *Development Today*, November 10, 2020, <https://www.development-today.com/archive/dt-2020/dt-8--2020/covid19-support-scheme-faces-massive-funding-crisis-calls-for-usd-10b-more-to-prevent-collapse-of-health-systems>.

22 "COVAX Announces Additional Deals to Access Promising COVID-19 Vaccine Candidates; Plans Global Rollout Starting Q1 2021," *Joint News Release*, December 18, 2020, <https://www.who.int/news/item/18-12-2020-covax-announces-additional-deals-to-access-promising-covid-19-vaccine-candidates-plans-global-rollout-starting-q1-2021>.

vaccines. At the end of 2020,<sup>23</sup> they had failed to ensure the delivery of COVID-19 vaccines in all parts of the world, a particularly disturbing situation considering that people and manufacturers from the Global South have contributed to making these vaccines a reality. What is even more troubling is the risk that the COVAX programme will leave out some of the poorest countries in the world without access to vaccines, especially those that have depended on COVAX and have not been able to strike bilateral deals with manufacturers.<sup>24</sup>

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23 Priti Patnaik, "COVAX In 2021: Will the Pieces Come Together?" Geneva Health Files, December 24, 2020, <https://genevahealthfiles.com/2020/12/24/covax-2021-the-gavi-board-dossiers/>.

24 "WHO Vaccine Scheme Risks Failure, Leaving Poor Countries with No COVID Shots until 2024, The Economic Times, December 16, 2020, <https://economictimes.india-times.com/news/international/world-news/who-vaccine-scheme-risks-failure-leaving-poor-countries-no-covid-shots-until-2024/articleshow/79764851.cms?from=mdr>.



Image: Hakan Nural on Unsplash

# 3

## What the COVAX Facility Tells Us about Global Health Governance

At the time of the pledging event, organizations behind the ACT Accelerator said that ‘the estimated overall costs for development, manufacture and procurement of Vaccines will be far higher than Diagnostics and Therapeutics and it is recommended that donors consider this when making pledges and apportioning their resources.’<sup>25</sup> It is not clear why this was so decided. And sure enough, in the following months, vaccines have indeed accounted for a significant percentage of resources raised by the pledge (USD 2 billion

<sup>25</sup> Initial ACT Accelerator documents at the time of the pledging event in May 2020, seen by the author.

out of the USD 3 billion pledged), and it is projected to remain so.

Although COVAX has been the poster child for the ACT Accelerator mechanism, it is already beginning to show the limitations of the public–private partnership approach. Experts have questioned the short-term approach of the COVAX Facility that seeks to procure 2 billion vaccine doses by the end of 2021—less than 15 per cent of the total demand for the world’s population<sup>26</sup>.

### Promoting equitable access?

International cooperation has been affected because of vaccine nationalism, with a number of high and middle income countries striking bilateral deals with manufacturers.<sup>27</sup> In this context, COVAX has come to be seen as a panacea for a world divided by trade wars and the hoarding of medical supplies. One hundred and ninety countries have joined COVAX, with varying degrees of commitment, thereby placing their

<sup>26</sup> Global demand for vaccinating the world’s population is at a modest estimate of 15 billion doses, a two-dose regimen for 7 billion of the world’s population.

<sup>27</sup> Nsikan Akpan, “WHO Set to Approve a COVID-19 Vaccine by end of 2020—Increasing Hopes for Equitable Access,” National Geographic, December 4, 2020, <https://www.nationalgeographic.com/science/2020/12/world-health-organization-set-to-approve-coronavirus-vaccine-by-end-of-2020-hopes-for-equitable-access>.



Image: Thirdman from Pexels

trust in GAVI’s ability and willingness to negotiate optimal prices with big pharma for their country’s access to vaccines.

In practice, the process has been opaque and non-transparent. There is not enough understanding of the terms and pricing mechanisms that GAVI is negotiating with vaccine manufacturers through the financial mechanism of Advance Market Commitment (AMC)<sup>28</sup> and the extent to which provisions on intellectual property rights and transfer of technology that would contribute to equitable access have been insisted upon. It is not clear who will shoulder liabilities if any of the vaccine candidates create adverse events.

COVAX proposes that only a small percentage of each country’s population will be served by vaccines during 2021.<sup>29</sup> It is not clear what countries will do in order to get the vaccines they will need.

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28 “The Gavi COVAX AMC Explained,” October 13, 2020, <https://www.gavi.org/vaccineswork/gavi-covax-amc-explained>.

29 “Fair Allocation Mechanism for COVID-19 Vaccines through the COVAX Facility,” September 9, 2020, <https://www.who.int/publications/m/item/fair-allocation-mechanism-for-covid-19-vaccines-through-the-covax-facility>.

