## 1

#### Morality must be rooted in consequences

#### 1. Value is only accessible through experience. Harris 10:

Sam Harris, CEO Project Reason; PHD UCLA Neuroscience; BA Stanford Philosophy, “ The Moral Landscape: How Science Can Determine Human Values”) OS

Here is my (consequentialist) starting point: **all questions of value** (right and wrong, good and evil, etc.) **depend upon the possibility of experiencing such value.** **Without potential consequences at the level of experience—happiness, suffering, joy, despair, etc.—all talk of value is empty. Therefore, to say that an act is morally necessary, or evil, or blameless, is to make (tacit) claims about its consequences in the lives of conscious creatures** (whether actual or potential). I am unaware of any interesting exception to this rule. Needless to say, **if one is worried about pleasing God or His angels, this assumes that such invisible entities are conscious (in some sense) and cognizant of human behavior**. It also generally assumes and that it is possible to suffer their wrath or enjoy their approval, either in this world or the world to come. Even within religion, therefore, consequences and conscious states remain the foundation of all values.

#### 2. Weighability – Only consequences can explain the difference between breaking a promise to meet a for lunch and breaking a promise to a dying friend.

#### Thus, the standard is maximizing expected wellbeing.

#### Prefer additionally – Death must be the primary concern of an ethical theory since it destroys the subject itself. Paterson 03:

Craig Paterson – Department of Philosophy, Providence College, Rhode Island, “A Life Not Worth Living?”, Studies in Christian Ethics, 2003.

## Contrary to those accounts, I would argue that it is death per se that is really the objective evil for us, not because it deprives us of a prospective future of overall good judged better than the alter- native of non-being. It cannot be about harm to a former person who has ceased to exist, for no person actually suffers from the sub-sequent non-participation. Rather, death in itself is an evil to us because it ontologically destroys the current existent subject — it is the ultimate in metaphysical lightening strikes.80 The evil of death is truly an ontological evil borne by the person who already exists, independently of calculations about better or worse possible lives. Such an evil need not be consciously experienced in order to be an evil for the kind of being a human person is. Death is an evil because of the change in kind it brings about, a change that is destructive of the type of entity that we essentially are. Anything, whether caused naturally or caused by human intervention (intentional or unintentional) that drastically interferes in the process of maintaining the person in existence is an objective evil for the person. What is crucially at stake here, and is dialectically supportive of the self-evidency of the basic good of human life, is that death is a radical interference with the current life process of the kind of being that we are. In consequence, death itself can be credibly thought of as a ‘primitive evil’ for all persons, regardless of the extent to which they are currently or prospectively capable of participating in a full array of the goods of life.81  In conclusion, concerning willed human actions, it is justifiable to state that any intentional rejection of human life itself cannot therefore be warranted since it is an expression of an ultimate disvalue for the subject, namely, the destruction of the present person; a radical ontological good that

## 2

#### Innovation is doing well right now, we were able to create solutions for covid, but innovation is reliant on the IP system.

Bryan Mercurio 4 -11-2021 <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3789820> *Virginia Journal of International Law Online (Forthcoming 2021)* Chinese University of Hong Kong - Faculty of Law

The IP system is designed to encourage and reward creativity and innovation while benefiting society as a whole. The idea is that IPRs stimulate innovation by “enabling innovators to capture enough of the benefits of their own innovative activity to justify taking considerable risks.” 23 Therefore, while in the short term waiving IPRs may arguably accelerate the distribution of goods and services – i.e. access to COVID-19 vaccines – in the long term undermining IPRs would eliminate the incentives that spark innovation, thus hindering the discovery and development of knowledge for new products or technologies that the world needs.24 An example that illustrates the significance of IP protection is the technology of synthetic mRNA, a genetic technology behind the COVID-19 vaccines of both Pfizer and Moderna. Synthetic mRNA is a genetic technology that has long held huge promise but has so far run into biological roadblocks. The concept of tweaking specific strands in synthetic mRNA to deliver desired results was first introduced in the 1990s, but at that time while it made sense in theory it often failed in the real world as synthetic RNA was notoriously vulnerable to the body’s natural defenses and the synthetic RNA was very often destroyed before reaching its target cells. In some situations, the foreign materials even elicited an immune response that poses health risks for some patients. The solution, substituting one of the nucleosides (building blocks of mRNA) for a slightly tweaked version to bypass the body’s defense, was not discovered until 2005 and did not reach commercialization stage for another 15 years. Without the prospect of IP protection, it is simply unimaginable that scientists would devote the human and monetary resources into such R&D as there would have been no incentive to spend the time and effort on a promising but extremely challenging technology. Likewise, venture capitalists would refuse to invest billions of dollars into any research effort knowing that any other company could simply take the successful result and produce a medicine without paying for the R&D costs; in such a scenario, it would be virtually impossible to recoup the initial investment. Thus, without the promise of IP protection the technology underpinning the most advanced and promising COVID-19 vaccines would likely never have been developed. This point is of such importance that it is worth stating the obvious: IPRs have played a large role in the response to COVID-19; a response which has led to an incredible feat of humanity – the identification of the genome of a new pathogen and development of several treatments and promising vaccines within the space of a year. Without the promise of financial gain, the level of R&D into the novel coronavirus would have been greatly reduced and innovation hampered and delayed. In short, the IP system encouraged a robust response to the threat from innovator companies and worked as designed. It would be unwise (if not reckless) to place the innovation system which has delivered results in record time in jeopardy only in exchange for what is at best short-term benefits.

