The value is maximizing well-being

Avoiding pain is an objective good that should be maximized.

Thomas **Nagel**. “The View From Nowhere.” HUP. 19**86**. 156-168.

I shall defend the unsurprising claim that sensory pleasure is good and pain bad, no matter whose they are. The point of the exercise is to see how the pressures of objectification operate in a simple case. Physical **pleasure and pain do not** usually **depend on activities or desires which themselves raise questions of justification** and value**. They are** just **sensory experiences in relation to which we are fairly passive, but toward which we feel involuntary desire or aversion.** **Almost everyone takes the avoidance of his own pain and the promotion of his own pleasure as subjective reasons for action in a fairly simple way; they are not backed up by any further reasons.** On the other hand if someone pursues pain or avoids pleasure, either it as a means to some end or it is backed up by dark reasons like guilt or sexual masochism. What sort of general value, if any, ought to be assigned to pleasure and pain when we consider these facts from an objective standpoint? What kind of judgment can we reasonably make about these things when we view them in abstraction from who we are? We can begin by asking why **there is no plausibility in the zero position, that pleasure and pain have no value of any kind that can be objectively recognized.** That would mean that I have no reason to take aspirin for a severe headache, however I may in fact be motivated; and that looking at it from outside, you couldn't even say that someone had a reason not to put his hand on a hot stove, just because of the pain. Try looking at it from the outside and see whether you can manage to withhold that judgment. If the idea of objective practical reason makes any sense at all, so that there is some judgment to withhold, it does not seem possible. If the general arguments against the reality of objective reasons are no good, then it is at least possible that I have a reason, and not just an inclination, to refrain from putting my hand on a hot stove. But given the possibility, it seems meaningless to deny that this is so. Oddly enough, however, we can think of a story that would go with such a denial. It might be suggested that the aversion to pain is a useful phobia—having nothing to do with the intrinsic undesirability of pain itself—which helps us avoid or escape the injuries that are signaled by pain. (The same type of purely instrumental value might be ascribed to sensory pleasure: the pleasures of food, drink, and sex might be regarded as having no value in themselves, though our natural attraction to them assists survival and reproduction.) There would then be nothing wrong with pain in itself, and someone who was never motivated deliberately to do anything just because he knew it would reduce or avoid pain would have nothing the matter with him. He would still have involuntary avoidance reactions, otherwise it would be hard to say that he felt pain at all. And he would be motivated to reduce pain for other reasons—because it was an effective way to avoid the danger being signaled, or because interfered with some physical or mental activity that was important to him. He just wouldn't regard the pain as itself something he had any reason to avoid, even though he hated the feeling just as much as the rest of us. (And of course he wouldn't be able to justify the avoidance of pain in the way that we customarily justify avoiding what we hate without reason—that is, on the ground that even an irrational hatred makes its object very unpleasant!) There is nothing self-contradictory in this proposal, but it seems nevertheless insane. Without some positive reason to think there is nothing in itself good or bad about having an experience you intensely like or dislike, we can't seriously regard the common impression to the contrary as a collective illusion. Such things are at least good or bad for us, if anything is. What seems to be going on here is that we cannot from an objective standpoint withhold a certain kind of endorsement of the most direct and immediate subjective value judgments we make concerning the contents of our own consciousness. We regard ourselves as too close to those things to be mistaken in our immediate, nonideological evaluative impressions. **No objective view we can attain could possibly overrule our subjective authority in such cases. There can be no reason to reject** the appearances here.

**Government actors must be utilitarians**

Robert Goodin, fellow in philosophy, Australian National Defense University, THE UTILITARIAN RESPONSE, 1990, p. 141-2

My larger argument turns on the proposition that there is something special about the situation of public officials that makes utilitarianism more probable for them than private individuals. Before proceeding with the large argument, I must therefore say what it is that makes it so special about **public officials and their situations** that **make it both more necessary and more desirable for them to adopt** a more credible form of **utilitarianism**. **Consider, first, the argument from necessity. Public officials are obliged to make their choices under uncertainty,** and uncertainty of a very special sort at that. All choices – public and private alike – are made under some degree of uncertainty, of course. But in the nature of things, private individuals will usually have more complete information on the peculiarities of their own circumstances and on the ramifications that alternative possible choices might have for them. **Public officials**, in contrast, [they] **are relatively poorly informed as to the effects that their choices will have on individuals,** one by one. What **they** typically do **know** are generalities: **averages and aggregates**. They know **what will happen most often to most people** as a result of their various possible choices, but **that is all**. That is enough to allow[s] public **policy-makers** to **use the util**itarian **calc**ulus – assuming they want to use it at all – **to choose general rules** or conduct.

