## Health Diplomacy DA

### 1NC---Health Diplomacy DA

#### TRIPS 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 key to global cooperation that solves 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...

## Africa Innovation DA

#### Innovation is steady now – COVID uplifted the market just enough to keep collaboration going.

**IP 20** [Idea Pharma, 4-6-2020, "These pharmaceutical companies are the top inventors and innovators," Fortune, <https://fortune.com/2020/04/06/top-pharmaceutical-companies-innovation-invention-2020/>] //DD PT

The 2020 Pharmaceutical Invention and Innovation Indices, compiled by [IDEA Pharma](https://www.ideapharma.com/), were generated prior to the unfolding [COVID-19 pandemic](https://fortune.com/tag/coronavirus/) and do not relate to what any pharmaceutical or biotech company is doing in relatifon to that particular challenge. There is a huge amount of work going into the existential threat posed by this virus, something that we have seen before. Perhaps the AIDS crisis represents the closest analogue—an industry that rallied quickly and produced treatments which sustain lives today. However, we all want to know more, at a period of uncertainty. The difference between putting out an idea, or bringing forth a viable product, is the difference between invention and innovation: Put simply, some companies are better at one than the other. As in the Parable of the Talents, the question most pertinent to the question of “productivity” in the [pharmaceutical industry](https://fortune.com/tag/pharmaceuticals/) is not “How much do you have?” but “If you gave the same product to two different companies, which would do the best with it?” That was the simple question first asked 10 years ago, with the Pharmaceutical Innovation Index—a ranking of which companies have been best at adding value to their pipelines over the past five years. It fits a classical definition of innovation as a measure of return on invention—separating the idea from its execution. $770 billion COMBINED GLOBAL REVENUE FOR THE TOP 30 PHARMACEUTICAL COMPANIES IN 2019 At a time when innovation is needed more than ever, this lesson is critical. The history taught to us in tales of Henry Ford, Thomas Edison, Steve Jobs, and Elon Musk tends to celebrate their ideas, whereas it is their execution, their organizations, that brought inventions to their audience: famously, the 99% perspiration instead of the 1% inspiration. If we put too much faith in inventions to self-determine their own fate, we lose sight of the role that great companies, and their people, play in bringing them, literally, to life. It is a surprise to many (especially within the industry) that good new drugs can be halted, or lost, in development by the inability of companies to guide them toward their patient destiny via the thousand small decisions, hurdles, and barriers that stand between an idea and its value. With so much excitement surrounding the addition of a promising candidate to a bulging development portfolio, it is an important reminder that companies differ widely in their ability to realize its talent. From tens of thousands of programs in the industry, we gain only 40 to 50 new drugs per year, and only 10 to 15 of those will deliver a return on its own investment. When we realize that, we see an engine like a ’70s Detroit V-8, guzzling fuel but with little effect on progress. Of 2019 revenues across the top 30 companies, the average return from products launched in the past five years was just 12%. (Some household names derived no significant revenue from “new” products.) When we wonder why drug pricing is such an issue, the natural focus falls upon on annual rises on old drugs. Unfortunately, some companies have no choice—they have no new products to rely upon. $4.5 billion AVERAGE COST OF LAUNCHING A NEW DRUG However, we don’t want to lose that twinkle: A