#### No innovation without protections—five warrants.

**McDole and Ezell, 21** (McDole is a senior policy analyst covering intellectual property (IP) and innovation policy at the Information Technology and Innovation Foundation (ITIF). Ezell is vice president, global innovation policy, at the Information Technology and Innovation Foundation (ITIF)), “Ten Ways IP Has Enabled Innovations That Have Helped Sustain the World Through the Pandemic,” Information Technology & Innovation Foundation, April 29, 2021, Accessed August 31, 2021,<https://itif.org/publications/2021/04/29/ten-ways-ip-has-enabled-innovations-have-helped-sustain-world-through>

**There are** at least **five principal benefits strong IP rights can generate**, for **both developing and developed** countries alike.31 **First, strong**er **IP protection spurs** the virtuous cycle of **innovation by increasing** the appropriability of **returns, enabling econom​​ic gain and** catalyzing economic **growth**. **Second, through patents**—which require innovators to disclose certain knowledge as a condition of protection—**knowledge spillovers build a platform of knowledge** that enables other innovators. For instance, studies have found that the rate of return to society from corporate R&D and innovation activities is at least twice the estimated returns that each company itself receives.32 **Third, countries with robust IP can operate more efficiently** and productively **by using IP to determine product quality and reduce transaction costs**. **Fourth, trade** and foreign direct investment **enabled** and encouraged **by strong IP protection** offered to enterprises from foreign countries **facilitates an accumulation of knowledge** capital within the destination economy. That matters when foreign sources of technology account for over 90 percent of productivity growth in most countries.33 There’s also evidence suggesting that developing nations with stronger IP protections enjoy the earlier introduction of innovative new medicines.34 **And fifth, strong IP boosts exports, including in developing countries**.35 **Research shows a positive correlation between stronger IP** protection **and** exports from developing countries as well as **faster growth rates of** certain **industries**.36

#### Innovation is KEY to preventing and responding to bioterror and antimicrobial resistance.

Marjanovic and Fejiao 20 Marjanovic, Sonja, and Carolina Feijao. Sonja Marjanovic, Ph.D., Judge Business School, University of Cambridge. Carolina Feijao, Ph.D. in biochemistry, University of Cambridge; M.Sc. in quantitive biology, Imperial College London; B.Sc. in biology, University of Lisbon. "Pharmaceutical Innovation for Infectious Disease Management: From Troubleshooting to Sustainable Models of Engagement." (2020). [Quality Control]

As key actors in the healthcare innovation landscape, pharmaceutical and life sci-ences companies have been called on to develop medicines, vaccines and diagnostics for pressing public health challenges. The COVID-19 crisis is one such challenge, but there are many others. For example, MERS, SARS, Ebola, Zika and avian and swine flu are also infectious diseases that represent public health threats. Infectious agents such as anthrax, smallpox and tularemia could present threats in a bioterrorism context.1 The general threat to public health that is posed by antimicrobial resistance is also well-recognised as an area in need of pharmaceutical innovation.

Innovating in response to these challenges does not always align well with pharmaceutical industry commercial models, shareholder expectations and compe-tition within the industry. However, the expertise, networks and infrastructure that industry has within its reach, as well as public expectations and the moral imperative, makes pharmaceutical companies and the wider life sciences sector an indispensable partner in the search for solutions that save lives.

This perspective argues for the need to establish more sustainable and scalable ways of incentivising pharmaceu-tical innovation in response to infectious disease threats to public health. It considers both past and current examples of efforts to mobilise pharmaceutical innovation in high commercial risk areas, including in the context of current efforts to respond to the COVID-19 pandemic.

In global pandemic crises like COVID-19, the urgency and scale of the crisis – as well as the spotlight placed on pharmaceutical companies – mean that contributing to the search for effective medicines, vaccines or diagnostics is essential for socially responsible companies in the sec-tor.2 It is therefore unsurprising that we are seeing indus-try-wide efforts unfold at unprecedented scale and pace. Whereas there is always scope for more activity, industry is currently contributing in a variety of ways. Examples include pharmaceutical companies donating existing com-pounds to assess their utility in the fight against COVID-19; screening existing compound libraries in-house or with partners to see if they can be repurposed; accelerating tri-als for potentially effective medicine or vaccine candidates; and in some cases rapidly accelerating in-house research and development to discover new treatments or vaccine agents and develop diagnostics tests.3,4 Pharmaceutical companies are collaborating with each other in some of these efforts and participating in global R&D partnerships (such as the Innovative Medicines Initiative effort to accel-erate the development of potential therapies for COVID-19) and supporting national efforts to expand diagnosis and testing capacity and ensure affordable and ready access to potential solutions.3,5,6

The primary purpose of such innovation is to benefit patients and wider population health. Although there are also reputational benefits from involvement that can be realised across the industry, there are likely to be rela-tively few companies that are ‘commercial’ winners. Those who might gain substantial revenues will be under pres-sure not to be seen as profiting from the pandemic. In the United Kingdom for example, GSK has stated that it does not expect to profit from its COVID-19 related activities and that any gains will be invested in supporting research and long-term pandemic preparedness, as well as in developing products that would be affordable in the world’s poorest countries.7 Similarly, in the United States AbbVie has waived intellectual property rights for an existing com-bination product that is being tested for therapeutic poten-tial against COVID-19, which would support affordability and allow for a supply of generics.8,9 Johnson & Johnson has stated that its potential vaccine – which is expected to begin trials – will be available on a not-for-profit basis during the pandemic.10

Pharma is mobilising substantial efforts to rise to the COVID-19 challenge at hand. However, we need to consider how pharmaceutical innovation for responding to emerging infectious diseases can best be enabled beyond the current crisis. Many public health threats (including those associated with other infectious diseases, bioterror-ism agents and antimicrobial resistance) are urgently in need of pharmaceutical innovation, even if their impacts are not as visible to society as COVID-19 is in the imme-diate term. The pharmaceutical industry has responded to previous public health emergencies associated with infec-tious disease in recent times – for example those associated with Ebola and Zika outbreaks.11 However, it has done so to a lesser scale than for COVID-19 and with contribu-tions from fewer companies. Similarly, levels of activity in response to the threat of antimicrobial resistance are still low.12 There are important policy questions as to whether – and how – industry could engage with such public health threats to an even greater extent under improved innova-tion conditions.