**Innovation DA**

Uniqueness: Innovation is key to improving healthcare worldwide right now

**Thelwell 21. “The importance of medical innovation in the wake of COVID-19” 9th June 2021. Andrew Thelwell, Chief Commercial Officer at Sky Medical Technology.**

**https://www.healtheuropa.eu/the-importance-of-medical-innovation-in-the-wake-of-covid-19/108850/**

**The COVID-19 virus has had a profound impact on global healthcare provision, focusing care on the virus and causing the postponement of many routine and serious operations for other conditions. It will likely take years for health services to catch up. Yet amid the chaos, the virus has kickstarted a fast-tracking of innovation that could be the [is] key to delivering a level of healthcare provision in the future fitting to the changing demographics of the global population. There is, as the saying goes, no harder taskmaster than necessity. The past 12 months have seen unprecedented disruption to multiple industries, but the COVID-19 pandemic has also led to change taking place in months that would previously have taken years. Restaurants have pivoted overnight to home delivery services offering chef-created food to be finished off at home, while Tesco doubled its number of weekly delivery slots to 1.2 million – a figure that, before lockdown, was planned to take at least two years. Unsurprisingly, frontline health services also had to change rapidly to face the crisis: students were thrown into frontline services; former staff were recalled; NHS workers were re-deployed from non-essential services and business facilities were repurposed into new hospitals in weeks. Healthcare systems, typically wary of untested change, sprang into action to address the crisis. But perhaps the most remarkable success story has been that of vaccines. Less than a calendar year after the world woke up to a global pandemic, there are three vaccines approved to be used in the UK and USA with several others lined up for regulatory approval. The speed of the global rollout has been nothing short of sensational – quite unlike a typical rollout of new vaccines that, in ‘normal’ circumstances, might take more than a decade to come to market. The pandemic has acted as a powerful impetus for change in the healthcare industry. Recent research from McKinsey has shown that two industries which have most increased their focus on innovation are the pharmaceutical and medical device sectors. But why is this so important and will it continue once COVID-19 is under control? Rebalancing the scales Innovation in medical technology (medtech) is uniquely important to the future of healthcare for two fundamental reasons. On an economic level, costs associated with the pandemic led to a £5.1bn deficit for the NHS in England in the first four months of the financial year, compared with the pre-pandemic budget. Some of the factors which have contributed to this deficit include extending the workforce to meet the healthcare demand; absences from sickness; providing extra bed capacity; and, at the beginning of the lockdown, higher costs of prescribing. But healthcare systems around the world were battling the demographic odds even before the first outbreak of COVID. Over the course of a century, from 1950 to 2050, it is estimated that the proportion of people in employment, compared to those in retirement, will change from 14 adults in work to every one in retirement, to two in work to every one retired. An ageing global population causes strain for healthcare systems for more than one reason: older people generally need more care but, with less people employed and more retired, there are fewer taxpayers to fund this. This is further complicated by the advances in medicine which are continuing to take place. There are now medical conditions that people can happily live with (assuming the right treatment is given), which only a few decades ago would have had a significant impact on life expectancy. This is cause for celebration, but the increased longevity of patients places yet more burdens on healthcare systems which were already squeezed, even before COVID-19. This is where technology has an important role to play. Innovation in medicine has historically been driven by pharmaceutical interventions that are expensive to develop, take time to gain regulatory approval and require significant clinical testing to ensure the interventions do no harm. Medical technology promises an alternative** – using innovation in technology to develop electronic devices that can be deployed simply and effectively **to address multiple medical issues without the risk of harmful side effects[,]. This has the potential to transform[ing] both the effectiveness and the cost of healthcare in the 21st century.** Technology is **increasingly being seen as** the bridge between unlimited demand and limited resources – enabling healthcare systems to develop new ways to treat conditions and rebalancing the scales to reduce the financial pressure on healthcare services, **while at the same time** [and] enhanc[e]ing patient outcomes**. … Carrying the torch New technologies and innovations have the potential to improve patient outcomes, reduce the strain on healthcare professionals and, ultimately, save healthcare systems money across the globe. The pandemic has been pivotal to enacting changes to the [in] infrastructure of healthcare which has assisted healthcare professionals in making the switch to innovation-enabled care. This momentum must now be maintained. Healthcare systems do not have an innovation problem; the issue is about replication: in the past, successful projects and changes to clinical practice have rarely been reproduced elsewhere in the system. The pandemic has changed this, allowing innovation to break through with greater pace. Long may it continue.**