At a press briefing in late 2020,<sup>30</sup> Director-General Tedros acknowledged that the COVAX Facility will not be able to solve the problem of vaccine nationalism. This admission should not be surprising given what is seen by many to be a short-termist approach to addressing a pandemic that is likely to last for more than a few years. Many believe that the COVAX Facility has thus far been limited in its scope and ambition and has been unable to provide a robust framework for equitable access.

Further, despite several calls from a host of countries at the World Health Assembly in May 2020 to make vaccines a global public good, this has not been agreed upon.<sup>31</sup> There is no clear understanding of what this would mean for intellectual property rights, the transfer of technology and issues of pricing. WHO has not been able to convene member states effectively enough to make vaccines a global public good.

## Sidelining multilateralism: WHO member states lack decision-making role

At the WHO Special Executive Board meeting<sup>32</sup> in October 2020, a number of countries called on WHO<sup>33</sup> to assume a greater role in the governance decisions of the COVAX Facility and raised the wider concern of access to medical products during the pandemic.

In raising issues ranging from the allocation framework for Covid-19 medical products that will determine countries' access, to the governance structure of the COVAX Facility,<sup>34</sup> countries seemed to suggest that they have been left out of these decision-making processes. Many, among them Austria, the UK, Romania and Kenya, have asked for greater consultation and engagement on these issues. Kenya specifically pushed for greater transparency in the decision-making process and urged

30 [WHO Press Briefings](#).

31 In fact, the [WHA resolution on COVID-19 response](#) had watered down the language on vaccines as a global public good.

32 "Executive Board: Special Session on the COVID-19 Response," October 5–6, 2020, <https://www.who.int/news-room/events/detail/2020/10/05/default-calendar/executive-board-special-session-on-the-covid19-response>.

33 Priti Patnaik, "'Consult Us More': Countries to WHO," Geneva Health Files, October 8, 2020, <https://genevahealthfiles.substack.com/p/consult-us-more-countries-to-who>.

34 [Israel](#), for example, raised detailed questions on behalf of Australia, Chile, Japan, New Zealand, the Republic of Korea, Switzerland, Singapore among others, on the allocation framework and governance mechanisms around the COVAX facility.

the Director-General<sup>35</sup> to use provisions in the WHO Constitution in this direction. Civil society actors have raised concerns that major policy decisions within the ACT Accelerator, including the ones on diagnostics,<sup>36</sup> appear to be made with only ‘donor’ countries at the table. Many LMICs were not aware of these discussions and agreements. The process is very much top-down. There is a perception among some high income countries (HICs) and western observers that LMICs have failed to engage enough and to effectively negotiate on issues of concern to them. Without an official, streamlined multilateral process of engagement within the framework of the ACT Accelerator, this might be difficult to accomplish to begin with.

## Limitations to civil society engagement

The pandemic has been a turning point for civil society engagement in global health policy-making. While there has never been a more acute time for greater discussions with communities and experts, it is precisely at such a juncture that civil society actors are struggling

to be heard, instead of using their energies to contribute directly to policy-making discussions.

In response to efforts by civil society organizations (CSOs) to engage with the processes of the ACT Accelerator, various agencies in the ACT Accelerator sent a letter to Gavi<sup>37</sup> in early July 2020 stating that civil society and community organizations have ‘critical roles to play, especially in ensuring the successful realization of the ACT Accelerator goals promising engagement with the civil society’. However, considering the controversial nature of decision-making in this mechanism, it remains to be seen if public interest and equity approaches will be integrated, or if civil society participation will rather be a mere attempt to legitimize the multi-stakeholder approach.

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35 In his response to member states’ concern, Director-General Tedros promised to continue with weekly meetings with member states and acknowledged the importance of closer working relations with the governing bodies of WHO. See Patnaik, “‘Consult Us More’: Countries to WHO”.

36 Priti Patnaik, “COVID-19 Diagnostics: The Full Picture,” Geneva Health Files, October 1, 2020, <https://genevahealthfiles.substack.com/p/covid-19-diagnostics-the-full-picture>.

37 This letter was signed by the heads of WHO, CEPI, the Wellcome Trust, Unitaid, FIND, the Global Fund, the World Bank Group and the Bill & Melinda Gates Foundation. And, after some resistance, also by Gavi according to sources.