#### Bioterror is big risk to extinction

Matheny 07 JG. Reducing the risk of human extinction. Risk Analysis 2007 Oct;27(5):1335-44. doi: 10.1111/j.1539-6924.2007.00960.x. PMID: 18076500.

We already invest in some extinction countermeasures. NASA spends $4 million per year monitoring near-Earth asteroids and comets (Leary, 2007) and there has been some research on how to deflect these objects using existing technologies (Gritzner & Kahle, 2004; NASA, 2007). $1.7 billion is spent researching climate change and there are many strategies to reduce carbon emissions (Posner, 2004, p. 181). There are policies to reduce nuclear threats, such as the NonProliferation Treaty and the Comprehensive Test Ban Treaty, as well as efforts to secure expertise by employing former nuclear scientists. Of current extinction risks, the most severe may be bioterrorism. The knowledge needed to engineer a virus is modest compared to that needed to build a nuclear weapon; the necessary equipment and materials are increasingly accessible and because biological agents are self-replicating, a weapon can have an exponential effect on a population (Warrick, 2006; Williams, 2006).

#### Additionally, Pharma IP independently solves future pandemics – an INCREASE in IP could actually be better due to knowledge sharing

Jeffrey Sachs 6/22, (University Professor at Columbia University, is Director of the Center for Sustainable Development at Columbia University and President of the UN Sustainable Development Solutions Network. He has served as adviser to three UN Secretaries-General, an SDG Advocate under Secretary-General António Guterres.) “Important lessons from Ebola outbreak,” Business World Online, 6-22-21, https://www.project-syndicate.org/onpoint/finding-the-origins-of-covid19-by-jeffrey-d-sachs-2021-06 //DurhamSA

The question about origins is not about one government or another, much less a geopolitical issue or a matter of blaming China and exonerating the US. If there was indeed a laboratory-related release of SARS-CoV-2, it may well have occurred in a project funded by the US government, using methods developed and championed by US scientists, and as part of a US-led and US-financed program to collect and analyze potentially dangerous viruses, including in China.

To learn as much as possible regarding the origin of SARS-CoV-2, an international and independent investigation to examine the alternative hypotheses is urgently needed, and the US and Chinese governments should cooperate fully and transparently with such an inquiry. In the meantime, scientists, politicians, pundits, and those weighing in on social media should acknowledge the uncertainties that currently prevail.

They should also acknowledge that the tragedy of the pandemic has already shed light on how to prevent future outbreaks and pandemics. Because natural zoonotic events are inevitable, we must establish much better global surveillance and warning systems, and of course early response systems when outbreaks occur. We need credible communications channels to prevent rapid global transmission of newly emergent zoonotic diseases, and we must create institutional mechanisms that enable the speediest search for potential treatments, diagnostic tests, vaccines, and other tools and best practices to contain an outbreak. In short, we must be better prepared to share relevant scientific and technological know-how in a more honest, transparent, and credible manner than has been true during the current pandemic.

But there is also a risk of future research-related outbreaks of pandemic diseases. Governments need to upgrade the transparency, oversight, and biosafety of any projects that actively seek dangerous pathogens in nature and return them to laboratories, recognizing the multiple risks involved. Similarly, the tools of genomic manipulation have advanced so rapidly that the potential to create new deadly pathogens in the laboratory and accidentally or even deliberately release them is a very serious concern. The world currently lacks adequate international and national safeguards and transparency on such dangerous work, and the risks are compounded by the secretive bioweapons research programs several governments sponsor that help to sustain it.

## 3

#### Health Diplomacy is an important part of global governance.

Kickbusch 2-18-2021 Ilona Kickbusch, Haik Nikogosian, Michel Kazatchkine, Mihály Kökény GLOBAL HEALTH CENTRE | 2021 A GUIDE TO GLOBAL HEALTH DIPLOMACY Better health – improved global solidarity – more equity With contributions\* from: Michele Acuto, Universityof Melbourne; Paul Bekkers, Ministry of Foreign Affairs, Netherlands; Gian Luca Burci, Global Health Centre, IHEID; Emanuele Capobianco, International Federation of Red Cross and Red Crescent Societies; Marcelo A.C. Costa, United Nations; Roopa Dhatt, Women in Global Health; Erica Di Ruggiero, University of Toronto, Dalla Lana School of Public Health; Marja Esveld, Ministry of Foreign Affairs, Netherlands; Satoshi Ezoe, Ministry of Foreign Affairs, Japan; Lemlem Girmatsion, Global Health Centre, IHEID; Githnji Gitahi, Amref Health Africa; Renzo Guinto, Harvard T.H. Chan School of Public Health; Madeleine Heyward, Permanent Mission of Australia to the United Nations, Geneva, Switzerland; Roger Kampf, World Trade Organization; John Kirton, University of Toronto, Munk School of Global Affairs and Public Policy; Kerstin Kolbe, Gavi, the Vaccine Alliance; Eero Lahtinen, Ministry for Foreign Affairs of Finland; Lindiwe Makubalo, Permanent Mission of South Africa to the United Nations and other International Organizations, Geneva, Switzerland; Colin McIff, Office of Global Affairs at the U.S. Department of Health and Human Services; Lolem B. Ngong, Amref Health Africa; Miguel Perez La Plante, Permanent Mission of Switzerland to the United Nations, Geneva, Switzerland; Nathita Premabhuti, Ministry of Foreign Affairs of Thailand; Catherine Saez, Heath Policy Watch; Flavia Schlegel, Science Governance Partnership, Paris, France; Gaudenz Silberschmidt, World Health Organization; Luis Sundkvist, Editor; Orsolya Süli, NHS Scotland, UK; Zsofia Szilagyi, World Health Organization; Tamar Tchelidze, Permanent Mission of Georgia to the United Nations; Menno Van Hilten, World Health Organization.