**And, medical IP protections provide key incentive to innovate - it builds investment confidence, supports collaboration, and forms the basis for vaccine provision by supporting the biopharmaceutical industry**

**(IPFMA, No Date but they cite sources from 2020 so I assume it’s fairly recent, No D “IP”** [**https://www.ifpma.org/subtopics/ip-2/**](https://www.ifpma.org/subtopics/ip-2/)**, Accessed on 9/11/2021)**

**Innovation ecosystems are sustainable when governments, research institutions, and business collectively address the elements necessary to drive investments in new technology and science, underpinned by a stable and transparent rule of law and an incentive system to attract the right talent, expertise, and investment. Open dialogue and collaboration with all stakeholders, including the private sector, is critical to the policymaking process to create policies that support the emergence of sustainable innovation ecosystems.**

Innovation **in technology dependent sectors,** requires a significant risk appetite**. However,** without innovation, there would not be any advancement in the science and the arts**. Recognizing this dichotomy early on, countries have rewarded and incentivized researchers through the intellectual property (IP) system to undertake the risks needed to provide the solutions. Thus, effective and predictable intellectual property systems have proven to provide an important incentive for investing in innovation and enable innovative ideas to be commercialized and scaled.**

**A stable intellectual property system provides the certainty necessary to build confidence for investments in the creation of technologies. Intellectual property incentives also support technological partnerships by providing the legal framework necessary for collaborative innovation and the exchange of technology and knowledge.**

**Effective intellectual property regimes bring clarity and certainty to the market, encouraging the introduction of technology to new places and enabling innovative ideas to be scaled. In addition, an effective enforcement regime, ensures no individual in the country is robbed of years of research, skill building, creation of arts. It lends confidence in the country to its people that their rights are protected and surety of law.**

**In short, IP incentivized the innovator/creator by way of a limited term protection to disclose his creation or invention to the public and spurring future research to take place, thus, striking the right balance between the interests of innovators and the wider public interest. The IP system aims to foster an environment in which creativity and innovation can flourish.[1]**

**Role of Intellectual Property in the Biopharmaceutical Industry**

**The biopharmaceutical industry’s business model is based on competitive R&D, intellectual property (IP), the incentive for innovation, and a science-based regulatory system. Our industry plays a key role in providing the world with the medicines, treatments and vaccines that save and improve the lives of people across the world. Intellectual Property Rights incentivize innovation, research and development and allow the biopharmaceutical industry to improve existing and bring new medicines, vaccines and treatments to people and in turn help improve and save lives.**

**The industry has developed over 650[2] new medicines for the world’s emerging health needs in the last twenty years, also focusing on treatment of cancers, cardiovascular diseases, and diabetes. Today, with more than 8400 drugs in development across all therapeutic fields[3], the industry still drives the exploratory research, taking care of translating early research into patient-ready treatments.**

**As shown by recent studies, a strong IP system and protection allows faster launch and access to new medicines for patients across the world, both in developing and developed countries. In fact, having a strong IP system allows for incentives for the introduction of many medicines which would not be otherwise available.[4]**

**With the success rate of clinical trials being less than 12%[5], inventing, developing, and launching new medicines is a long, resource-intensive and risky process. However, despite setbacks, risks and uncertainty, the industry continues to invest in pharmaceutical R&D.[6]**

**The temporary and limited period of protection given by patents is part of the factors incentivizing the industry to keep investing in the uncertain and long process that is pharmaceutical R&D. In return for this limited protection, the IP system requires the patent applicant to publicly disclose the invention so to allow others to learn and build upon prior advances, creating a perfectly balanced policy system.**

**Innovation saves millions of lives, halves mortality rates, responds to public health crises, and reduces medicine and economic costs by billions**