pipeline full of novelty and meaningful opportunity is what we all want from a pharmaceutical company—potential answers to life’s most important questions. So, after 10 years of focusing on innovation exclusively, the Pharmaceutical Innovation Index gains a forward-looking statement—the Pharmaceutical Invention Index. The 2020 Index sees biotech mixing it up with the industry’s giants. As with the emergence of more fuel-efficient cars during the oil crisis, we’re seeing new players. With the dominance of rare and orphan disease approvals, more companies are finding they don’t need the traditional sales forces and development pathways. We also see that the industry is looking healthy globally, but Europe—with the exception of the U.K. and Switzerland—is dropping away as a player. —IDEA Pharma Highlighted companies Roche Innovation Index rank: 1 Invention Index rank: 10 Number of employees: 97,735 2019 revenue: $63.638 billion Headquarters: Basel, Switzerland [Roche](https://fortune.com/2020/03/13/coronavirus-test-roche-covid-19/) has jumped seven spots from 2019 to finish first, the first time the Swiss company has done so. The company benefited from multiple clinical data wins, a pair of novel FDA approvals, and many path-leading immuno-oncology firsts by its PD-L1, Tecentriq. AbbVie Innovation Index rank: 2 Invention Index rank: 7 Number of employees: 30,000 2019 revenue: $32.75 billion Headquarters: North Chicago, Ill., U.S. Runner-up on this year’s Innovation Index (and seventh overall on the Invention ranking) is [AbbVie](https://fortune.com/company/abbvie). A model of consistency, [AbbVie](https://fortune.com/longform/abbvie-humira-drug-costs-innovation/) has held the second position two years in a row. Novartis Innovation Index rank: 3 Invention Index rank: 4 Number of employees: 103,914 2019 revenue: $51.9 billion Headquarters: Basel, Switzerland Novartis had a historic year in terms of regulatory approvals notching an unprecedented five novel drugs, helping catapult the company from ninth on the Innovation Index in 2019 to third in 2020. Notably, the company also sustained its Invention ranking—finishing fourth overall in back-to-back years, suggesting a promising future. Vertex Innovation Index rank: 3 Invention Index rank: 9 Number of employees: 3,000 2019 revenue: $4.164 billion Headquarters: Boston, Mass., U.S. With the help of the FDA approval of potential blockbuster cystic fibrosis (CF) drug Trikafta, Vertex burst onto the Innovation scale in 2019, as the best-performing biotech by far. Eli Lilly Innovation Index rank: 5 Invention Index rank: 3 Number of employees: 33,625 2019 revenue: $22.32 billion Headquarters: Indianapolis, Ind., U.S. After experiencing a jump from No. 13 in 2018 to third on the 2019 Innovation scale, [Eli Lilly](https://fortune.com/company/eli-lilly) has settled into the fifth spot on this year’s Index. Despite the two-spot drop, Lilly’s Invention scale ranking of third for 2020 implies that the company isn’t going anywhere anytime soon. AstraZeneca Innovation Index rank: 6 Invention Index rank: 1 Number of employees: 61,100 2019 revenue: $24.384 billion Headquarters: Cambridge, U.K. After dipping from first in 2018 to No. 12 in 2019 on the Innovation scale, AstraZeneca is back in the top 10. With no new drug or BLA approvals coming in 2019, the vast majority of AstraZeneca’s success came from positive clinical data, and progression in the pipeline, which in turn landed the company in first place on the Invention scale. 1,200 NUMBER OF DRUGS IN DEVELOPMENT IN OVER 1,900 CLINICAL STUDIES AMONG THE TOP 30 PHARMACEUTICAL COMPANIES Alexion Innovation Index rank: 7 Invention Index rank: 24 Number of employees: 2,525 2019 revenue: $4.991 billion Headquarters: Boston, Mass., U.S. Leading the charge on the Innovation front for Alexion is the blockbuster drug Soliris, and the emergence of its successor, Ultomiris.