Diplomacy has been practised for centuries, during which it has undergone many significant changes, some concerning its very nature. Over the past decade in particular, diplomacy has become a constitutive part of the system of global governance, which involves many different venues and actors. This development has been reinforced by the fundamental changes arising from the negotiation of the Sustainable Development Goals (SDGs) and by the increasing need for global crisis diplomacy. The most important shift has been that away from a mindset centred on development assistance towards acknowledgement of common global goals that can only be achieved if all countries work together – the COVID-19 pandemic has made that even clearer. Despite these changes, three key defining features of diplomacy remain intact: representation, communication and negotiation. Multilateral diplomacy as we know it began with the ad hoc congresses convened in Europe in the 17th century to negotiate war and peace between sovereign States. In 1919 it led to the creation of the first collective security organization: the League of Nations. At the end of the Second World War, multilateral diplomacy was institutionalized more robustly with the establishment of the United Nations (UN). One of the UN system organizations created shortly afterwards was the World Health Organization (WHO), which took up its work in 1948 in Geneva, Switzerland. Over time, many other multilateral venues for health were established but WHO remains the norm-setting organization for health. The WHO Constitution defines health as a human right and this is a guiding principle for all other health organizations (see Box 7). The significant cross-border economic and security impact of developments in such areas as the natural environment and human health made it clear that the issues in question could no longer be resolved at the national level only. As these areas, previously treated under “soft policy” in foreign affairs and diplomacy, gained in importance, new types of international agreements, instruments and organizations were created in response – for example, the Paris Agreement on Climate Change (2015), the revised International Health Regulations (2005), the Global Fund to Fight AIDS, Tuberculosis and Malaria (2002) and, most recently in 2020, the COVAX Facility, a global risk-sharing mech- 20 Global Health Centre | February 2021 anism for pooled procurement and equitable distribution of eventual COVID-19 vaccines. Multilateralism has many definitions – in essence it is governance by the many to address shared problems. It rests on a set of common principles guiding relations among the parties, including agreed rules of behaviour. Multilateralism often takes the form of membership in international organizations, but that is not the only form. Among the various types of multilateralism are universal multilateralism including all States, for example as members of the UN; regional multilateralism, which brings together States in specific geographical regions; values-based multilateralism as exemplified by organizations such as NATO or the European Union and the suggestions to create new bodies that include democracies only; and “minilateralism”, which brings together small groups of States (or “clubs” such as the G20 and the BRICS countries) to tackle specific problems. Multilateralism stands in contrast to bilateralism and unilateralism, and governments have to decide which of these strategies they will adopt in their foreign policy to deal with a particular challenge. Bilateralism means engaging with just one other country, while unilateralism implies acting on one’s own without regard for other countries. Other terms are also in use. In trade negotiations, plurilateral agreements – meaning, for example, a treaty between a limited number of States with a particular interest in the subject of the treaty – have become more prominent. Finally, “polylateral diplomacy” refers to the involvement of many non-State actors in diplomatic processes – something that makes the contemporary diplomatic arena pluralistic, dynamic and complex. This is also referred to as multi-stakeholder diplomacy – the term used in this Guide. A guide to global health diplomacy 21 This Guide focuses on the global health diplomacy practised at international organizations and in other multilateral venues that aim to resolve global health challenges.

#### IP is essential to modern health diplomacy

Obijiofor Aginam 10, Academic Programme Officer & Director of Studies, Institute for Sustainability and Peace, United Nations University headquarters, Tokyo, Japan; Adjunct Research Professor of Law, Carleton University, Ottawa, Canada, “HEALTH OR TRADE? A CRITIQUE OF CONTEMPORARY APPROACHES TO GLOBAL HEALTH DIPLOMACY,” https://poseidon01.ssrn.com/delivery.php?ID=149097083081123105113085099123123091104014059082060018071001088023116023118119002064117119051059021051011085110010121013091016020070011051015018011008065019104127084042076098081007102099120087031085093119071127122005124010118009001092104124120121094&EXT=pdf&INDEX=TRUE

The third limb of global health diplomacy critique reflects the complex linkages between “health and trade”18 where the modest achievements in global health diplomacy in the past decade are substantially driven not by events in the health sector but by the normative developments in the trade and economic relations of states enforced by the WTO. Although this sounds like “economic globalization triumphalism”, it is nonetheless hard to dispute the fact that it was the patent requirements for pharmaceuticals and other inventions in the WTO TRIPS Agreement that substantially catalyzed the health diplomacy on access to anti-retroviral drugs for HIV/AIDS for millions of poor HIV-positive who live mostly in developing countries. Food safety and security concerns and the hard diplomacy animated by biotechnology advances in food production, although global health issues in their own right, are catalyzed by the developments in the WTO on the SSPS Agreement, and not the subtle “diplomacy” around the WHO/FAO jointly administered Codex Alimentarius Commission standards. The migration of qualified health professionals from most of Africa to the West is now being driven in complex ways by one of the modes of service supply in the GATS Agreement.