**Jenner ‘16:**

**(Jenner, Andrew. “Value of Innovation.” IFPMA, IFPMA, 23 Feb. 2016,** [**www.ifpma.org/subtopics/value-of-innovation/**](http://www.ifpma.org/subtopics/value-of-innovation/)**. Accessed 9/11/2021)**

**Many lower and middle-income countries are making important investment in developing their healthcare infrastructure as part of their commitment to achieving Universal Health Coverage. Increasing access to new medicines and vaccines can help sustain such investment by reducing the need for costly surgical interventions and hospitalization. In many cases, the use of innovative medicines by health systems can pay for themselves several times over. One study found that a reduction in the age of drugs used reduces non-drug spending 7.2 times as much as it increases drug expediture, with most of the savings coming from reduced hospitalization and physician office-visit expenditures. Vaccines, for instance, have proven to be one of the most effective preventative technologies in the fight against infectious diseases with an almost unparalleled impact on public health, saving the lives of over 2.5 million children each year. Estimates show that increasing access to six vaccines (including new vaccines for rotavirus and malaria) could save USD 6.2 billion in treatment costs globally. Increased productivity due to averted illness could gain the world an additional $145bn. The upfront cost of procuring vaccines is dwarfed by these benefits. In addition to these economic benefits, the innovation we bring along has transformed the lives of millions of patients all over the world. For instance, improvements in existing cancer treatments have cut annual death rates by half in the United States. High cholesterol and other heart diseases, which required extensive treatment in the 1970s, can now be easily managed with oral therapy. Our industry has played a crucial role in researching and developing the medicines that have contributed to this.**