#### IP protections for medicines are necessary for innovation in the field of pharmaceuticals.

**Wilbur 19** [Tom Wilbur, 4-16-2019, "IP Explained: Why patents are so critical to biopharmaceutical innovation," PhRMA, <https://catalyst.phrma.org/ip-explained-why-patents-are-so-critical-to-biopharmaceutical-innovation>] //DD PT

Many essential industries rely on the U.S. patent system to foster innovation. [Research](http://phrma-docs.phrma.org/sites/default/files/pdf/2014-economic-futures-report.pdf) has identified that an IP system that provides robust patent rights and regulatory protection is key to driving biopharmaceutical growth in the United States and sustaining continued investment in the lengthy and costly R&D process needed to develop new medicines. Biopharmaceutical companies differ from other industries in terms of the level of scientific and regulatory uncertainty, long time horizons and high costs of R&D. In addition, while the law has established a patent term of 20 years from the patent application filing date, given the nature of the R&D process, up to half of the patent term may be lost before a medicine is ultimately reviewed and approved by the U.S. Food and Drug Administration (FDA). The facts are that, for the biopharmaceutical industry, the availability of patents enables companies to invest an average of $2.6 billion over a 10 to 15-year period to bring a medicine to patients and enables them to accept the risk that only 12% of investigational medicines will ultimately be approved by the FDA. Patents incentivize different forms of biopharmaceutical innovation, and a medicine may be associated with multiple types of patents that may cover such aspects as the biologically active component of a drug, as well as the composition of dosage forms, methods of manufacturing and use in a particular therapeutic indication. While a single medicine, like any other product, may be covered by a range of patents, individual patents may also be part of a larger technology solution or platform applicable to different products. Innovation doesn’t stop when a new medicine is brought to market. In fact, biopharmaceutical companies are constantly innovating toward better medicines for better health. Because of a strong U.S. patent system, the U.S. biopharmaceutical industry is willing to invest more than any other industry in R&D and bring forward medical advances critical to addressing some of our most challenging diseases. Robust IP protections including patents are necessary to foster the investments that allow researchers to harness scientific and technological breakthroughs as they develop new medicines that improve and save lives.

#### African pharmaceutical industries are still underdeveloped, but investment is growing. Any assistance for the African pharmaceutical industry is good.

**Idris 20** [Abubakar Idris, 16-03-2020, "Investor interest in Africa’s innovative pharma business is growing," TechCabal, <https://techcabal.com/2020/03/16/lifestores-seed-funding/>] //DD PT