#### Health diplomacy’s creates global cooperation solving multiple existential threats

James 17, Wilmot James, Honorary Professor in the Division of Human Genetics at the University of Cape Town's Medical School and Non-residential Senior Fellow at Bard College’s Hannah Arendt Centre, Ph.D. from University of Wisconsin at Madison, “In an Age of Zika and a Threat of Biochemical Terror, Health Security Must Be Everybody’s Concern”, Daily Maverick, 4-2, <https://www.dailymaverick.co.za/article/2017-04-02-op-ed-in-an-age-of-zika-and-a-threat-of-biochemical-terror-health-security-must-be-everybodys-concern/#.WOY8xTvDHHw> [language modified]

With Zika there too was political failure to act quickly, give honest advice and confront the abortion conundrum head-on, the result being that 3,000 and likely more children with microcephaly will test the emotional resilience and financial resources of their families to breaking point.We should never cease to invest in the public health and medical science of disease, but it seems to me that our fundamental problem is not the quality of the health sciences but the grim mediocrity of our politics. Party-political bickering for short-term gain paralyses and drains the national effort in South Africa as much as it does in the United States, undermining our ability to see with compelling clarity the solutions the issues of the day deserve.Health security is humanity’s shared concern. Promoting health and preventing death define us at our most altruistic and advanced. The Hippocratic Ideal, the concept of the physician as the guardian of human health, encapsulates a fundamental human quality common to all the world’s great religions. Medicine is one of the earliest and greatest human achievements because it is a co-operative enterprise involving highly skilled individuals; and it is as a result of cooperation – and our unusual ability for complex language – that cumulative civilisation is possible.In the age of globalisation, it is health security, a recent Lancet editorial stated, that “is now the most important foreign policy issue of our time”. The rapid emergence and re-emergence of pathogenic infectious disease, of which Zika is the most recent, the slow but steady cumulative acts of nature associated with climate change, high-risk forced migration caused by desperation and war, the creeping reality of biochemical [use] ~~terror~~ and the threat of nuclear war, propel human survival and well-being to the frontline of what today must be everybody’s concern.The field of health diplomacy provides an unprecedented opportunity to build human solidarity. It is an area of human endeavour that cuts through inherited antagonisms. Governments that offer health improvements as part of aid to nations with whom they wish to develop stronger diplomatic links succeed in cultivating deeper cultural relationships precisely because of their direct benefit to citizens. To advance health diplomacy requires health leaders with an inclusive global vision...

## 4

#### CP Text: Countries should receive public health crisis relief in the form of monetary payment from the International Monetary Fund. States ought to

#### Increase aid packages for the distribution of treatments to Least-developed countries.

#### Purchase patents for life-saving medicine

**Rappeport 21** (Rappeport, A. [2021, July 9]. *I.M.F. board Backs $650 Billion Aid plan to help poor countries*. The New York Times. https://www.nytimes.com/2021/07/09/us/politics/g20-imf-vaccines.html)

​​The International Monetary Fund took a step on Friday toward easing widening global inequality and helping poor nations get access to vaccines, saying its executive board approved **a plan to issue** [**$650 billion worth of reserve funds**](https://www.nytimes.com/2021/06/24/business/international-monetary-fund-sdr.html) **that countries can use to buy vaccines, finance health care and pay down debt**.The decision comes at a pivotal moment as Covid-19 infections continue to spread among populations that have not been inoculated and as more contagious variants of the coronavirus are posing new health threats. The pandemic has drained the fiscal resources of poor countries over the past year, and the I.M.F. projected this week that faster access to vaccinations for high-risk populations could save 500,000 lives in the next six months.

The new allocation of so-called Special Drawing Rights would be the largest such expansion of currency reserves in the I.M.F.’s history. If approved by the group’s board of governors, as is expected, **the reserves could become available by the end of next month.**

“This is a shot in the arm for the world,” Kristalina Georgieva, managing director of the I.M.F., [said in a statement](https://www.imf.org/en/News/Articles/2021/07/08/pr21208-imf-managing-director-kristalina-georgieva-executive-board-backing-new-us650b-sdr-allocation). “The S.D.R. allocation **will help** every I.M.F. member country — particularly **vulnerable countries** — and strengthen their response to the Covid-19 crisis.”

Ms. Georgieva made the announcement as finance ministers and central bank governors of the Group of 20 nations were gathering in Venice to discuss international tax policy, climate change and the global economic response to the pandemic. The I.M.F., established in 1944 to try to broker economic cooperation, has warned of a two-track economic recovery, with poor countries being left behind while advanced economies experience rapid expansions.

Ahead of the meetings, Treasury Department officials said expanding access to vaccines would be a central topic of discussion. It is also a potentially contentious one, as some developing countries have suggested that advanced economies are not doing enough to ensure fair distribution of vaccines.

“**The immediate priority for developing countries is widespread access to vaccines that match their deployment programs**,” David Malpass, president of the World Bank, said in a speech in Venice on Friday.

Mr. Malpass called on G20 countries to share doses and remove all trade barriers to exporting finished vaccines and their components. He noted that the pandemic had aggravated structural weaknesses that had dogged developing countries for years.

“Even as that is accomplished,” Mr. Malpass said of expanded vaccine distribution, “development faces years of setback and struggle.”

Narrowing the gap between the fortunes of advanced and developing economies was a central topic on the first day of the G20 meetings in Venice. Bruno Le Maire, France’s finance minister, told reporters on Friday that inequality was a risk to the stability and security of Europe that could lead to an influx of refugees. He argued that it must be urgently addressed.

It remains to be seen how far the $650 billion will go to help developing countries as they race to vaccinate people before new variants of the virus take hold, including the Delta variant, which has plunged many countries back into a health crisis.

The United Nations Conference on Trade and Development called this year for $1 trillion worth of Special Drawing Rights to be made available by the I.M.F. as a “helicopter money drop for those being left behind.”

Jubilee USA Network, a nonprofit organization that advocates debt relief for poor countries, praised the move by the I.M.F. and called on wealthy countries to do more to help.

“This is the biggest creation of emergency reserve funds that we’ve ever seen, and developing countries will immediately receive more than $200 billion,” said Eric LeCompte, executive director of Jubilee USA Network. “**Wealthy countries who receive emergency reserves** they don’t need should **transfer those resources to developing countries struggling through the pandemic**.”

The I.M.F., the World Bank, the World Health Organization and the World Trade Organization have created a new vaccine task force and called for an additional $50 billion investment to broaden access to supplies. The groups have also called on G20 countries to [set a goal](https://www.imf.org/en/News/Articles/2021/06/30/pr21201-joint-statement-heads-wb-imf-who-wto-first-meeting-task-force-covid-19-developing-countries) of having 40 percent of their populations vaccinated by the end of this year and 60 percent by the middle of next year.