**The mission of the life sciences industry – in New Jersey, across the United States and around the world – is as ambitious as it is straightforward: to research and develop new medicines, therapies, medical devices, technologies and diagnostics to detect, treat and cure disease and improve the quality of life for patients. Driven to improve global human health, for more than 100 years, the life sciences industry – which includes biopharmaceutical, biotechnology and medical technology, device and diagnostics companies – has helped people live longer, more productive and fulfilling lives. Medical innovation has consistently responded to the challenge in times of crisis and is currently at the forefront of the battle against the COVID-19 pandemic as it has been through so many other health emergencies.** Discovering and developing new medicines, **therapies, medical devices and technologies** is a complex, time-consuming, expensive and risk-laden process **that life sciences companies willingly undertake, spending more than $100 billion annually in search of alleviating human suffering.** The societal value of new medical innovation lies not only in improving human health, but in doing so in a cost-effective manner that brings efficiency to the delivery of health care.**When medical breakthroughs can cure a disease rather than requiring an organ transplant, or when chemotherapy can be administered orally rather than by infusion, the patient, the health care system and the economy all benefit. MEDICAL INNOVATION: EXTENDING LIFE – SAVING LIVES** Collectively, new therapies have been among the greatest contributors to increased life expectancy over the past century. **U.S. life expectancy at birth has risen from 47 years at the turn of the 20th century to 78 years today. New therapies accounted for 73 percent of the increased life expectancy in 30 developing and high-income countries between 2000-09. U.S. cancer survivorship alone has more than tripled since 1970, with nearly 16.9 million cancer survivors alive in the country as of January 1, 2019. This number is expected to increase to 22.2 million by 2030. As of 2018, the cancer death rate for men and women combined had fallen 31 percent from its peak in 1991. This decline translates to 3.2 million deaths avoided.  Biopharmaceutical innovation, through improvements in treatment, has contributed to 76 percent of the improvements in mortality rates for HIV/AIDS patients and 60 percent of improvements in life expectancy for breast cancer patients. Heart disease mortality has been improved by 52 percent due to advancements in medicines. MEDICAL INNOVATION’S ADDED VALUE – COST SAVINGS AND ECONOMIC PRODUCTIVITY In addition to improving patient outcomes, medical innovation offers other, often underappreciated benefits – reducing costs in the health care system and increasing economic productivity.  With new technologies and therapies that can detect and treat a disease earlier in its onset, and medicines to manage chronic disease, the cost of health care can be significantly reduced. Less than 10 cents of the U.S. health care dollar was spent on prescription medicines in 2019. This percentage has remained unchanged since the 1960’s. In 2013, the Congressional Budget Office (CBO) started to incorporate the savings from prescription medicines into the cost of Medicare policies. For every 1 percent increase in the number of prescriptions, the CBO incorporates a 0.2 percent decrease in spending on medical services.  According to the Centers for Disease Control and Prevention, improved medication adherence can save $100-$300 billion annually in direct health care costs. Between 1980 and 2010, advanced medical technology helped cut the number of days patients spent in hospitals by 58 percent. Treating people with chronic disease (e.g., heart disease, stroke, cancer, diabetes, obesity, arthritis) (about half of all U.S. adults) accounts for 86 percent of our nation’s health care costs. By investing in prevention and treatment of the most common chronic diseases, the cost of treatment in the U.S. could decrease by $218 billion per year, and the impact of disease on the economy would be reduced by $1.1 trillion annually. MEDICATION ADHERENCE – KEY TO IMPROVED OUTCOMES AND REDUCING HEALTH CARE COSTS Medication adherence is a critical factor in improving patient outcomes and bringing efficiency and cost savings to the health care system. Of the approximately 187 million Americans who take one or more prescription medications, it is estimated that up to one-half do not take their medications as prescribed, with more than 1 in 5 new prescriptions not being filled. Non-adherence in the U.S. is estimated to result in approximately 125,000 deaths and at least 10 percent of hospitalizations. Medication non-adherence costs the U.S. roughly $330 billion annually in unnecessary medical expenses, as estimated by Express Scripts in 2015. An extra $1 spent on medicines for adherent patients with congestive heart failure, high blood pressure, diabetes and high cholesterol can generate $3-$10 in savings on emergency room visits and inpatient hospitalizations. Adherence to medications for congestive heart failure could result in $22.4 billion saved in the U.S. over a 10-year period. Nearly 1 million hospitalizations could be avoided with better adherence to, and treatment with, hypertensive medicines. LIFE SCIENCES RESEARCH AND DEVELOPMENT – RESOURCES AND RISK IN SEARCH OF THE NEXT TREATMENT  Thousands of scientists go to their labs every day in search of the next treatment, therapy or technology to improve human health and alleviate the suffering of patients.  With the odds heavily against success, life sciences companies invest billions of dollars annually to support the work of these dedicated scientists in their quest to discover the next medical breakthrough.  America’s biopharmaceutical industry in total invested $102 billion in U.S. research and development in 2018.** The biopharmaceutical industry is responsible for 17 percent of R&D spending **by U.S. businesses, the single largest share of any industry. 91 percent of drugs are developed by the private sector with no direct government role. On average, it costs $2.6 billion and takes 10-15 years to discover**, develop and bring **a new medicine** to market. **Only 5 of 5,000 compounds that enter preclinical testing will enter a clinical trial, and only one will be commercialized. Only 12 percent of new molecular entities that enter clinical trials eventually receive FDA approval. Only 2 of 10 new medicines that come to market will be deemed a commercial success – meaning they will produce revenues that exceed the average R&D cost. More than 7,000 medicines currently are in development around the world for cancer, cardiovascular disease, diabetes, HIV/AIDS, immunological disorders, infectious disease and other disease states. Of these 7,000 treatments, 70 percent are potential first-in-class therapies, meaning they use a completely new approach to fighting disease.**

**Thus to avoid these problems caused by lack of innovation we must use this counter plan**

**CP: The World Trade Organization ought to -**

**[1] Implement a co-vaccination program that exports existing stores vaccines to developing countries and increase funding for programs that already exist,**

**[2] Increase production lines to manufacture increased vaccines.**

**[3] Invest more in constructing delivery systems to transport vaccines.**

**That solves the aff and avoids innovation crowd-out.**

**Reducing IP halts the RnD that developed the covid vaccine and leaves us unprepared for the next wave or virus**

**Rosenblatt 21** [Journalist - **As seen in:**[Harvard Business Review](https://muckrack.com/media-outlet/hbr), [International Business Times (U.S.)](https://muckrack.com/media-outlet/ibtimes), [JAMA](https://muckrack.com/media-outlet/jama-jamanetwork), [The Boston Globe](https://muckrack.com/media-outlet/bostonglobe), [The New England Journal of Medicine](https://muckrack.com/media-outlet/nejm), [Barron's](https://muckrack.com/media-outlet/barrons), [STAT](https://muckrack.com/media-outlet/statnews), [Las Vegas Sun](https://muckrack.com/media-outlet/lasvegassun), [RealClear Science](https://muckrack.com/media-outlet/realclearscience), [HometownSource](https://muckrack.com/media-outlet/hometownsource)Rosenblatt, M. (2021, April 23). The downside of Suspending intellectual property rights On COVID-19 vaccines - The Boston Globe. BostonGlobe.com. https://www.bostonglobe.com/2021/04/23/opinion/downside-suspending-intellectual-property-rights-covid-19-vaccines/]