Pharmacies are the first contact for millions of Africans accessing healthcare services on the continent. This makes the business a big one. The African pharma market is worth over [$50 billion](https://techcabal.com/2020/03/11/nigerian-health-startup-field-intelligence-funding/). In Nigeria, [McKinsey predicts](https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/winning-in-nigeria-pharmas-next-frontier) that the market could grow as high as 9 per cent annually by 2026, contributing between $950 million and $1.1 billion during this period. But the business is underdeveloped. The demand is high but the supply chain is broken, causing many drug stores to run out of important products quickly and longer times to restock. In most parts of the continent, quality drugs are exported. The supply chain is dominated by a few middlemen who have the links and resources to bring drugs into the country. To augment supply, some chemists fall victim to fake drugs, putting the lives of their customers at risk. According to the [United Nations Industrial Development Organisation (UNIDO)](https://www.unido.org/sites/default/files/2011-04/Nigeria_Pharma%20Sector%20Profile_032011_Ebook_0.pdf) [PDF], fakes account for around 30% of drugs in circulation in the Nigerian market. This is a problem. Over the last five years, a number of innovators have identified this problem and have developed their own tech solutions to address it. [Lifestores](https://techcabal.com/2019/10/07/lifestores-wants-to-change-nigerias-pharma-business-using-technology/) is one company doing this. They are on a “mission to democratize access to quality healthcare,” the company told TechCabal. Lifestores started operations in 2017 to make quality and affordable drugs available for the mass market. It started operations in 2017 and is using a different go-to-market strategy. Rather than restrict itself to quality drugs delivery to third-party pharmacies, Lifestores has gone into the business for itself. It has opened a number of drug stores to understand the challenges chemists are facing in their daily operations. In 2019, it operated three stores in Yaba, Ilupeju and Festac. It acquired a fourth store in early 2020 and is on course to take over another store. Lifestores has developed a software component to its operation for inventory management and to address supply chain issues. It is working directly with pharmaceutical companies to purchase its stock. This makes its drugs cheaper and high quality. Between 2018 and 2019, its sales have grown by five times, the company told TechCabal. For the long term, the company is focused on the mass market. It wants to work with thousands of pharmacies to develop a network of stores in Nigeria. In the West African country, “the [pharmacy] space is incredibly fragmented,” Andrew Garza, Lifestores’ COO [told TechCabal](https://techcabal.com/2019/10/07/lifestores-wants-to-change-nigerias-pharma-business-using-technology/) in October 2019. The market leaders own just 2% of the market, “they’re quite small compared to other markets like South Africa where the single lead tends to have as much as 30% of market share,” he said. For its franchising model, Lifestores provides third-party stores (which it calls affiliates) with the software to manage their processes and inventory. “We’ve developed the software that will be the foundation of the program,” Garza told TechCabal. “[We] are currently testing it in our own stores before rolling it out to 3rd party pharmacies.” By the end of March or the next quarter, Lifestores will roll out the pilot to include third-party stores. The full rollout would happen later in the year. “The focus of the program will be on helping pharmacies manage their inventory more efficiently,” Garza said, “providing them with group purchase discounts and enabling them to better serve customers.” The company recently closed an over $1 million seed-stage funding round. The round was led by Consonance Investment Managers. Other investors who participated include Flying Doctors Nigeria Group & the Greentree Syndicate, the StartUp Health Transformer Fund, Altadore Lionbear Capital, Unseen Ventures, K50 Ventures, Chinook Capital and Kepple Africa Ventures. A number of angel investors also invested in this round. Lifestores is not the only pharma-focused company generating a buzz. Field Intelligence is another startup attracting a lot of attention. The health-tech company is focused on supply chain issues for pharmacies. It has around 280 pharmacies signed up to its service. The five-year-old company just [closed a $3.6 million Series A](https://techcabal.com/2020/03/11/nigerian-health-startup-field-intelligence-funding/) round led by Blue Haven Initiative, one of the world’s biggest impact investors. Ghana’s mPharma is one of the biggest movers in the African retail drug market. The seven-year-old company raised $12 million Series B funding last year. It operates in five countries and expanded to Kenya by acquiring the country’s second-largest pharmacy chain. 54gene, a Nigerian startup, is providing pharma companies with genomics data about Africans that makes it easier for them to develop effective drugs. The startup raised $4.5 million in 2019. In 2018, Nigerian pharmacy chain, [HealthPlus raised $18 million](https://www.businesswire.com/news/home/20180327005256/en/Alta-Semper-Capital-LLP-commits-US18-million) from Alta Semper Capital, a London-based investor. Founded in 1999, Health Plus has 80 stores and plans to expand across West Africa. In February, [three Ghanaian pharmaceutical companies merged](https://africanbusinessmagazine.com/african-banker/ghana-pharma-firms-merge-into-single-giant/) to create the largest drug company in the country. The new entity, Dannex Ayrton Starwin Plc or DAS Pharma, will produce around 80 drugs and is planning to expand across Africa. Daniel Apeagyei Kissi, DAS Pharma’s CEO, said the new entity will take advantage of new trends in the market spurred by tech. “[DAS Pharma] is coming into the market at an opportune time when the industry as we know is changing,” a [Ghanaian publication](https://www.graphic.com.gh/business/business-news/three-local-pharmaceutical-companies-merge-lists-on-gse-as-das-pharma.html) quoted him as saying. “Consumer and customer needs are changing, industry players are integrating vertically, dealer-owned brands are appearing on the market and technology is manifesting in online pharmacies, electronic payment, online healthcare systems [and] online doctors.” “DAS Pharma is well placed to respond to and take advantage of to make even greater history,” he said. These are exciting activities in the pharma market and could fuel more investor interests.

#### The only way that we can ensure that we can counter highly deadly pandemics is through pharmaceutical drug development and innovation.