# 4

## What the Future Could Look like

Against the backdrop of the impact of the pandemic of COVID-19, a number of governance reform proposals<sup>38</sup> have emerged, among others from the USA and Brazil,<sup>39</sup> and from Germany and France.<sup>40</sup>

### Global health security

There is a push to view the governance of WHO and the wider global health sphere through the lens of global health security. The

38 Priti Patnaik, “Competing Visions for WHO Reforms,” Geneva Health Files, January 8, 2021, <https://genevahealthfiles.com/2021/01/08/competing-visions-for-w-h-o-reforms/>.

39 Priti Patnaik, “US & Brazil Team Up for WHO Reform,” Geneva Health Files, November 5, 2020, <https://genevahealthfiles.substack.com/p/us-and-brazil-team-up-for-who-reform>.

40 Priti Patnaik, “WHO Reform Proposal,” Geneva Health Files, September 10, 2020, <https://genevahealthfiles.substack.com/p/who-reform-proposal-vaccine-prices>.

reform proposals led by Germany and France, for example, seek to link the strengthening of WHO’s emergency response with bolstering global health security.

While this is partly seen as a genuine effort to strengthen multilateralism in global health, some countries believe that the emphasis on global health security can draw away attention from WHO’s other core normative work and from a more comprehensive approach towards the strengthening of health systems.

### Funding

While there is recognition that WHO should be in a position to play a central role in global health governance, some HICs stress that ‘WHO’s partner organizations have outgrown WHO’s budget by far with the consequence that it is questionable whether WHO really is on an equal level playing field, able to defend its leading and coordinating role vis-à-vis these financially far more powerful actors.’<sup>41</sup> While the WHO budget might remain smaller than that of other global health actors, its legitimacy stems from its technical capacities as well as its multilateral character. That said, the current financing of WHO

41 For more on ‘The proposal, “Non-Paper on strengthening WHO’s leading and coordinating role in global health—with a specific view on WHO’s work in health emergencies and improving IHR implementation”, being discussed at various levels,’ see *ibid*.

is undermining both aspects.

Inextricably linked to the question of governance is the question of financing of WHO. As the large majority of WHO's funds are tied contributions, those who hold the purse strings for WHO are in the driver's seat of the organization. To be sure it is not only about member states, but also powerful actors such as the Bill & Melinda Gates Foundation. Tied contributions distort governance and spending priorities, and therefore WHO's financing needs greater voluntary contributions.

Undoubtedly all countries must also pay more in the form of assessed contributions to strengthen multilateralism in global health, though the ability to increase contributions may be constrained by the economic challenges in the wake of the pandemic.

## Formalizing multistakeholderism

Essentially the problem around the governance of the ACT Accelerator seems to be the following: the decision-making has been moved away from an inter-governmental platform (which is what is understood by

multilateralism) to a small group of self-nominated donors (rich donor countries, public-private partnerships, philanthropies and private companies), often referred to as multi-stakeholders. LMICs, other UN institutions and CSOs may be present, but they have had little or no opportunity or space to be part of the decision-making processes.

The preference for multistakeholderism has recently gained considerable endorsement at the highest levels and is heartily embraced by donor countries. And increasingly there are indications that the new mechanisms built around an alliance of the powerful—and excluding the majority of countries and peoples' voices—which came into being during the pandemic, will be formalized.

In a short intervention, during the WHO Executive Board meeting in early October, Director-General Tedros seemed to suggest that it was perhaps time to formalize the structures of the ACT Accelerator for future pandemics.<sup>42</sup> This was striking, given that these structures are effectively located outside of WHO. Sure enough, this was reiterated<sup>43</sup>

42 For the text of the comments made by Dr Tedros at the Executive Board on formalizing the ACT Accelerator, see Patnaik, "Consult Us More: Countries to WHO".

43 James Hacker, "Health Leaders Plea Against 'Flash In The Pan' Attitude to Global Cooperation, As World Health Summit 2020 Closes, Health Policy Watch, October 27, 2020, <https://healthpolicy-watch.news/health-leaders-plea-against-flash-in-the-pan-attitude-to-global-cooperation-as-world-health-summit-2020-closes/>.

Figure 3: 'Paris Peace Forum tweet praising two key donors'.



*Image Credit: Paris Peace Forum/ Twitter*

in the World Health Summit<sup>44</sup> in October 2020, which took place just ahead<sup>45</sup> of the (resumed) World Health Assembly. A concern raised by many LMICs was that if the ACT Accelerator succeeds in profiling itself as a response to the challenges of the pandemic, it is unlikely that the countries that funded these structures will revert to funding the WHO. Consequently, WHO will be permanently sidelined. Another indication of the formalizing of the governance structures around the ACT Accelerator, came during the World Health Assembly in November 2020, at the influential Paris Peace Forum.<sup>46</sup> The Forum not only raised funds for the global pandemic response, more importantly it was significant in solidifying the roles of key donors of the ACT Accelerator and appeared to be a de facto declaration of formalizing this mechanism (Figure 3).<sup>47</sup>

As a result, multilateralism becomes a casualty at the altar of multi-stakeholderism. The pandemic illustrates how private partners in global health have come to assume more space even as smaller countries have been edged out of the table and their populations pay the price for the lack of transparency and equity in global health governance.