One year ago, we were living in lockdown. Today, [more than half](https://www.npr.org/2021/04/18/988574518/more-than-half-of-u-s-adults-have-gotten-at-least-one-covid-19-vaccine-dose) of all adults in America have had at least one shot against COVID-19. Globally, coronavirus inoculations have saved millions of lives and will save tens of millions more. They’re also getting us out of the house, helping us return to some semblance of normalcy. Drug companies developed the new vaccines with impressive speed, thanks to years of research and billions in private financing. And the system that gave us these shots depends entirely on strong intellectual property rights. These same protections will be critical when we face the next pandemic. But unfortunately, they may not be there if India and South Africa get their way. The [World Trade Organization is considering a petition from India and South Africa to waive intellectual property rights globally for COVID-19 vaccines](https://www.reuters.com/article/us-health-coronavirus-wto/rich-developing-nations-wrangle-over-covid-vaccine-patents-idUSKBN2B21V9) and treatments. Together with the United Kingdom, the European Union, Switzerland, Japan, and a handful of other countries, the United States has thus far opposed the move. But the White House is under pressure to change its position. Last week, more than 170 former heads of state and Nobel laureates called on President Biden [to endorse the petition](https://peoplesvaccinealliance.medium.com/open-letter-former-heads-of-state-and-nobel-laureates-call-on-president-biden-to-waive-e0589edd5704). [Supported by about 100 countries](https://www.reuters.com/article/us-health-coronavirus-wto/waive-covid-vaccine-patents-to-benefit-poor-nations-activists-say-idUSKBN2AW1VO), the petition asserts that patents are blocking access to vaccines. But the barriers they say they’re worried about have already been removed — and there’s no evidence that stripping patent rights would do anything to increase vaccine access. Consider the licensing and distribution agreements we’ve seen thus far. AstraZeneca licensed its COVID-19 vaccine to the Serum Institute of India to hasten production for low- and middle-income countries. Johnson & Johnson promised to allocate[d] up to half a billion doses to low-income countries, largely on a nonprofit basis. And the patent-holders of the three US-approved vaccines — **Johnson & Johnson, Moderna, and Pfizer-BioNTech — have licensed their intellectual property at no cost.** These and other collaborative deals are speeding vaccine deployment, and they wouldn’t be possible without intellectual property rights. Companies don’t share know-how if their innovations can be copied without consequence. The campaign to gut patents also seems to ignore the highly successful [COVAX](https://www.who.int/initiatives/act-accelerator/covax) program, co-led by the World Health Organization, through which other organizations, drug companies, and governments, including the United States, are cooperating to distribute doses across the world. Thus far, COVAX has shipped 31 million doses to 60 nations

The WTO ought to adopt programs like COVAX to solve these problems: it is key to getting the COVID vax around the world

Seth Berkley CEO of GAVI, the vaccine alliance 2020 september 3:

**COVAX is** one of three pillars of the Access to COVID-19 Tools (ACT) Accelerator, which was launched [in April](https://www.gavi.org/news/media-room/gavi-and-global-health-actors-collaborate-accelerate-covid-19-technologies-all) in response to this pandemic. **Bringing together governments, global health organisations, manufacturers, scientists, private sector, civil society and philanthropy, with the aim of providing innovative and equitable access to COVID-19 diagnostics, treatments and vaccines.** The COVAX pillar is focussed on the latter. **It is the only truly global solution to this pandemic because it is the only effort to ensure that people in all corners of the world will get access to COVID-19 vaccines** once they are available, regardless of their wealth. Coordinated by Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI) and the WHO, **COVAX will achieve this by acting as a platform that will support the research, development and manufacturing of a wide range of COVID-19 vaccine candidates**, and negotiate their pricing. All **participating countries**, regardless of income levels, **will have equal access to these vaccines once they are developed.** The initial aim is to have 2 billion doses available by the end of 2021, which should be enough to protect high risk and vulnerable people, as well as frontline healthcare workers. **For lower-income funded nations,** who would otherwise be unable to afford these vaccines, **as well as a number of higher-income self-financing countries that have no bilateral deals with manufacturers, COVAX is quite literally a lifeline and the only viable way in which their citizens will get access to COVID-19 vaccines**. For the wealthiest self-financing countries, some of which may also be negotiating bilateral deals with vaccine manufacturers, it serves as an invaluable insurance policy to protect their citizens, both directly and indirectly. On the one hand it will provide direct protection by increasing their chances of securing vaccine doses. Yet, at the same time **by procuring COVID-19 vaccines through COVAX, these nations will also indirectly protect their citizens by reducing the chances of resurgence by ensuring that the rest of the world gets access to doses too.**