**Madhav et al 17** [Madhav N, Oppenheim B, Gallivan M, et al. Pandemics: Risks, Impacts, and Mitigation. In: Jamison DT, Gelband H, Horton S, et al., editors. Disease Control Priorities: Improving Health and Reducing Poverty. 3rd edition. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2017 Nov 27. Chapter 17. Available from: https://www.ncbi.nlm.nih.gov/books/NBK525302/ doi: 10.1596/978-1-4648-0527-1\_ch17] //DD PT

Vaccines, antibiotics, and antiviral drugs can play a critical role in mitigating a pandemic by reducing the infectiousness of symptomatic patients and the susceptibility of uninfected individuals. Antivirals may reduce influenza transmission, although the extent of their effectiveness is unclear ([Ferguson and others 2005](https://www.ncbi.nlm.nih.gov/books/NBK525302/); [Jefferson and others 2014](https://www.ncbi.nlm.nih.gov/books/NBK525302/)). A systematic review of clinical trial data among treated adults showed that oseltamivir reduced the duration of influenza symptoms by 17 hours, but prophylaxis trials found no significant reduction of transmission ([Jefferson and others 2014](https://www.ncbi.nlm.nih.gov/books/NBK525302/)). If available, vaccines can reduce susceptibility. Significant efforts have focused on speeding up vaccine development and scaling up production. However, the availability of vaccines—particularly in LMICs—depends on the affected area’s capacity for distribution (including the scale and integrity of the cold chain), its capacity for last-mile delivery to rural areas, and the population’s willingness to adopt the vaccine. Vaccination strategies targeting younger populations may be especially beneficial, in part because influenza transmissibility is higher among younger populations during pandemics ([Miller and others 2008](https://www.ncbi.nlm.nih.gov/books/NBK525302/)). The effectiveness of antivirals, antibiotics, and vaccines in reducing spread diminishes if the pandemic is already global, if LMICs cannot afford adequate vaccine stocks for their populations, or if specific populations (for example, the poor or the socially vulnerable) cannot access vaccines. Additionally, pandemics may be caused by a pathogen without an available vaccine or efficacious biomedical therapy. Efforts to improve the vaccine development pipeline are underway ([box 17.3](https://www.ncbi.nlm.nih.gov/books/NBK525302/box/pt5.ch17.sec4.box3/?report=objectonly)).

#### Future pandemics are going to cause extinction – gut micro bacteria will mutate into deadly diseases which would threaten humanity.

**Diamandis 21** [Diamandis, E. The Mother of All Battles: Viruses vs. Humans. Can Humans Avoid Extinction in 50-100 Years?. Preprints 2021, 2021040397] //DD PT

The recent SARS-CoV-2 pandemic, which is causing COVID 19 disease, has taught us unexpected lessons about the dangers of human extinction through highly contagious and lethal diseases. As the COVID 19 pandemic is now being controlled by various isolation measures, therapeutics and vaccines, it became clear that our current lifestyle and societal functions may not be sustainable in the long term. We now have to start thinking and planning on how to face the next dangerous pandemic, not just overcoming the one that is upon us now. Is there any evidence that even worse pandemics could strike us in the near future and threaten the existence of the human race? The answer is unequivocally yes. It is not necessary to get infected by viruses of bats, pangolins and other exotic animals that live in remote forests in order to be in danger. Creditable scientific evidence indicates that the human gut microbiota harbor billions of viruses which are capable of affecting the function of vital human organs such as the immune system, lung, brain, liver, kidney, heart etc. It is possible that the development of pathogenic variants in the gut can lead to contagious viruses which can cause pandemics, leading to destruction of vital organs, causing death or various debilitating diseases such as blindness, respiratory, liver, heart and kidney failures. These diseases could result in the complete shutdown of our civilization and probably the extinction of human race. In this essay, I will first provide a few independent pieces of scientific facts and then combine this information to come up with some (but certainly not all) hypothetical scenarios that could cause human race misery, even extinction. I hope that these scary scenarios will trigger preventative measures that could reverse or delay the projected adverse outcomes.