44 “World Health Summit,” October 2020, <https://www.worldhealthsummit.org/summit.html>.

45 Top leaders in global health reportedly believe that ‘new modes of interagency collaboration triggered by the COVID-19 pandemic should be used as a model to advance more progress post-pandemic, on important Sustainable Development Goals (SDGs) related to health’. See Hacker, “Health Leaders Plea Against ‘Flash In The Pan’ Attitude”.

46 “3 Days to Bounce Back to a Better Planet: Reviewing the Success of the Third Edition,” Paris Peace Forum, November 5, 2020, <https://parispeaceforum.org/>.

47 Priti Patnaik, “The Splintering of the Centre of Global Health, Geneva Health Files, November 13, 2020, <https://genevahealthfiles.substack.com/p/the-splintering-of-the-centre-of>.

## What WHO must do

To be sure, WHO and its Secretariat are also hamstrung by political and financial pressures, which ultimately impact the overall leadership of the organization in global health and beyond.

WHO has supported South Africa and India's proposal<sup>48</sup> at the WTO for a Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver during the pandemic. The waiver proposal seeks to allow all countries to not grant or enforce intellectual property protection for the duration of the pandemic. The proposal recognizes intellectual property, trade secrets and industrial designs as barriers to sharing technology, expanding manufacturing and supplying medical products. The co-sponsors of the proposal include Kenya, Eswatini, Mozambique, Pakistan and Bolivia. Some of the countries who have opposed the TRIPS waiver proposal at WTO are also key funders of WHO.

By the end of 2020, the TRIPS waiver proposal<sup>49</sup> had progressed within the WTO through several rounds of formal and informal

consultations at the TRIPS Council. By the close of the year, it had reached the General Council—the organization's highest level decision-making body. There will be further discussions in early 2021.

Experts say that no matter what the final destiny of this proposal is, the needle has moved.<sup>50</sup> Given the scrutiny of the role of intellectual property as a barrier in the access to medicines in the course of these discussions, this debate has already been elevated to a significant level.

Given the urgency in pushing the boundaries on what is possible to meet the demands on equitable access to medical products that this pandemic has unleashed, WHO must show greater leadership within the constraints it faces. WHO's C-TAP is a case in point. Even in its current weak form, some perceive that the initiative has not been sufficiently promoted and owned even within the WHO Secretariat.<sup>51</sup> There is potential to pursue and strengthen this initiative, including by convening countries, and make serious efforts to force the private sector to commit to

48 "Members Discuss Intellectual Property Response to the COVID-19 Pandemic, October 20, 2020, [https://www.wto.org/english/news\\_e/news20\\_e/trip\\_20oct20\\_e.htm#:~:text=TRIPS](https://www.wto.org/english/news_e/news20_e/trip_20oct20_e.htm#:~:text=TRIPS).

49 Priti Patnaik, "Road Ahead for Greater Deliberation in 2021: Trips Waiver Proposal at WTO," Geneva Health Files, December 18, 2020, <https://genevahealthfiles.com/2020/12/18/moment-in-the-sun-for-trips-waiver-plan/>.

50 Priti Patnaik, "Trips Waiver: The Needle Has Moved, but the Fight Is On, Geneva Health Files, November 26, 2020, <https://genevahealthfiles.com/2020/11/26/trips-waiver-discussions-moving-the-needle/>.

51 This information is based on interviews of sources familiar with the processes around C-TAP, which the author conducted in the course of reporting during 2020.

price control and transparency. The industry has dismissed the initiative, and WHO did not publicly question its stand. Many have pointed out that, for example, the WHO did not push for the COVAX Facility to get vaccine manufacturers to share technology through the C-TAP.

The governance of global health can be greatly influenced by what WHO chooses to do and what it does not. This it can do, even within the existing constraints that the organization faces.



### About the author

**Priti Patnaik** is the founding editor of Geneva Health Files (<https://genevahealthfiles.substack.com/>) a journalistic initiative that tracks the governance of global health, reporting on power and politics in international health policy. She has reported on finance, banking and commodities, for different publications in Geneva, New York and New Delhi during the last 15 years. She can be contacted at [patnaik.reporting@gmail.com](mailto:patnaik.reporting@gmail.com), and can be followed @pretpat or @filesgeneva on Twitter.



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