The United States has thrown its support behind the expansion of the I.M.F. reserves, reversing a Trump administration policy and angering Republican lawmakers in the process.

The Trump administration balked at the proposal last year and prevented it from moving forward. It argued at the time that boosting the emergency reserves was an inefficient way to provide aid to poor countries and that doing so would provide more resources to advanced economies that did not need the help, like China and Russia.

Republican lawmakers have since accused the Biden administration of bolstering the fortunes of adversaries, while doing little to actually help developing nations. Although Republicans have introduced legislation that would put restrictions on how the I.M.F. reserves were used if they were authorized, such proposals are unlikely to pass with Democrats in control of Congress.

Under Treasury Secretary Janet L. Yellen, the United States has taken a different view from the Trump administration, and the United States supports the allocation. Ms. Yellen believes that rich countries will have little use for the S.D.R.s but that developing economies will be able to use them to get enough money to vaccinate their people.

Special Drawing Rights work by allowing member countries of the I.M.F. to cash the asset in for hard currency. Their value is based on a basket of international currencies and is reset every five years.

Each of the 190 countries that is a member of the I.M.F. gets an allotment of S.D.R.s based on its shares in the fund, which tracks with the size of a country’s economy. The new reserves would also be distributed under this formula, with the largest economic powers like the United States gaining the biggest tranche.

The drawing rights cannot be used to buy things on their own, but they can be traded for currencies that can. If two countries agree, they can trade their Special Drawing Rights for cash, with the I.M.F. acting as a middleman to facilitate the trade.

That has prompted some criticism that the program will not work unless rich countries voluntarily transfer their holdings to poorer nations.

“It is a legitimate concern that new S.D.R.s will end up mostly in the hands of large and rich countries that have little use for them rather than in the hands of the smaller and poorer countries that really need them,” said Eswar Prasad, the International Monetary Fund’s former China chief. “A reallocation of S.D.R.s toward the latter group, in addition to increasing the overall volume of S.D.R.s, would be helpful in dealing with stresses to the global financial system.”

To address some of those concerns, **the I.M.F. is working to develop a new trust fund** where rich countries can channel their excess S.D.R.s. **The goal is to create a $100 billion pot of money that poor countries take loans from** so they can expand health care systems or address climate change in conjunction with existing I.M.F. programs.

**CP competes on Net benefits VIA Health diplomacy and innovation + increased access AND from patent purchasing**

**Solves the aff and doesn’t hurt innovation; covid proves.**

#### Access is an infrastructure issue and the AFF has no solvency to access with patent reduction

**WTO 20** (WTO News Briefing; ; 10-16-2020; "Members discuss intellectual property response to the COVID-19 pandemic"; https://www.wto.org/english/news\_e/news20\_e/trip\_20oct20\_e.htm, World Trade Organization News, accessed 7-21-2021; JPark)

While a number of developing and least developed country members welcomed the proposal as a contribution to the discussion, many were still studying it in their capitals and asked for clarification on certain points, particularly regarding its practical implementation and the possible economic and legal impact of the waiver at national level. A number of developing and developed country members opposed the waiver proposal, noting that **there** is no indication that intellectual property rights (IPRs) have been a genuine barrier to accessing COVID-19 related medicines and technologies. While acknowledging that the sustained and continued supply of such medicines and technologies is a difficult task, they observed that non-efficient and underfunded health care and procurement systems, spiking demand and lack of manufacturing capacity are much more likely to impede access to these materials. In the view of these members, **solutions** can be legitimately sought within the existing IP system as the TRIPS Agreement provides enough tools and sufficient policy space for members to take measures to protect public health. The suspension of IPRs, even for a limited period of time, was not only unnecessary but it would also undermine the collaborative efforts to fight the pandemic that are already under way.

# Case

#### The aff’s reduction of IP leads to no innovation…

Ossowski 21 Yaël Ossowski. [Yaël Ossowski (@YaelOss) is deputy director of the Consumer Choice Center, a global consumer advocacy group.] “We Don’t Need to Lift Patents to Make Vaccines More Accessible.” Thedispatch.com, The Dispatch, 10 May 2021, thedispatch.com/p/we-dont-need-to-lift-patents-to-make. Accessed 28 Aug. 2021.