**The impact is vaccine access – only the CP solves for distribution problems that if unchecked will lead to billions in wasted money and spread of diseases**

Michael Rosenblatt April 23 2021:

**The main obstacles to getting shots into arms have nothing to do with intellectual property.** For instance, **the United States and other countries have stockpiled doses**. Releasing **these stores would help alleviate the current shortage**. So-called **last-mile delivery is also a challenge**, given that some COVID-19 **vaccines require ultra-cold storage**. **Suspending patents would accomplish nothing in regions that don’t have robust electricity and industrial freezers.** **The biggest hurdle is manufacturing. Vaccine factories worldwide are running at capacity**. [“It just takes time to scale up,” Serum Institute chief executive Adar Poonawalla](https://www.theguardian.com/global-development/2021/feb/14/we-took-a-huge-risk-the-indian-firm-making-more-covid-jabs-than-anyone) recently told The Guardian. As philanthropist Bill Gates, whose Bill and Melinda Gates Foundation has committed more than $150 million to COVID-19 vaccines, told a New York Times podcast, “[No free IP would have improved anything related to this pandemic](https://www.nytimes.com/2021/03/03/podcasts/the-daily/coroanvirus-vaccine-bill-gates-covax.html?showTranscript=1).” Meanwhile, **suspending intellectual property rights could have a devastating downside.** **Pharmaceutical research is a tremendous gamble. Most efforts to develop medicines never come to fruition, despite billions of dollars invested over many years.** [**Fewer than 10 percent of the candidate medicines that enter clinical trials receive FDA approval**](https://www.bio.org/sites/default/files/legacy/bioorg/docs/Clinical%20Development%20Success%20Rates%202006-2015%20-%20BIO,%20Biomedtracker,%20Amplion%202016.pdf)**. Intellectual property protections** — which assure inventors they’ll have sole right to their creations for a set period of time — **offer a chance at a reward** in the face of all that risk. By preserving **that chance,** these rights **keep[s] investment into drug research flowing.** Two of our most effective COVID-19 vaccines, **Pfizer-BioNTech and Moderna, are based on advances in messenger RNA. The same technology now holds huge promise for preventing other diseases, as well as for treating cancer and multiple sclerosis**. But **scientists cannot make these breakthroughs without sustained investment, which waiving patent rights would undermine**. In fact, **the main winners from a patent-rights suspension** wouldn’t be unvaccinated individuals. They **would be profit-making companies abroad**, especially in hubs of generic drug manufacturing like India, South Africa, and China. The fact that **New Delhi and Pretoria filed their WTO petition before any vaccines were even approved**, well before evidence of a shortage, **underlines the commercial nature of their effort. Big producers of generic pharmaceuticals would love to shift their focus to innovative, higher-margin drugs covered by patents. And with deep wells of scientific talent in places like India and China, that’s an achievable goal.** But appropriating trade secrets — earned through years of investment and research — is not the way to get there. **Forcing Johnson & Johnson, Pfizer-BioNTech, and Moderna to turn over hard-won knowledge would eventually harm innovation everywhere.** At an early stage during this pandemic, it quickly became apparent that to end this global crisis **we don’t just need COVID-19 vaccines, we also need to ensure that everyone in the world has access to them.** This triggered global leaders to call for a solution that would accelerate the development and manufacture of COVID-19 vaccines, as well as diagnostics and treatments, and guarantee rapid, fair and equitable access to them for people in all countries. Today we have that solution – COVAX. **The result of an extraordinary and unique global collaboration, with more than two-thirds of the world engaged – COVAX has the world’s largest and most diverse portfolio of COVID-19 vaccines, and as such represents the world’s best hope of bringing the acute phase of this pandemic to a swift end.**