## Accessibility

### 1NC – Drug Production

#### Developing countries lack the infrastructure and technology to develop drugs on their own

**Stevens and Huys 17**[Stevens - Ph.D., holds the Fund Baillet Latour supported Chair in Translational Medicine at the I³h Institute and is Associate Professor at the ULB, as well as Guest Professor at University of Leuven, Huys – advanced researcher and reporter of patents and drugs, Frontiers in Medicine, “Innovative Approaches to Increase Access to Medicines in Developing Countries”, December 7, 2017, <https://www.frontiersin.org/articles/10.3389/fmed.2017.00218/full>] DD MN

Stakeholders bundle forces in assuring essential medicines are manufactured, authorized, and distributed in low- and middle-income countries (LMICs) at affordable conditions. **But challenges remain, i.e., guaranteeing high distribution coverage, ensuring affordability, and adoption of essential medicines, both at provider level and end-user level (**[**9**](https://www.frontiersin.org/articles/10.3389/fmed.2017.00218/full#B9)**).** Developing countries lack infrastructure needed to increase access to medicines. **Most diagnostics are not designed for implementation in non-optimal laboratory conditions present in developing countries, with lack of air conditioning, stable electrical power, or refrigerators to store samples and chemicals** ([10](https://www.frontiersin.org/articles/10.3389/fmed.2017.00218/full#B10), [11](https://www.frontiersin.org/articles/10.3389/fmed.2017.00218/full#B11)). **Through microfluidic systems, high-tech technologies could find their way to the developing world laboratories. But the need for faster and more accurate diagnostics remains** ([10](https://www.frontiersin.org/articles/10.3389/fmed.2017.00218/full#B10)).

## Pandemics

### Moderna/Manufacturing

**Patent waiver doesn’t solve; patents don’t contain manufacturing instructions**

**Turner and Rourke 21**, Mark Eccleston-Turner and Michelle Rourke, American Society of International Law, “The TRIPS Waiver is Necessary, but it Alone is not Enough to Solve Equitable Access to COVID-19 Vaccines” May 21st 2021, Insights Volume 23 Issue 9<https://www.asil.org/insights/volume/25/issue/9> Livingston RB

Unlike chemical pharmaceuticals (most drugs**), vaccines are large-molecule biological products requiring a great deal of information and know-how to manufacture—information that is not disclosed through patents.** Thus, **waiving patent rights alone will not enable new manufacturers to come online**. The initial text of the proposed waiver by India and South Africa recognizes the crucial role that know-how plays in vaccine manufacturing capacity. However, unlike with patent rights, **there is no** clear, easy **fix contained within the proposed waiver, and pharmaceutical companies will likely strenuously resist such technology transfer. Without knowledge transfer, it will be** extremely **difficult** for LMICs **to start COVID-19 vaccine manufacturing, regardless of the removal** of patent barriers from the **TRIPS** waiver.The TRIPS Agreement recognizes the importance of technology transfer through its Objectives, and Article 66.2 of TRIPS states that "developed country Members shall provide incentives to enterprises and institutions in their territories for the purpose of promoting and encouraging technology transfer to least-developed country Members in order to enable them to create a sound and viable technological base." The WHO has set up a mRNA technology transfer hub to provide a mechanism to facilitate the sharing of know-how related to manufacturing mRNA vaccines, but **none of the technology holders have** thus far **engaged** with the hub. This is reflective of wider efforts by **the WHO to** facilitate the **transfer** of **technology from established** vaccine **manufacturers to new manufacturers in developing countries**. In recent history this was most notably attempted through the WHO's Pandemic Influenza Preparedness Framework (PIP Framework), where the WHO has attempted to use multilateral access and benefit-sharing arrangements to negotiate the sharing of technology in the field of pandemic vaccine manufacturing. To this end, pandemic influenza vaccine manufacturers who wish to receive influenza virus samples from the WHO's network of specialized laboratories must sign a contract with the WHO called a Standard Material Transfer Agreement, committing to at least two of the following options:

**Moderna proves- Puts aff in double bind, either moderna solves the aff or the aff won’t work**

**Silverman 21**, Rachel Silverman, Policy Fellow at the Center For Global Development, Center for Global Development “Would Exempting COVID-19 Vaccines from Intellectual Property Rights Improve Global Access and Equity?”<https://www.cgdev.org/debate/would-exempting-covid-19-vaccines-intellectual-property-rights-improve-global-access> Livingston RB

With thanks to our contributors and commentators, I think this debate has generated greater clarity and nuance—if not necessarily consensus—about whether IP poses a meaningful barrier to COVID-19 vaccine access. We largely agree that knowledge-sharing and tech transfer are the crux of the IP issue—not patents and legal strictures per se**. Moderna**, for example, **has waived IP enforcement for COVID-19 vaccines but has not widely shared its know-how; without the latter, the former action has not generated any generic production.** We are left, in that case, with two broad areas of disagreement and/or uncertainty. First, is an IP waiver important as a first step and/or symbolic gesture, even if it will have limited impact without broader knowledge sharing? Some have argued “yes”—that it provides legal clarity to protect generic manufacturers against retribution and signals a shared commitment to human life and health over company profits and wealthy-country interests. From my perspective, I continue to feel largely agnostic on this point. I recognize the symbolic value and I’m not opposed to **the waiver** per se¸ but given its relatively low impact I continue to think it **is an inefficient use of limited** global advocacy/political **capital for vaccine access**.

## AT: COVID Impacts

#### Even if IP was reduced for COVID vaccines, there would be no change in production

**Abbott 21**, Alden Abbott, Alden Abbott is a senior research fellow with the Mercatus Center at George Mason University and formerly served as the Federal Trade Commission’s General Counsel, May 7 2021, National Review, “Waiving IP Protection for COVID Vaccine Is Anti-innovation and Anti-Public Health”<https://www.nationalreview.com/2021/05/waiving-ip-protection-for-covid-vaccines-is-anti-innovation-and-anti-public-health/> Livingston RB

Waiving intellectual property protections (including patents) for COVID-19 vaccines, which, as U.S. trade representative Katherine Tai announced Wednesday, the Biden administration supports, will if implemented prove disastrous for American innovation — and detrimental to public health as well. Patents are property rights that allow inventors to exclude third parties from copying and using novel patented technologies for 20 years from the time a petition for a patent is filed. Patents are particularly important in the medical field, underpinning the “miracle drugs” and vaccines that save and better countless lives. In October 2020, India and South Africa petitioned the World Trade Organization (WTO) to bypass granting or enforcement of all forms of intellectual property (IP) rights (patents, trade secrets, industrial designs) on COVID-19-related drugs, vaccines, diagnostics, and other medical technologies for the duration of the COVID-19 pandemic. IP rights are protected under the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement overseen by the World Trade Organization. U.S. support for the petition, announced by Tai, strengthens the prospect for its adoption in upcoming WTO negotiations. Patent rights were key to the unprecedentedly rapid development and rollout of COVID-19 vaccines in 2020. A number of highly successful COVID-19 vaccines (including the Moderna and Pfizer vaccines) came about due to earlier innovative mRNA research that was spurred by patents. Significantly, **patents have not affected the mass production of important COVID-19 vaccines.** As former U.S. Patent and Trademark Office chief [Andrei Iancu explains](https://www.statnews.com/2021/04/13/no-evidence-patents-slow-vaccine-access/), vaccine **makers** already **have entered into** a web of **agreements with countries** around the world, and “**almost every factory on the planet that can make these vaccines is already doing so.”** Indeed, patent experts recently indicated that patent-inspired “mRNA vaccines could open the door for the approval of other mRNA-based medicines, creating a wide range of new markets.” Indeed, as Iancu points out, “**there’s** robust collaboration and **cooperation** within the industry **to ensure that vaccines are made quickly and safely.** And **patents** actually **facilitate** such **cooperation**, **because each entity can rest assured that its proprietary technology is protected in the long run.**”

## China

No impact card