A full 14 months into the pandemic, nearly half of Americans who are eligible have received at least one vaccine dose. The end is in sight, and we have innovation to thank. And so, as our economy reopens and restrictions are being lifted, attention is turning to hard-hit nations like India and Brazil, currently experiencing skyrocketing case numbers. The question, then, is how to boost vaccinations abroad. The New York Times notes that India’s outbreak is causing the country to restrict export of its own vaccines, which could hurt Africa in particular, since those nations are relying on Indian vaccines. In the face of pressure to use every tool available to boost vaccinations abroad, the Biden administration announced last week that it supported a proposal to waive patent protections on the COVID vaccines. This measure, which is called a TRIPS Waiver (Trade-Related Aspects of Intellectual Property Rights) and was put forth last fall at the World Trade Organization by India and South Africa, would be far more than just a temporary fix for more shots. If the waiver is triggered, it would ostensibly nullify IP protections on COVID vaccines, allowing countries and companies to copy the formulas developed by private vaccine firms in hopes of making their own, with no guarantee of success or safety. The coalition backing Biden’s pledge includes Doctors Without Borders, Human Rights Watch, and World Health Organization Secretary-General Tedros Adhanom Ghebreyesus, who first backed this effort in 2020 before any coronavirus vaccine was approved. Intellectual property rights are protections that help foster innovation and provide legal certainty to innovators so that they can profit from and fund their efforts. A weakening of IP rules would actively hurt the most vulnerable—the same people that groups who support the IP waiver are nominally trying to help. The power to issue the waiver comes from a section in the 1995 treaty that created the World Trade Organization, meant to protect intellectual property among global trade partners. While a COVID vaccine waiver would be the most substantial one to date, similar efforts have been attempted on both HIV/AIDS medicines and generic drugs, the latter the only other successful case. The **push for a waiver ignores that many companies have voluntarily pledged to sell their vaccines at cost** or even offered to share information with other firms. Moderna, for its part, has stated it will not enforce the IP rights on its mRNA vaccine during the pandemic and will hand over any research to those who can scale up production. The developers of the Oxford-AstraZeneca vaccine have pledged to sell it at cost until the pandemic is over. Further, this measure would have far-reaching implications. Supporters claim that because COVID represents such a global threat and because Western governments have poured billions in to securing and helping produce vaccines, low and middle-income countries should be relieved of the burden of purchasing them. But rich countries are already donating vaccines to the World Health Organization’s COVAX program, which gifts countries vaccines free of charge. There are a few reasons that a TRIPS waiver is unlikely to be the most efficient solution. The vaccines require specialized knowledge to develop and produce these vaccines, and the mRNA vaccines require cold storage. As economist Alex Tabarrok has pointed out, vaccine makers have been scouring the globe for adequate vaccine facilities but fallen short. It seems implausible that any of this could be achieved outside the traditional procurement contracts we’ve seen in the European Union and the U.S. What is more likely is an increase of botched and unsafe vaccines that would be risky for vulnerable populations, as philanthropist Bill Gates has claimed in his opposition to the waiver. If the cost of researching and producing a COVID vaccine is truly $1 billion as is claimed, with no guarantee of success, there are relatively few biotechnology or pharmaceutical companies that can stomach that cost. And distribution would be an entirely different story. If Biden’s administration wants to help vulnerable nations, there is an easier way: release the tens of millions of doses of AstraZeneca vaccines sitting dormant in warehouses, which the FDA has not yet approved, and begin exporting our vaccine surplus to the most hard-hit countries. That’s precisely why the COVAX initiative was created, and why the U.S. should support it. Meanwhile, let’s also look at the future implications of moving now to restrict IP protections for the very companies that have delivered the life-saving vaccines that will get us out of our current pandemic. BioNTech, the German company headed by the husband-wife team of Uğur Şahin and Özlem Türeci that partnered with Pfizer for trials and distribution of their mRNA vaccine, was originally founded to use mRNA to cure cancer. Before the pandemic, they took on massive debt and scrambled to fund their research. Once the pandemic began, they pivoted their operations and produced one of the first mRNA COVID vaccines, which hundreds of millions of people have received. With billions in sales to governments and millions in direct private investment, we can expect the now-flourishing BioNTech to be at the forefront of mRNA cancer research, which could give us a cure. The same is true of many orphan and rare diseases that do not otherwise receive major funding. Would this have been possible without intellectual property protections? If we want to be able to confront and end this pandemic, we will continue to need innovation from both the vaccine makers and producers who make this possible. Granting a one-time waiver will create a precedent of nullifying IP rights for a host of other medicines, which would greatly endanger future innovation and millions of potential patients. Especially in the face of morphing COVID variants, we need all incentives on the table to protect us against the next phase of the virus. Rather than seeking to tear down those who have delivered the miracle of quick, cheap, and effective vaccines, we need to support their innovations and provide supplies to countries who need them. Symbolic gestures that will have drastic consequences, especially on the most vulnerable, just aren’t up to the task.

### On Access

#### No Solvency to Access – Companies will keep complex production steps secret if forced to forgo patents – that shuts down cooperation. (

Silverman 3/21 Rachel Silverman -- a policy fellow at the Center for Global Development, “Waiving vaccine patents won’t help inoculate poorer nations”, 15 March 2021, <https://www.washingtonpost.com/outlook/2021/03/15/vaccine-coronavirus-patents-waive-global-equity/> | MU

According to some activists, the solution to this inequity is relatively simple: By suspending protections on covid-19 vaccine patents, the international community “could help break Big Pharma monopolies and increase supplies so there are enough doses for everyone, everywhere,” [claims](https://peoplesvaccine.org/take-action/)the People’s Vaccine Alliance. Indeed, 58 low- and middle-income countries have mobilized in support of a proposed World Trade Organization [waiver](https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/IP/C/W669.pdf&Open=True) that would temporarily exempt [coronavirus](https://www.washingtonpost.com/coronavirus/?itid=lk_inline_manual_4)-related intellectual property from normal international rules and protections. And while the effort to waive IP protections has been a global health hot topic for months, it gained a high-profile endorsement in the United States recently from Sen. Bernie Sanders (I-Vt.). In a March 10 video statement, Sanders [called upon President Biden](https://twitter.com/GlobalJusticeUK/status/1369734275818549252?s=20) to support the IP suspension while slamming “huge, multibillion-dollar pharmaceutical companies [that] continue to prioritize profits by protecting their monopolies.”

The logic of the argument seems clear and intuitive — at first. Without patents, which serve narrow commercial interests, companies all over the world could freely produce the vaccine. Sure, Big Pharma would lose money — but this is a pandemic, and human life comes before private profit, especially when vaccines receive substantial public financing to support research and development. As with HIV drugs in years past, widespread generic production would dramatically increase supply and drive down prices to levels affordable even in the developing world.

Reality is more complicated, however. Because of the technical complexity of manufacturing coronavirus vaccines, waiving intellectual-property rights, by itself, would have little effect. It could even backfire, with companies using the move as an excuse to disengage from global access efforts. There are more effective ways to entice — and to pressure — companies to license and share their intellectual property and the associated know-how, without broadly nullifying patents.

The Moderna vaccine illustrates the limits of freeing up intellectual property. Moderna [announced in October](https://investors.modernatx.com/news-releases/news-release-details/statement-moderna-intellectual-property-matters-during-covid-19) that it would not enforce IP rights on its coronavirus vaccine — and yet it has taken no steps to share information about the vaccine’s design or manufacture, citing commercial interests in the underlying technology. Five months later, production of the Moderna vaccine remains entirely under the company’s direct control within its owned and contracted facilities. Notably, Moderna is also the only manufacturer of a U.S.- or British-approved vaccine [not yet participating in Covax](https://www.washingtonpost.com/world/coronavirus-vaccine-access-poor-countries-moderna/2021/02/12/0586e532-6712-11eb-bf81-c618c88ed605_story.html?itid=lk_inline_manual_9), a global-aid-funded effort (including a [pledged $4 billion from the United States](https://www.npr.org/2021/02/18/969145224/biden-to-announce-4-billion-for-global-covid-19-vaccine-effort)) to purchase vaccines for use in low- and middle-income countries.

It is true, however, that activist pressure — including threats to infringe upon IP rights — can encourage originators to enter into voluntary licensing arrangements. So the global movement to liberate the vaccine patents may be useful, even if some advocates make exaggerated claims about the effects of waivers on their own.

[We focused on covid. Now our other patients are suffering.](https://www.washingtonpost.com/outlook/2021/03/08/covid-hospital-addiction-cancer/?itid=lk_interstitial_manual_11)

One reason patent waivers are unlikely to help much in this case is that vaccines are harder to make than ordinary drugs. Because most drugs are simple chemical compounds, and because the composition of the compounds is easily analyzable, competent chemists can usually reverse-engineer a production process with relative ease. When a drug patent expires, therefore — or is waived — generic companies can readily enter the market and produce competitive products, [lowering prices dramatically](https://www.fda.gov/about-fda/center-drug-evaluation-and-research-cder/generic-competition-and-drug-prices).

Vaccines, in contrast, are complex [biological](https://www.fda.gov/about-fda/center-biologics-evaluation-and-research-cber/what-are-biologics-questions-and-answers#:~:text=What%20is%20a%20biological%20product,tissues%2C%20and%20recombinant%20therapeutic%20proteins.) products. Observing their contents is insufficient to allow for imitation. Instead, to produce the vaccine, manufacturers need access to the developer’s “soft” IP — the proprietary recipe, cell lines, manufacturing processes and so forth. While some of this information is confidentially submitted to regulators and might theoretically be released in an extraordinary situation (though not without legal challenge), manufacturers are at an enormous disadvantage without the originator’s cooperation to help them set up their process and kick-start production. Even with the nonconsensual release of the soft IP held by the regulator, the process of trial and error would cause long delays in a best-case scenario. Most likely, the effort would end in expensive failure. Manufacturers also need certain raw ingredients and other materials, like glass vials and filtration equipment; overwhelming demand, paired with disruptive export restrictions, has constricted the global availability of some of these items.

#### Even if they increase access, aff only increases access to unregulated and unsafe drugs – covid proves

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[Ezell, Stephen, and Jaci McDole. “Ten Ways Ip Has Enabled Innovations That Have Helped Sustain the World through the Pandemic.” Ten Ways IP Has Enabled Innovations That Have Helped Sustain the World Through the Pandemic, Information Technology and Innovation Foundation, 29 Apr. 2021, itif.org/publications/2021/04/29/ten-ways-ip-has-enabled-innovations-have-helped-sustain-world-through.]

Although anti-IP proponents have attacked biopharmaceutical manufacturers particularly hard, the reality is all IP-protected innovations are at risk if these rights are ignored, or vitiated. Certain arguments have shown a desire for the term “COVID-19 innovations” to include everything from vaccines, therapeutics, diagnostics, and PPE to biotechnology, AI-related data, and educational materials. This could potentially open the floodgates to invalidate IP protection on many of the innovations highlighted in this report. However, much of the current discussion concerning IP focuses almost entirely on litigation fears or R&D incentives. Although R&D is an important aspect of IP, as previously mentioned, these discussions ignore the fact that IP protection can be—and often is—used for other purposes, including generating initial capital to create a company and begin manufacturing and, more importantly, using licensing agreements and IP to track the supply chain and ensure quality control of products. In 2018, Forbes identified counterfeiting as the largest criminal enterprise in the world. The global struggle against counterfeit and non-regulated products, which has hit Latin America particularly hard during the pandemic, proves the need for safety and quality assurance in supply chains. Some communities already ravaged by COVID-19 are seeing higher mortality rates related to counterfeit vaccines, therapeutics, PPE, and cleaning and sanitizing products. Polish authorities discovered vials of antiwrinkle treatment labeled as COVID-19 vaccines. In Mexico, fake vaccines sold for approximately $1,000 per dose Chinese and South African police seized thousands of counterfeit vaccine doses from warehouses and manufacturing plants. Meanwhile, dozens of websites worldwide claiming to sell vaccines or be affiliated with vaccine manufacturers have been taken down. But the problem is not limited to biopharmaceuticals. The National Intellectual Property Rights Coordination Center has recovered $48 million worth of counterfeit PPE and other products. Collaborative efforts between law enforcement and manufacturers have kept numerous counterfeits from reaching the population. In countries with strong IP protection, the chances of counterfeit products reaching the market are significantly lower. This is largely because counterfeiting tends to be an IP-related issue, and these countries generally provide superior means of tracking the supply chain through trademarks, trade secrets, and licensing agreements. This enables greater quality control and helps manufacturers maintain a level of public confidence in their products. By controlling the flow of knowledge associated with IP, voluntary licensing agreements provide innovators with opportunities to collaborate, while ensuring their partners are properly equipped and capable of producing quality products. Throughout this difficult time, the world has seen unexpected collaborations, especially between biopharmaceutical companies worldwide such as Gilead and Eva Pharma or Bharat Biotech and Ocugen, Inc.